

No Shame: Yarn About It

DVD Transcript

Introduction

Voice Over (V/O): No Shame, Yarn About it. The producers, cast and crew of this DVD acknowledge the traditional owners and custodians of the lands upon which it is viewed.

We respect and are grateful for the wisdom of the Elders – past, present and future.

Viewers are respectfully warned some of the people appearing in this 2012 production may have passed away before us.

Being a Sexual Health Worker can be a rewarding role – providing advice and services that promote sexual health for the wellbeing of the community. In this presentation, we will explore how Sexual Health Workers can improve their communication with clients. Talking about sexual health can be embarrassing for clients and sometimes for workers too. Sometimes shame stops people from getting the services they need. We've gathered ideas for this video from discussions with Sexual Health Workers on common issues and possible strategies to support your clients. We thank those who have shared their wealth of knowledge and ideas to help our people.

Scenario One: Harmony Bay Park

Scene of a community gathering with sexual health information stall with condoms, giveaways, brochures on display.

Liz (female sexual health worker) is at the stall and a male sexual health worker (Dan) can be seen nearby.

Aunty (looking at some of the leaflets): Hey Liz, how's that clinic going? You know, how's that job...Must be strange one doing that eh?

Liz: Nah, it's a good job Aunty, helping people.

Aunty: What, poking your nose in others people's business?

Liz: (laughs) Nah, I help our mob to stay healthy, make sure they don't get diseases. People like doctors need to know your business to help you, don't they?

Aunty: True. But here you know that young Tracy? She's been worrying me these days.

Liz: Why, what are you worried about Tracy for? She's got a good head on her shoulders.

Aunty: I know you're saying she's got a good head on her shoulders, but if she gets into trouble that won't be too smart now will it?

Liz: Why, who's she hanging out with?

Aunty: You know those boys that hang around the football club. I heard her talkin' with her friends about some boy named Marcus, he plays on the team ... he's a bit older than her ...

Liz: Do you want me to have a yarn with her, make sure she's alright?

Aunty: That would be good love, she'll be here soon.

Liz: Okay, and how's Uncle goin' these days?

Aunty: Oh he's a bit crook and cranky most days, but he reckons that's his age, eh?

Liz: Well, wouldn't hurt him to come down to the clinic either. You know, older people have things they need to keep a look out for too you know, not just the young ones.

Aunty: What are you talking about?

Liz: Well, for women, things like cancers and stuff that we can check out before they get too far and things for men too.

Aunty: You won't be talkin' to him about that stuff!

Liz: No, but he could see Dan. Dan could tell him about things to look out for, maybe get him to do some tests and stuff.

Aunty: Okay, me and Uncle John could come down to the clinic. Hey, you see me and he could see Dan eh?

Liz: That's a good idea Aunty. You gotta look after yourselves.

Aunty: And what about Tracy?

Liz: Yeah I'll have a yarn with her in private when no one's around, so she doesn't get shamed out.

Aunty: Oh, look. There she is now – hey Tracy (motions for Tracy to come over). Come here bub.

Tracy: Hey Aunty. (Nods to Aunty and Liz) Hey, what's happening?

Liz: Nothing, just having a yarn. How about you? How have you been?

Tracy: Yeah, good.

Aunty: Well listen here I got to go and see Uncle John for a minute. Thanks for the invitation to the clinic Liz, I'll call and we'll set that up, eh.

Liz: No worries, just give me a call when you want to come in and I'll set that up, organise it.

(Aunty wanders off)

Tracy: What wrong with Aunty. What's she going' to the clinic for?

Liz: Nah, nothing's wrong, just a chat and a check-up, we all need them.

Tracy: Really?

Liz: What about you? Some of this stuff is good for you to read.

(Liz picks up the brochure and Tracy gives her a 'look')

Tracy (embarrassed but eyeing a brochure on safe sex): Nah, no thanks, I'm right.

Liz: Okay, but just to let you know anything you tell me it's okay. So you know, it's safe with me.

Tracy: What do you mean?

Liz: Well, it's part of my job, so it's called confidentiality, so when you tell me something you can be sure it won't get out, unless you're in any danger or anything like that.

Tracy: Nah, I'm not in any danger.

Liz: Do you know all about staying sexually healthy?

Tracy: No ... that's shame!

Liz: Well I don't think it's shame, it's normal. But there are some risks involved if you don't look after yourself.

Tracy: Risks?

Liz: Yeah, you know, things like infections that can cause serious damage. And can you know, make you not able to have babies late on in life.

Tracy: There is some stuff I'd like to know, but I've gotta go to netball now anyway.

Liz: Okay, well I'll be at the clinic this afternoon if you want to come in and have a chat.

Tracy: Yeah maybe.

Liz: Well there's nothing to lose, so better to be safe than sorry.

Tracy: I guess so.

Liz: Well, I'll see you at three then?

Tracy: Alright, but please don't tell Uncle or Aunty.

Liz: Don't worry, it's all about confidentiality what happens at the clinic stays at the clinic.

END Scenario One.

Health Worker Interviews

Speaking with Elders.....

Sid Williams:

In some parts of the country and communities talking about sexual health is a given. Normal. Ah, but again the cultural context a whole range of things workers need to think about to engage with elders around sexual health. In terms of barriers, it's also the age factor and I think there's a certain time when you raise

certain subjects. So it's about identifying who you are, where and who you are connected to, before you can broach sensitive issues. That may take some time building that relationship first before they broach the issue of sexual health.

Gail Capewell:

The Elders are normally pretty open minded and they don't want the younger ones to end up with an STI or unwanted pregnancies. When we tell them about our services at Kobi they are pretty open minded to it and they are quite happy to listen. It needs to be a respectful thing not just put on to them. When I am speaking to elders about sexual health, sometimes I go to their place or sometimes they will come into the clinic for a service like a flu vac. I let them know that all the services there are free and I let them know about all the services that are offered there.

James Eggmolesse:

When I speak to elders, the first thing I would do is you have to remember to show respect. Respect is very important. My language would be different I would be talking in a language where I would simplify it, for that elder to understand because most elders would not have spoken about sexual health in their era. So I would have to change the way I spoke to that elder and the terminology that I'd use. I'd have to simplify that into a way that would not offend that elder and would be easy for them to understand.

Sitting down and yarning and laughing with them. With most Indigenous folks sport is a big interest, so I would do some background and look into what sport is really popular in their community at the time and whatever subject is there at the moment and aim it around that. Break it down.

Helping young people....

James Eggmolesse:

I'd speak more freely with the young person, simply because I know how young people think, you think in their terms, you speak in their terms that they would relate to. You wouldn't use big words to confuse the kids, you wouldn't use the medical terms. You'd simplify it.

Gail Capewell:

I let the clients know that there is no shame with the sex. I let them know that there are a lot of people that do have STIs and how common it is. I tell them that our treatment is free.

Sid Williams:

I think a worker needs to look at their environment first. The actual space, physical space. For actually anybody coming through the door. If you are going to be talking about something sensitive, then check your space. You know, that you are not sitting out in the reception area or a public area where people can potentially hear what you are talking about. Maybe if inside is not appropriate, then take them somewhere outside, sit under a tree, I don't know, but wherever they feel comfortable talking then the worker needs to be open to that. Being clear about their intentions or purpose, so it is clear and transparent, being open and honest. Making sure your environment is safe for them.

Activity

V/O: "Pause" the DVD now and think about the following questions. You might like to write down some thoughts about these questions or speak about them with your supervisor or a colleague:

1. What did Liz do to make Aunty and Tracy feel more comfortable when she spoke with them?
2. What did Liz do to encourage Tracy to come into the clinic?

Once you've had a think about these questions, start the video again.

Scenario Two: Harmony Bay Clinic

3pm at the Harmony Bay Clinic Liz and Tracy walk into Liz's room chatting lightly. Condoman walks past them in corridor.

Liz: So how was the game?

Tracy: Yeah, not too bad.

Liz: So would you like a drink of water or anything?

Tracy sits and says: No thanks, I'm fine.

Liz: So okay, well have a seat. So, what's happening with you? I hear you're keen on one of the boys in the footy team.

Tracy: Aw, shame!

Liz: It's not shame! It's normal around your age.

Tracy: Yeah I know, it's what everyone's talking about.

Liz: Yeah well. You gotta decide whether you're ready or not. Do you want to talk about anything?

Tracy: Well there's this boy Marcus, I like him a lot. And I think he wants to get with me.

Liz: Yeah, I know Marcus – good looking boy (smiling and looks to catch Tracy's eye, Tracy smirks back and rolls her eyes – he is "very" good looking sort of look). Do you think he's pressuring you?

Tracy: No, no, he's really good with me. I'm just thinking I might want to get with him.

Liz: Well that's good that he treats you well. Do you have any questions about sex?

Tracy: Well you said something about infections, how would I know if someone got one?

Liz: Some people show signs of having an STI but most people don't, which is why we test for STIs...sexually transmitted infections. If someone's been having sex, especially with more than one partner then it's a good idea to get tested regularly. Some STIs can make you sterile, not able to have babies when you want one.

Tracy: So safe sex is condom with lube, yeah?

Liz: Yes, using condoms with lube is a good way to stop STIs and also unplanned pregnancy.

(Liz brings out a condom).

Liz: Do you know how to use these?

Tracy: No that's shame. That's the boy's job isn't it?

Liz: Not always, it's your responsibility too. (Liz brings out a penis model and unwraps a condom) So, I'll just give you a demonstration. So here we go... You need to figure out which way it goes and put it on just like that. (Liz demonstrates, talking through the process.)

Audio fades as voiceover comes up. Break in Scenario Two.

Health Worker Interviews

Breaking the ice...

James Eggmolesse:

With young people I think it is really important that you look at their interests, whether it could be a young man and you know he is interested in football, so I will ask him about how his team is going, performing in a competition. If it is a young girl it's the same, how's the netball going? What sort of music they listen to, using that as an icebreaker. And then lead in to your sexual health questions.

Depending on who I was talking to, if it was the young people I would use the language that they use, like the words that they use to describe their penis, their vagina, whatever and talk in their terms. Just from experience and working with different age groups, I have learnt how to adapt to that. It might involve a few swear words but it's stuff that relates to them at their level it's really really important that you don't put your moral judgements, or make moral judgements on these young kids. Just make it as simple as possible.

Activity

V/O Pause the DVD now and think about the following questions:

1. What did Liz do really well in her conversation with Tracy?

2. What do you do to help young people feel safe and supported in your clinic?

When you've had a think about these questions, start the video again.

Scenario Two continued

Tracy: Well I've heard Marcus has been with other girls. So how would I know if it's safe to be with him? You knowhe doesn't have an infection or anything?

Liz: Well there's a few things you need to talk with him about before you have sex. And if you have already had sex, then talk about it with him before the next time. Using condoms with lube every time you have sex, can stop common STIs and unplanned pregnancy. Marcus should get tested now, just for his health as well as yours. And if you've already had sex, then you should get tested too and also if you're going to be having sex, you should think about another form of birth control, as well as condoms, just until you're ready to have babies.

Tracy: Well.. I don't think I really could talk to Marcus about this kind of stuff...you know.

Liz: There's no need to be shame about it. It is pretty important if you're going to be having sex with someone. Tell him you've been in here chatting with me and learning about sexual health. Maybe he could come and talk to Dan. Do you think he could do that?

Tracy: Well I guess it would show if he's serious or gamin'.

Liz: That's true. Just remember if he is too shame, he can come in the side door. So is there anything else you want me to talk about, or ask me any questions?

Scene fades with them smiling and chatting. END Scenario Two.

Health Worker Interviews

Sending positive messages....

Sid Williams:

Relationships. Young people love relationships so I suppose that is the way to tackle sensitive issues like an STI. They love talking about relationships, so I think if you approach those hard issues that way you are able to get your message across.

James Eggmolesse:

Shame. Shame is always going to be there. Shame is part of who we are...it's like it's not shame no more, you've gotta get over that shame. It's about looking after yourself and having healthy babies and having a healthy life yourself. And work it in like that.

Activity

V/O: Pause the DVD now and think about the following questions:

1. Some people have had sex, but didn't tell you about it. This might be because they feel shame, they may have been sexually abused or they don't consider what they did to be sex (for example oral sex). How do you talk about testing with young people who have told you that they haven't had sex?
2. What are your reporting requirements if you believe a young person has been harmed or is at risk of harm?

Once you've had a think about these questions, start the video again.

Scenario Three: Clinic Room

Liz and Dan having a chat in one of their rooms. Scene fades up with them looking at a brochure, discussing its merits.

Liz: Yeah, it's a good one to read.

Dan: Well, it gives me some new ideas on how to approach healthy relationships.

Liz: And how you going with that – finding your way with clients?

Dan: The mob, they are starting to ease up on me a bit. It's hard being a new-comer, you know coaching the footy team has helped because they are all starting to loosen up with me now.

Liz: Everyone loves the footy here! So it's a good way to know who's who in the community.

Dan: Yeah, where I worked before...I only really done general health checks, but my boss he didn't really encourage us to do sexual health, not like here.

Liz: Yeah, it's a bit part of it here. And we might have a young couple coming in this afternoon. It would be good if you could have a chat with the young fella about safe sex and maybe to get him some tests if you think they're needed.

Dan: Are you sure? But it would be the first person I've seen for sexual health. I kinda know what to do, but what questions do I ask and where do I get started?

Liz: You'll be fine. It's Marcus from the footy team. So just talk to him about footy or ask him about other things in his life, that'll break the ice. Remember, he may be more shame than you when he comes in.

Dan: What do I say to him? How do I get him to talk to me?

Liz: Well, maybe start by explaining that your relationship with him at the footy is different to the one here. And talk to him about privacy and what that means. If he has any questions give him the answers honestly, and if you don't know, tell him you'll find out. Talk to him about safe sex, using condoms with lube every time he has sex. And you know, get him to practice using them! (laugh)...and tell him about the common STIs and how they are transmitted, and STIs like gonorrhoea and chlamydia are easy to test for and easy to cure. You know, all the things you learned in your training, you'll be fine.

Dan: Thanks.

Liz: Oh and remember it's easy for us as health workers to talk about sex like it's scary or dangerous, and the young ones know we are lying a bit – because they know it feels good – and it's like us older ones are lying to them. So it's good that they hear from us that sex is good and normal and healthy and that if they look after themselves, it can be a great part of their lives.

Dan: Yeah break down that shame factor.

Liz: Remember, that if you have any questions afterwards, just let me know. And I'll help you as much as I can. And do you know Harry at the clinic in Ashdale? Well he's very experienced in sexual health. He's here for a meeting next week. So if you want to get some tips from him, he's available.

END Scenario Three

Health Worker Interviews

Debriefing....

James Eggmolesse:

Well I have been in it for eight years and there are workers that I know who have been there for twelve, fifteen years longer than what I have and they are still working today. They are the people I often draw on and even though they live in other communities they are the people I'll often ring when I know when I am stuck and I am having problems I can ring those other sexual health workers. Debriefing is really important for all workers. I think most work places have things put in place for that. I find that for me to debrief I call on my other male counterparts, Indigenous workers, and debrief with them. And just talk things out through them. Well it helps me assess when I come on a situation like that again, how I can better approach that situation, and it takes away that little bit of doubt that I did have while I was dealing with that client. And it does make you adjust that.

Sid Williams:

Depending on where they are. They may have other colleagues that they might like to talk to and say "hey look, got this issue...don't know how to approach it". If they have the network, or colleagues, then to use

them to bounce ideas instead of struggling with it internally. Debriefing usually focusses around something traumatic, and so I think what we need to say is that debriefing is just a way of sorting through your day to day activities. It doesn't just have to be about a traumatic event, you might talk about, debrief about something that went quite well. People are scared of debriefing because it has that connotation about something traumatic but actually it should be about everyday work life. Again, it depends on the workers environment and if they have space to do that, all well and good. But I know that in some places they don't have the facilities or the environment conducive to do debriefing. I suppose debriefing doesn't necessarily have to be within four walls. It can be out, sitting under the tree or down near the river, or whatever it may be, it's about having an environment that is safe for both the worker and whoever they are talking to.

Balancing values and beliefs....

Gail Capewell:

I don't treat people any differently if I see them at the clinic. I speak to them the same as if I see them on the street.

James Eggmolese:

I am aware that my morals and values might be different but I never enforce them or try to enforce them on any client. Whether it is a young person, or naturally, you wouldn't do it to an elder, but yeah it is very important not being judgemental. I just take it down the line. It's deal with the issue and that's it. There is no wavering or making allowances, you just deal with it. It's all you got to do, I mean it's all you can do. You can't do it any other way.

Sid Williams:

I think the first thing would be, is just to be themselves. Honesty and openness is a key. Most people know, blackfellas particularly know when you are not being yourself. That in a way will just put up a wall. So it's honest, openness, not being judgemental. Leaving the judgement at the door. Mob will pick up on whether you are prejudiced however they might word it and so they will close off, the clients. If it is identified, then maybe a colleague or supervisor can work on maybe helping to address that prejudice I suppose.

Gail Capewell:

Everybody's different. Like we've had people come in with HIV and Hep C. It doesn't make any difference to me, at the end of the day they are still a person and I treat everybody with respect.

Activity

V/O: Pause the DVD now and think about the following questions:

1. How easy would it be for you to have a conversation like Dan and Liz did in your workplace?
2. Who can you go to when you need advice or support for a sexual health consultation?

Once you've had a think about these questions, start the video again.

Scenario Four: Clinic

Knock on Liz's door.

Liz : Come in

Tracy: Hi Liz, I got Marcus here with me, we came in the side door (laughs).

Liz (smiling): Well, quick come in then....Just gamin' with you. Hi Marcus.

Marcus looks down as he says: Yeah, hi.

Liz says to Marcus: It's good you came in. I'll call Dan, and let him know that you are here.

Marcus nods to Liz. Liz picks up phone and asks Dan to come to her room. Tracy touches Marcus' hand and they 'share a moment'. He nods – he's okay.

Liz as she puts phone down: He'll be here in a minute. Tracy, you can stay here with me and Marcus you can go with Dan if you like. Marcus, you can come pick up Tracy on your way out.

Knock at the door and Dan opens it.

Dan: Hi, it's me. Hey Marcus, how are you doing?

Marcus nods and stands up.

Liz: This is Tracy, Dan.

Dan: Hi Tracy, I think I've seen you at the footy (smiles).

Liz: Marcus is here to chat men's business with you.

Dan: Yeah, oh okay, how about we got to my office (smiles) for a bit of privacy.

The two guys leave.

Liz to Tracy: Well, that went okay, hey?

Tracy smiling: Yeah, thanks for that eh.

Scene fades on Liz's room and fades up on Dan and Marcus in Dan's room.

Dan: You right mate? I'm not gonna make you do push ups or anything.

Marcus: Think I'd rather that than this 'ere.

Dan: No shame here bro. Look I have to tell you something okay. This isn't the footy club, this is what I do. Everything you tell me is private – confidential is what they call it. It's like you know when you're talking to a doctor. Everything that you tell me it stays inside this building. Unless something that you tell me is either going to put you at risk, or someone else at risk of harm, okay.

Marcus: Yeah, that sounds fair enough eh.

Dan: So, what can I help you with?

Marcus: Well Liz and Tracy were talking to me about this sex health stuff. Something about me getting tested before... to make sure I'm clean before Trace will think of being with me.

Dan: So you've been having sex before and you want to check for any infections?

Marcus: Yeah, I guess I didn't really think serious about it before.

Dan: Well, it's good that you do that now, it's good for your health and Tracy's health too. And if you two have already had sex, she should probably get a test done too. You know.

Marcus: I don't want to stuff it up with her, or hurt her, you know.

Dan: Yes, I know how you feel, I used to be your age once too. Look, what I'm going to do is I'm going to ask you some questions that will help me decide on what type of tests you should get done. (Marcus looks nervous)...Hey don't worry so much. All you're going to have to do is pee in this little bottle here! (shows Marcus the bottle).

And Marcus, more importantly, it's really important that you always use condoms and lube. And it's really important over the next week or two that you use these (handing condoms to Marcus) until the tests come back...okay?

Let's get stuck in with these questions and if you have any questions for me, you just fire away...okay?

Scene fades. Break in Scenario Four.

Health Worker Interviews

Important STI testing information....

Sid Williams:

So I think we actually need to start normalising STI testing. We know that young people go to services for general check-ups and so as a part of that we need to incorporate STI testing. And over time I think we will see attitudes change and that when they do go through the door to the doctors it's like, oh yeah that's right, you know, I'll get my regular check-up or STI test. For a young one who's coming into the clinic for their first STI test, I just try and say to them, it's normal, you're sexually active, the test is quiet easy, it's straight forward. Well I suppose it depends on the test. So, but the most important thing is to make them comfortable and telling them other people in the community aren't going to know what's happened in that room.

Gail Capewell:

When I am talking to a client I tell them that it is normally just a simple test. Normally it is a urine test, sometimes a blood test, maybe a swab, just depending on what their symptoms are and what the nurses think they may need. But most times it is just a simple urine test.

James Eggmolesse:

When testing, it is very important... the most important issue to remember is to tell them about confidentiality. Express to them that confidentiality is part of our Code of Conduct. Whatever is said and done in the clinic stays in the clinic. What the test involves, whether it is a urine test or a blood test. Who is going to know. When do I get the results back? Am I still allowed to have sex? I just say "come on bros, come down stairs, we are going have a simple urine test, wee in the jar, it's totally confidential, nobody else will know. Come back for your results. The important thing is to remember to practice safe sex even though you are still having this test done.

Activity

V/O: Pause the DVD now and think about the following questions:

1. How do Liz and Dan make sure Marcus is comfortable to ask what he needs to ask?
2. What could they have done differently, and why?

Once you've had a think about these questions, start the video again.

Scenario Four continued

Marcus's results are positive for chlamydia. Marcus and Dan are seated in Dan's office, test results in chart in Dan's hand. Condoman poster on wall behind Dan's head.

Dan: So thanks for coming back Marcus. It was a good idea that you got those tests done, cos most of them come back clear, but you do have chlamydia, which we'll need to fix up.

Marcus: What? What's that? How'd I get it?

Dan: It's nothing to be scared of. Chlamydia is a treatable infection. We can treat chlamydia with antibiotics.

Now you may have had it for quite some time but never knew you had it or who ya got it off.

Are you right to go on or do you need a break?

Marcus: Yeah man, I just didn't think, eh...

Dan: ...Well, we need to contact any partners you have been with, so we can get them treated. And to do that, we'll have to get in touch with them. And it's important to get their names to stop the infection spreading to others.

Marcus: What? But Dan you told me this would be private.

Dan: Okay, remember I also said 'unless someone was at risk?' this is pretty easy to treat mate, but to be left untreated it can make women sterile.

Marcus looks sheepish: Sterile? What's that?

Dan: Well it means she won't be able to have kids when she wants to. So we'll have to get in contact with any of these partners so we can get them treated. And to do that, we'll have to get in touch with them. It's called 'contact tracing'. But we do keep your details private. And we can do it all from here.

Marcus: Oh..geez... sounds fair enough.

Dan: And Marcus, I need to check, should we include Tracy?

Marcus: No, I was being straight up with you, me and her haven't done it yet!

Dan: (responding to Marcus' discomfort) Hey man, I know this is a lot to take in and I can see you getting angry and worried but I'm here to help you. Let's take a break, I need a coffee – do you want a coffee or a cold drink? And then I'll explain how this all works, okay?

Scene fades. END Scenario Four.

Activity

V/O: Pause the DVD now and think about the following questions:

1. How would Dan's discussion with Marcus be different if the results came back negative?
2. How would Dan's discussion with Marcus be different if Marcus had been having sex with men as well as women?

Once you've had a think about these questions, start the video again.

Conclusion

VO: Sometimes it's tricky to balance the personal and professional parts of your role as a health worker in a community, but empowering people to look after their own health is a big part of the job.

Tracy and Marcus walking out of the clinic hand in hand while Uncle and Aunty are meeting with Trish and Dan (start of their appointments).

Uncle: What are those two doing here?

Liz: Just minding their own health business Uncle.

Aunty: Good to see you taking care of them young ones eh?

Closes with Uncle walking away with Dan and Aunty with Liz.