



AUG - SEPT
NEWSLETTER

Contents

| | |
|-------------------------------------|---|
| AAC AGM & Peter Rowland Address | 2 |
| Young Gay Professionals | 2 |
| Up Front | 2 |
| A Helping Hand | 3 |
| Up Ya Bum Trivia Night Extravaganza | 3 |
| Legal Welfare Service | 3 |
| Fruits in Boots | 4 |
| Prostitutes, Whores or Sex Workers? | 4 |
| The Times They are a Changing | 4 |
| Making Electronic Friends | 5 |
| Sex and Fear | 6 |
| HIV: Changes in Time | 7 |
| Book Review | 7 |
| German Konversation Gröup | 7 |
| For Your Diary | 8 |
| More Than the Sum of the Parts | 8 |

AIDS ACTION
COUNCIL OF THE ACT

P 02 6257 2855

F 02 6257 4838

aidsaction.org.au



The AIDS Action Council faces many challenges in our work to reduce the impact of HIV on the community

We continue to face these challenges head on and look to the community for leadership and guidance

AAC AGM and Peter Rowland Address

Date: Wednesday 28th October, 2009

Time: 6:30 pm

Location: CSIRO Discovery Centre, North Science Road, Black Mountain Laboratories, Turner

Cost: Free

Guest Speaker: Wayne Morgan

For more info: Contact David Mills on 6257 2855

The AIDS Action Council AGM is an important event for the AAC and the community which it serves and is a part of.

Come and see what we have done in the last year, have a say about the future of your AAC with the election of the Board, find out who wins the awards this year and then join us for a light supper afterwards.

Wayne Morgan will be presenting this years Peter Rowland Address. Wayne is a lecturer at the ANU College of Law and has a small human rights practice. A brief biography can be found at <http://law.anu.edu.au>

Important Notice: If you would like to become a member or renew your membership please get in contact with the AAC to make arrangements so you can have your say on the day.

Young Gay Professionals

Many people find it difficult meeting other young professionals like themselves, especially for those who have moved to a new city for work, leaving behind their gay friends and social network.

Young Gay Professionals is a social group where young professionals (anyone in their 20's and 30's) living and working in Canberra can meet, mingle and socialise with other young professionals over dinner. It doesn't matter if you are a public servant, work in the private sector, self employed, etc, as long as you consider yourself to be a 'professional'.

Dinners occur around once every 6 weeks on a Wednesday night (usually it will be a non-parliamentary sitting week for all you Federal PS types) and will be advertised on ACTQueer. Partners are welcome and every effort is made to ensure that wherever dinner is, only the cutest waiters are serving.

So keep your eye out for the next dinner, which should be on in late August.



Up Front

The fifth National HIV/AIDS Strategy was due to expire in 2008, but was extended pending the development of a sixth one. Work on the new strategy is underway and it is planned to be endorsed by Health Ministers at a Council of Australian Governments (COAG) meeting in November 2009. Developing a new strategy is challenging, in part because of the very diverse range of communities that are impacted by HIV and also because the process itself is somewhat convoluted.

It is not terribly surprising that each new strategy has tended to be somewhat similar to that which preceded it. After all, it would be logical to assume that a new strategy should build on its predecessor, taking account of matters raised in a review. Strategy should be evolutionary rather than revolutionary, right? Well, I'm not entirely convinced.

In my view, there is a risk that an evolutionary approach, consistently applied, might fail to take account of more radical changes that have occurred in the context in which the response to HIV takes place. The history of the national strategies, for example, covers a period during which there have been fundamental changes in the prognosis for those people who acquire HIV. It covers a period when the largest group affected (gay and homosexually active men) have seen changes in their social circumstances through the removal of discriminatory legislation.

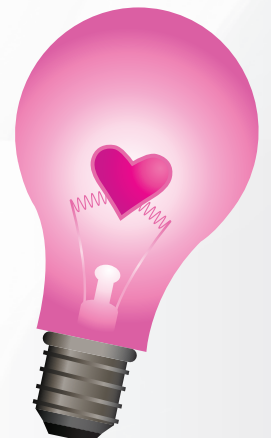
Many factors are working to change the demographics of the epidemic. People who acquire HIV are likely to have a more 'normal' life expectancy, so despite infection rates remaining low by world standards, the total population of people living with HIV increases. Inevitably, this produces an ageing population and increases the range of issues that an effective strategy must address. Increasing population size also magnifies the incidence of co-morbidities. Have the national strategies evolved sufficiently to meet these complex requirements?

The impact of HIV for an individual has reduced, meaning that the demand for HIV specific services is less. Research shows that the proportion of people who consider HIV irrelevant to their lives has risen. However, while the proportion of positive people accessing services is lower, that access is more intense. In considering ageing, we must remember the other end of the spectrum. Approximately one third of new infections affect persons under 30 and around 300 younger people are added to the HIV positive community annually. The proportion of the community diagnosed after the introduction of effective treatments is dominant.

This generational change has not been adequately reflected in changes to services and support offered and national strategies have yet to reflect this. As more HIV positive people choose not to engage with the HIV community it makes it harder to maintain the centrality of HIV positive people in the response. What do we mean by the "HIV community"?

For me these are some of the major issues to be addressed in the new strategy, and a revision of a past strategy is inadequate.

It's time for a fresh new approach. It's time for a 21st century response to HIV.



A Helping Hand to Point You in the Right Direction

How often have you had a question and not been sure where to find the answers? Have you ever thought 'if only I knew of a service or support group that could help me? Did you know that there is a place where you can go to find the help you need?



Here at the Citizens Advice Bureau ACT, we understand that it can be frustrating when you can't find the right services to help you with your circumstances. Searching the internet or using the telephone book can too often lead to nothing when trying to find a community organisation or service. Sometimes, simply trying to find information can be just as frustrating.

Well, it need not be difficult! In fact, it is very easy to find the answers to your questions, get the information you need, and find a service or organisation that can help with your circumstances. For over 30 years, the Citizens Advice Bureau ACT has been providing information and linkage to community services and groups in Canberra. We play an important role within our community by bridging the gap between people and the answers they cannot find.

With an "ask us anything" policy, we really are your 'one-stop-info-shop' – you name it, we can help! No matter how big or small the enquiry, our highly trained, and experienced volunteers always go the extra mile to help, and never leave anybody without a way forward. We give FREE advice on a broad range of topics, from social groups, to crisis help, to government issues, to housing, to health, to legal issues, to the weird and wonderful! We remain impartial, non-judgemental, friendly, and confidential, so no matter what your circumstances are, you can trust us to help you, and make you feel welcome.

It is our belief that support services and organisations are only as effective as people's access to them. That is why we strive to source accurate, comprehensive information, and keep it up-to-date and available to everyone. We are constantly maintaining our database of over 3,500 local organisations and services, so you can rest assured the information we give is current and correct.

So if you need to find assistance, services, or information,

ASK US! at the Citizens Advice Bureau ACT

For personal face-to-face help, drop into our ACT Info Shop in the Griffin Centre Genge Street, Canberra City, or call our Infoline on 02 6248 7988, email info@citizensadvice.org.au, or search our extensive database online at www.citizensadvice.org.au.

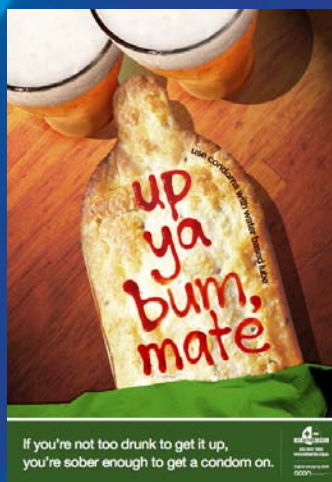
Up Ya Bum Trivia Night Extravaganza!

On the 11th of July, the AIDS Action Council had the last of four campaign launches. Did you see it? It was huge! Possibly the biggest campaign launch the AAC has done for a very long time. The Annual AIDS Action Council Up Ya Bum Trivia Night Extravaganza at the Hush Lounge was how we chose to launch the latest campaign.

The Trivia Night was a huge success. Just shy of 80 people took part in the trivia and games that night, and the Council raised over \$2000.00 on the night thanks to the generosity of the people who came along to support the event. We had prizes kindly donated to us from Nik Studio Industries, Alive Health and Fitness, Mustang Ranch, Hush, Cube, Electric Shadows Bookshop, Femmark Inn, DNA Magazine, Darlinghurst Bookshop, Impact Comics, Mind Games, CockSox, Gay Match Maker and Lesbian Match Maker.

This was the 'Up Ya Bum, Mates' campaign, reminding guys that having had a few drinks is no reason to not wear a condom. If you can beat brewers droop, you are sober enough to get the condom on there as well. There were posters for this latest part of the campaign all over Hush, as well as shiny (or fuzzy) new bar mats and beer coasters. The really nifty thing about the coasters is that they are double sided. If you find yourself chatting to someone a bit special, you can write your name, phone number, and also where you met them, so they don't forget you in the morning when their head is still as fuzzy as the bar mats.

To jog your memory, the first three campaign launches started a year ago at the BearsCanberra Christmas in July with the bear themed imagery. Then came the spring themed posters launched at Fairday by our fabulous SpringOut Fairies. Two weeks later we had the introductory BDSM seminars for gay men, Ready for Raunch here at Westlund House, followed that night by the Raunch Danceparty at Cube. This time it was Hush's turn to be part of the AAC's response to the recent spikes in transmission of HIV and Syphilis amongst men who have sex with men.



We hope to see even more people at the next Annual AIDS Action Council Trivia Night Extravaganza in 2010.

We hope to see even more people at the next Annual AIDS Action Council Trivia Night Extravaganza in 2010.

Legal Welfare Service

Welfare Rights and Legal Centre (WRLC) is an independent, not-for-profit, non-government community legal centre dedicated to providing free legal advice and representation to individuals and community groups on; tenancy, public housing, social security and disability discrimination law. The Night Time Legal Advice Service provides one-off legal advice and referral on all areas of law.

WRLC has been funded by the Federal Government to support individuals and couples to understand the recent changes to Centrelink and same sex couples entitlements.

For info phone 6257 2931 Mon to Fri during business hours or 6247 2177 on Tuesdays from 6pm to 8pm.



Fruits in Boots

Founded in May 2009 in Bungendore NSW, Fruits in Boots is a social and support network for LGBT people in rural and regional communities, their supporters and friends. Members are all ages and from across the region, from Michelago to Braidwood.

The group meets monthly for social functions around the Canberra region. So far, several dinners have been held in local cafes and restaurants.

The functions are low key and relaxed, with an average of 25 attendees. As membership grows, the group is looking to expand its outreach initiatives to provide advocacy on issues affecting rural and regional LGBT communities, and hopefully will one day become a national network.

Anyone can join by visiting our website at <http://groups.google.com.au/group/fruitsinboots>, facebook, email at fruitsinboots@gmail.com or calling Athan on 0403 218 202.

The Times They are a Changing

Marcus Bogie

Language is used to communicate – to talk, write, email and text each other and can be used to encourage, denigrate and express soaring emotions from love to hatred.



Language is learnt and follows a set of rules, but it is also highly flexible with new words being created almost daily and meanings of others changing over time. Once “gay” meant full of light-heartedness and merriment or having a carefree spirit but can now be used as a word relating to sexual attraction or activity among members of the same sex. In the last ten years, it has become a common derogatory word in the playground that teachers are often blind or baffled to its homophobic implications.

Even slang words change over time -“poof, queer or dyke” for most people years ago would have been delivered or heard with disgust or an undertone of violence. Many people within the LGBT communities have reclaimed words that were once used to denigrate and now embrace them as representing our community in a positive, proud and affirming way. The clause to this often being the tone or intention, as well as who is saying it. Many of us would not be as happy with our heterosexual peers using these words as those who identify as LGBT. We should not forget that because the word empowers you it still might offend others, or they may not identify with the word.

Being HIV positive I have often heard or seen the word “clean” used in curious ways. I shower every day and wash behind my ears and clean my teeth just like my mother taught me - am I not clean? The word clean used in the context of an online dating service usually means you must not be HIV Positive and if you are, that you are somehow dirty for being so. If this is the kind of language we use between ourselves, do we expect that the wider community be any different?

Recently, the National Association of People Living with HIV/AIDS (NAPWA) produced a language and style guide in response to ongoing sensationalised media stories with headlines like ‘AIDS victims’ and ‘AIDS carriers’. NAPWA reports “It’s time we looked at the language we use around HIV. Some of it, such as ‘HIV/AIDS’, has served its time. ‘HIV’ alone is adequate as it encompasses all stages of the disease, including AIDS.” So where does it leave the wording, People Living with HIV/AIDS? It is suggested that ‘People with HIV’ or ‘People living with HIV’ are suitable replacements. NAPWA also acknowledges, “People may find it difficult to abandon terminology which to date has been both familiar and appropriate. We acknowledge this and join you in the challenge.”

The full guide can be viewed at <http://www.napwa.org.au/papers/2009/napwa-language-and-style-guide> and I recommend that you read and discuss this amongst your friends and our community.

The guide is just that - a guide, I suggest we own the right to redefine how we as a community talk between ourselves and the wider community, language is a living and evolving process.

Prostitutes, Whores or Sex Workers?

HARLOT, TART, SLUT, CALL GIRL, WHORE, WORKING GIRL, LADY OF THE NIGHT, PRIESTESS, VICTIM, COURTESAN, DAUGHTER OF JOY, FALLEN WOMEN, HOOKER, LOOSE WOMEN, NIGHTWALKER, PAINTED LADY, SCARLET WOMEN, STREETWALKER, STRUMPET, TROLLOP, UNFORTUNATE WOMEN, PROSTITUTE AND SEX WORKER.

Our clients will call us by these names when they are drinking with their mates but when they are with us they will call us lover, baby, honey, sweetie or by our name.

In the beginning we were revered priestesses. We were brides of god. These days the media and general population will refer to us only as prostitutes. WE DON'T LIKE IT! We are sex workers.

Many sex workers will refer to themselves as a whore or a hooker. We can do this. We are taking back our words. It is our empowerment. Much like some Lesbian, Gay, Bisexual and Transgender (LGBT) people and the word ‘Queer’.

So keep this in mind and if your friends or family are using ‘prostitute’ please encourage them to use sex worker. We will thank you for it.

Whore hugs, Lexie.



Making Electronic Friends



To tweet or not to tweet; a question on increasing numbers of lips right now. Twitter is the latest in a long line of technologies and software designed to keep us communicating more and more about less and less.

Web 2.0 is a term that describes a second generation of web development and web design. The key features that distinguish it from the basic web (Internet with browser) are essentially its far greater level of interactivity. This allows user-

centred design, information sharing and enhanced, more immediate communication between users. Some may think that Web 2.0 is a brand new Internet, although it is little more than a reflection of the on-going evolution of the way we use it. It is made possible by new web-accessing mobile devices together with new design and aesthetics.

It was back in 1999 that journalist Darcy DiNucci wrote an article called 'Fractured Futures'. She says; "The Web we know now, which loads into a browser window in essentially static screenfuls, is only an embryo of the Web to come. The Web will be understood not as screenfuls of text and graphics but as a transport mechanism; the ether through which interactivity happens."

So perhaps the biggest change we are experiencing is in a new variety of ways we communicate and share personal information. This array of software and hardware is huge, and the way we can use them expands constantly. Remember the day when a phone was merely a device to make a telephone call? Now, mobile telephones can be used for text messages, sending and receiving email, watching streaming TV or video, file sharing, storing and playing music or viewing photos and so on. Most mobile telephones also incorporate cameras; often with quite a respectable resolution. Mobile telephones are also capable of browsing the Internet allowing users to twitter or update their Facebook page or get information in real time.

So ubiquitous have communication forms such as Facebook and Twitter become, that all sectors in our economy are struggling to work out how to embrace the possibilities and opportunities now available. For example, the British Government has published a 20-page guide on how government departments can take advantage. After stepping down as Alaskan Governor, Sarah Palin was quoted as saying she wants to continue to speak her mind on the social networking site Twitter. Meanwhile, in Australia, S.A. Premier Mike Rann is said to have sent 1,702 'tweets' since he signed on in February; an average of 9 each day. Kevin Rudd has the most

followers (258,367), although has sent out only 567 messages. The Age recently reported that Victorian police have adopted Twitter as the latest tool in their fight against drunk and speeding drivers. Deputy Chief Commissioner Ken Lay will tweet boozy breath-test readings and details of cars caught speeding as a form of naming and shaming.

So where does this leave organisations like the AIDS Action Council, whose business is primarily one of communication? Clearly it is important to provide information that is relevant to the target recipients and now it is increasingly important to use media that will be noticed quickly. Whilst many members and clients are happy to continue to receive things like newsletters and invitations through traditional means like snail mail, there is growing evidence that others would prefer to be contacted in more 21st century ways. AAC has, at least in recent years, made a commitment to maintaining its IT resources at quite a high level for a community-based organisation. Although the cost can be uncomfortable, the upside is that the organisation is reasonably well able to introduce innovations in the ways that clients, members and volunteers are able to engage and interact. Indeed, it is the level of interaction that provides a measure of AAC's relevance and vibrancy.

In recent months AAC has introduced a Westlund House Facebook page and achieved some interesting results. For one thing, quite a large number of individuals have signed up as "friends" and it's noticeable that there is only a very small correlation between these friends and the Council's membership list. This is significant because it suggests that by introducing different means of access, there are increased opportunities for people to become involved. It is also noticeable that attendance to a range of events has been higher, and it's likely that this is in part because of Facebook promotion.

AAC General Manager Andrew Burry is excited by the possibilities that new technology can bring to the agency, but he stresses that there needs to be some caution about the way in which it is managed. One area of concern is the low level of moderation some web based activities have, and the fact that interactions can be open to abuse. Burry says that AAC is currently developing protocols in tandem to 'Web 2.0' strategies. On the whole, though, he remains upbeat about the potential. "In the end, we think that our future investment in interactive technologies will save costs and pay for itself very quickly. We will reduce our costs in printing, stationary and postage for example. More importantly, we will be able to learn much more about the communities' expectations, needs and opinions and that is going to make us a much more responsive organisation."

It sounds like the AIDS Action Council will be twittering soon!



Sex and Fear: The New National STI Campaign

Opinion – David Mills

“STIs are spreading fast: Always use a condom” warns the Commonwealth’s first sexual health campaign in over 20 years. It reflects a genuine trend: Many sexually transmitted infections (STIs) have been on the increase in recent years, none more so than Chlamydia, notifications of which have risen unabated from 16,958 nationally in 2000 to 58,510 in 2008.

Given the need for a national campaign, and the good deal of media generated when the then health minister Tony Abbot announced the campaign in 2007, there were high hopes when the campaign finally launched at the end of May this year. What was finally revealed is a decent campaign, but I find myself disappointed by a couple of decisions made during its development.

A marketing message such as this can be broken roughly into two sections: The ‘fear’ or driving element, which seeks to convince the audience of the severity of the problem and their own personal vulnerability; and the desired action, which the audience needs to believe is possible and will work.

The visual intensity of this campaign is characteristic of a fear campaign. The imagery, typeface and blunt message invoke ‘hard-hitting’ campaigns past and present: “Ice tears your life apart”, “How fast are you going now” and “Every cigarette is doing you damage”. The campaign is trying to use fear (of ‘peeing razor blades’ or of infertility) as a driver for action, but it lacks the visual and emotional impact of the other campaigns.



I am not a great fan of fear campaigns but the finished product here seems to be a somewhat watered down campaign that is not really sure what it is: it neither really incites fear, nor does it make the audience feel good about making healthier choices, or acknowledge that people have sex for reasons other than spreading infections.

The call to action of the campaign is similarly unconvincing. A disconnect exists between the main message “STIs are spreading” and the call to action “always use a condom”. The implication is that always using a condom will halt the spread of STIs, but this is only a half truth.

Condom use has been central to the HIV response from the beginning and remains the best way to prevent HIV transmission. Condoms do reduce the risk of many other STIs as well, but generally not to the same extent, which is why we have long promoted sexual health check-ups for everyone who is sexually active, regardless of condom use. A call to action for sexual health check-ups would probably be a better fit to the “spreading fast” assessment.

The amount the Commonwealth Government has managed to pack into this campaign is remarkable. While the print ads and radio spots get the most attention, I am sure the greatest impact will come from the sub-campaign targeting GPs and tied in with professional development to increase their capacity to comfortably talk about sexual health with patients. There are also classroom guides, supported with various resources that have the potential to reach many young people with the support of teachers.



This is the biggest mainstream sexual health campaign that has appeared for years, and despite my reservations, the campaign will at least raise awareness of sexual health among heterosexual young people and GPs; the campaign’s two best targeted audiences.

For more about the campaign, and to order resources, visit www.sti.health.gov.au.

HAD UNSAFE SEX LATELY?

If he has fucked without condoms since his last HIV test, he may have picked up, and be passing on HIV.

One-third of all new HIV infections come from men who don't even know they are HIV positive.

Some of the people most likely to pass on HIV may not even know they have it.

If you can't be sure of his HIV status, use condoms and lube.

AFAO
Australian Federation of AIDS Organisations

AIDS ACTION COUNCIL

napwa



HIV: Changes In Time

Nada Ratcliffe

A 'Positive Services Forum' convened by the Australian Federation of AIDS Organisations (AFAO) was held in Sydney on the 11th and 12th June 2009 with the overall aim of improving and adapting services for people affected by HIV. Representatives from across the nation and New Zealand shared information on the changing face of HIV.

As highlighted at the forum, research clearly indicates that more people are living with HIV in Australia than ever before, are generally living longer and getting older. There is increasing priority placed upon managing side-effects, long term toxicity as well as the comorbidities that come with ageing. However, it must be remembered that people of all ages and backgrounds are affected by HIV including new migrants, women and younger people and services must be tailored to meet the needs of all.

As there have been changes in the needs and wishes of those affected over time, it is imperative that medical, allied health and community services also change. As mentioned, issues pertaining to HIV and ageing are of increasing importance. This is an area where HIV related community services must increase their capacity to better access mainstream services and funding to promote further discussion and improved outcomes. At the same time, these mainstream agencies must become better equipped to work with affected communities with sensitive and appropriate service responses.

The major group of people affected by HIV in Australia is gay men and as they grow older the reality is that they may at some time require community based or residential aged care services. Catherine Barrett from La Trobe University delivered an emotional account of her 2008 research into the experiences of GLBTI seniors receiving aged care services. "*My People – A Project Exploring the Experiences of Gay, Lesbian, Bisexual, Transgender and Intersex Seniors in Aged Care Services*", calls for urgent reform to defend the human rights of these groups to deal with the discrimination and invisibility in the aged care sector across the country. For some, even those who are "out" in the community, old age may mean going back into that closet or risk going without companionship or quality care addressing their special needs. She identifies ignorance within the sector of the fear, dependence and discrimination that may potentially affect more than 10% of their clients or residents. The second part of the report is due to be published soon. I commend this report to you.

However, one of the keys to achieving change must be education. The AIDS Action Council together with agencies in other states and territories recognise the importance of comprehensive education across the aged care sector. To this end, we shall be working together in the development of education programs to support better outcomes for GLBT seniors including those affected by HIV.

Book Review

Huckstepp: a dangerous life

Lexxie Jury

This is a tragic story of a sex worker trying to do right. Whether for her own personal reasons or for the good of sex workers the results are the same.

On the morning of the 7th of February 1986 Sallyanne Huckstepp was found face down with a shoe print on her back in Busby's Pond Sydney.

Five years earlier Sallyanne had signed her own death certificate by blowing the whistle on corruption amongst the NSW police. On the 15th July 1981, Sallyanne Huckstepp walked into the police headquarters in College Street Sydney NSW and spoke with 2 NSW detectives from Police Internal Affairs Branch.

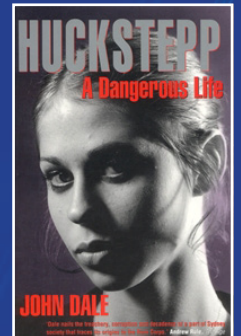
The officers asked Sallie to look at the 7 page document that held a number of serious allegations against the NSW police force. She was asked if her statements were true and correct, and she replied, "yes". The police went on to ask Sallie about her background. Sallie told the two detectives that she had 31 convictions for prostitution, a conspiracy to defraud conviction, two marijuana convictions, a heroin conviction and a "use" charge (a significant amount of money was paid to the police to effect the outcome of the last two charges).

John Dale, the author, delved into Sallie's past including her heroin addiction. At one stage in her life Sallie was admitted to a private hospital to under go therapy to get clean. During the 15 days Sallie was there she had 14 Electric Convulsive Therapies. Sallie would joke with friends that her habit was worse when she got out than it was when she went in! At one stage in her life Sallie was using 5-6 grams of heroin a day.

The author talked to a lot of people who at one stage or another had been in Sallie's life, leading the reader to understand Sallie's background and the events leading up to her death. Dale spoke to Sallie's sister, Sallie's daughter Sacha, the last flat mate Sallie was to live with, and police that had dealings with Sallie (above board and below the counter) drug dealers, and so on.

If nothing else it is interesting to read about how much harder it was to be (and in some places may still be!) a sex worker, and how one sex worker had the courage to stand up for her rights. Thanks Sallie.

Huckstepp: A dangerous life, by John Dale, Allen & Unwin 2000



German Konversation Gröup

Many of us learn a foreign language at school or at adult education classes; however there is little opportunity to put those language skills to use.

A German conversation group for gay men was recently started for those who know enough German to have at least a basic conversation. It's not about learning German, but using the language skills people already have and maybe improving them. It's great practice and you get to meet other people.

We meet in someone's home, chat and have light refreshments. The aim is to meet every 6 weeks or so and chat for a couple of hours.

For more info: tom.hughes@oakton.com.au.

For your *Diary*

August

- 19 Volunteer and Community Meeting at Westlund House, 6:00 pm. 'Becoming a Trans Ally'
- 20 Sexual Health Check ups at Woden BitBent
- 22 Looking Out Workshop for Gay/Bi Men over 25 years, at Westlund House
- 27 Sexual Health Check ups at Woden BitBent
- 29 Looking Out Workshop for Gay/Bi Men over 25 years, at Westlund House

September

- 3 Sexual Health Check ups at Eoden BitBent
- 5 Stepping Stones: Women's Writing Workshop at Westlund House
- 12 Stepping Stones: Women's Writing Workshop at Westlund House
- 15 Women's Group Spring Dinner , 6:00 pm at Westlund House
- 16 Volunteer and Community Meeting at Westlund House, 6:00 pm
- 19 Stepping Stones: Women's Writing Workshop at Westlund House
- 24 AGM and Peter Rowland Address, 6:30 pm ACT Legislative Assembly

October

- 2 Walk to Work Day
- 5 Labour Day Public Holiday
- 14 SWOP Shop
- 21 Volunteer and Community Meeting at Westlund House, 6:00 pm
- 21 SWOP Shop
- 28 SWOP Shop
- 30 Reclaim the Night
- 31 SpringOut Fairday at Westlund House

For more community events, subscribe to the ACTQueer email list: groups.yahoo.com/group/actqueer



Join the AIDS Action Council

The AAC belongs to you, the community.

Proud to be a grass-roots organisation, we rely on our members. Members help us to carry out important work for our community. Join today and become part of our team.

To join, contact Lynn Parry on 6257 2855 or visit www.aidsaction.org.au/membership

More Than The Sum Of The Parts

By Keiran Rossteuscher

It was only 36 years ago that the American Psychological Association agreed that being attracted to the same sex was no longer considered a mental illness. It was only 16 years ago that the World Health Organisation agreed with that position. Most of the world has moved on from those darker days. What about those amongst us who actually do have a genuine mental illness?

The sad reality is that for many people who are gay, lesbian or bisexual, also having a mental illness is a double blow. While we often see ourselves in a far more enlightened era of acceptance of people's sexualities and understanding mental illness, the experiences of many people are not always so rosy, and having both can be almost overwhelming.

Someone who 'outs' themselves as having a mental illness can still have very negative reactions from the people they confide in, including those from the LGBT community. Being marginalised ourselves doesn't make us immune from marginalising others, even one of our own. Reactions range from basic ignorance of the issues, to outright fear and bigotry.

But what is this fear about? Most likely it is from media representation of mental illness being associated with violent schizophrenic outburst or tedious repetitive behaviours. The dull reality of the situation is that for most people with mental illness this is not the case. In fact, people with a mental illness are, according to a study conducted in the USA and published in the Archives of General Psychiatry (Arch Gen Psychiatry, 2005; 62:911-921) 'more than one quarter of persons with severe mental illness had been victims of a violent crime in the past year, a rate more than 11 times higher than the general population rates'.

So often it is the case that it is not the mental illness itself that causes all of the problems, but it is the way that people with mental illness are treated that can make it such a horrible experience for them. The increased risk of violence was already mentioned, but other issues that can compound the mental illness include rejection by community and loved ones, social isolation, an over worked and under resourced mental health sector, as well as the ups and downs of eventually finding appropriate medications and care for particular conditions, including those that have manageable or bearable side effects. A whole other range of issues can occur from within poorly managed institutionalisation.

As pointed out by the World Health Organisation (<http://www.who.int/mediacentre/factsheets/fs220/en/index.html>) good mental health isn't simply the absence of mental illness, but

"a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

In this positive sense, mental health is the foundation for well-being and effective functioning for an individual and for a community. This core concept of mental health is consistent with its wide and varied interpretation across cultures"

Like so many of us who are more than simply our sexuality, so are people with a mental illness more than their diagnosis.

