

## **Working with GLBTI Young People**

### **What do we mean by GLBTI young people?**

GLBTI is a commonly used terms in fields like health and sociology to describe a collective group of people who may identify as either Gay, Lesbian, Bisexual, Transgender or Intersex. Other variations of this term include GLBTIQ, with Q to describe those people who may be questioning their sexual orientation. Another variation you might hear or see is LGBTI.

It would appear that GLBTI young people are ‘coming out’ about their identities younger and in greater numbers than ever before. However, most GLBTI young people are aware of their sexuality or gender somewhere between 12 and 14 years of age but may not necessarily tell others until they are into late adolescence or early adulthood (17 -20+). As a result, it is more than likely that as practitioners you have been or are currently working with GLBTI young people who have not disclosed their identities to you yet. A key to ensuring that GLBTI young people feel safe and included is to presume that some of the young people you are working with may be GLBTI, therefore to create an environment which is open, safe, welcoming and equal for them is important. First of all however, it’s useful to understand what we mean when we talk about GLBTI young people.

GLBTI young people are becoming more visible in our families, communities and organisations that work directly with young people. Increasingly young people are using one of these terms to describe themselves. Similarly, Same Sex Attraction (SSA) has become something of an umbrella term used to describe young people who are attracted to a person of the same sex as themselves. This may include young people who clearly identify themselves as gay or lesbian, those who see themselves as bisexual, those who are questioning or yet to decide and those who may be heterosexual but have feelings of attraction to someone of the same sex at one point or another.

The terms transgender and intersex may not be usual terms that young people use to describe their identity, however it’s important to understand the definition of these terms and what it may mean for the young person you are working with. Transgender usually refers to people who express a gender identity different from their birth-assigned gender identity. For people who are intersex this refers to individuals with medically defined biological attributes that are not exclusively male or female; frequently “assigned” a gender at birth, which may differ from their gender identity later in life (Poirier J, et al 2008).

There are a myriad of terms that are used by the GLBTI community to describe their sexual orientation and gender identity. For a useful summary of the different terms utilised, view the Glossary (attached).

## **Why is it important to understand GLBTI issues?**

### **Sexual identity and wellbeing**

Whilst GLBTI young people may be a smaller subsection of the youth population, they are often over represented in the health and wellbeing services available to support young people. This can generally be attributed to the following:

- Isolation and fear of communicating or sharing feelings and experiences
- Low self-esteem and negative body image (for both males and females)
- Bullying at school or in the workplace
- Negative reaction from friends and/or family
- Above average rates of suicide and self-harm
- Higher rates of mood and anxiety disorders
- Above average use of drugs and alcohol

Research indicates that GLBTI young people are at risk for a number of adverse events and outcomes associated with how other people will react to their sexual orientation or their gender identity. Compared with other wellbeing data for the general youth population, GLBTI young people are more likely to attempt suicide or self-harm and generally use drugs and alcohol at rates higher than their heterosexual peers (Hillier et al 2010).

GLBTI young people are far more likely to experience bullying and harassment from other young people and significant adults in their lives, and to be subjected to verbal, sexual, and physical abuse and other forms of trauma. As a result of these experiences GLBTI young people are more likely to drop out of school and for some, become homeless. These experiences are likely to contribute to the onset of mental health problems that are distinct from the usual troubles experienced as part of normal adolescent development (Wilber et al 2006).

Young people who are GLBTI are part of a distinctive cultural group. They often share a larger cultural identity, which includes a defined set of norms, social events, styles, and use of language. In addition, many of these young people may also come from diverse racial and ethnic backgrounds, which in turn can add to their experience of discrimination or rejection. Particularly if their cultural or religious background does not support people who are same sex attracted or gender diverse.

Addressing the alcohol and other drug (AOD) needs of GLBTI young people needs to be understood in the broader context of adolescent development and may present challenges to practitioners in the field, particularly as it relates to a person's own values and beliefs and how this impacts on their ability to engage with GLBTI young people. Challenges stem, in part, from limited knowledge or stereotypes about GLBTI young people. The capacity for mainstream service providers to understand the particular issues experienced by GLBTI

young people can also present a challenge. Often GLBTI young people may fear disclosing their identities and, as a result, may be inhibited from seeking the assistance and support that is required. GLBTI young people who are afraid to be open about their identity, or “come out,” may be reluctant to engage if they believe the agency or staff member is not fully cognisant of their situation.

**The aims of this module**

This module has been developed to enhance practitioners in the field of youth AOD to better understand the capacity for GLBTI young people to engage in treatment services and the ways in which, the practitioner, can better engage and support the young person within their service or agency. This module aims to build on the learning’s from other modules particularly in relation to engagement, to consider the issues that are relevant to GLBTI young people.

## **The practice of providing appropriate and effective services for GLBTI young people**

The following information provides key strategies and identified practices that can assist both practitioners and youth organisations to ensure that same sex attracted young people receive appropriate services and treatment and are not further marginalised as a result of their sexual orientation or identity.

### **1. Check your own beliefs & biases regarding sexual & gender orientations.**

Health and youth practitioners will encounter GLBTI young people in their day to day practice. However, for many young people they may be at a particular point in their sexual identity/discovery where they have not 'come out' nor feel the need to conform to a particular label or stereotype. Practitioners working with young people need to consider their own values and perspectives that inform their practice as this will impact on their engagement and interaction with young people.

Similarly, health and welfare organisations play an important role in providing supports to GLBTI young people and as such, must be mindful of their efforts to adopt an inclusive approach to ensure that all young people, irrespective of their sexual identity, are made to feel welcome.

### **Tips**

1. Examine your own beliefs and attitudes and ensure your ability to professionally and ethically provide AOD services to GLBTI young people. Do not assume everyone is heterosexual or that everyone's parents are heterosexual.
2. Feel comfortable about using the words gay, lesbian, bisexual, and transgender appropriately when talking with young people, work colleagues and service managers. If you don't feel comfortable with this, how is a young person accessing your service supposed to feel?

## **2. Provide a safe and inclusive environment for GLBTI young people**

GLBTI young people should have the same rights and be treated with respect as all other young people accessing AOD services. They should not be subjected to harsher or more restrictive standards of behaviour because of their sexual orientation or gender identity. They should be safe and free of harassment and violence when using AOD services. Whilst important across all service domains, this is particularly important in residential settings where GLBTI young people often experience bullying and harassment from their peers and occasionally from service staff. Staff should be mindful of creating an environment in which young people can feel free to express themselves and who they are without a fear of being judged.

Whilst not focussed specifically on young people, a recent literature review on the prevalence of and interventions for mental health and alcohol and other drug problems amongst the GLBTI community (Ritter et al 2012) highlighted the following key points in relation to intervention effectiveness:

- That prevention is a priority with GLBTI people as both AOD and mental health problems are preventable, and interventions such as supportive counselling during adolescence are likely to reduce the risk of later mental health or substance misuse problems.
- Preventing discrimination and stigma is an essential aspect of any comprehensive approach to reducing AOD and mental health problems amongst the GLBTI population. Measures which reduce the stigma and discrimination against GLBTI people are likely to have powerful public health impacts.
- GLBTI people appear to access treatment for alcohol or drug problems at a higher rate than non- GLBTI people, this was not necessarily the case for mental health. As such, all mental health and AOD services should expect to see GLBTI people within their services.
- Research has shown some superior outcomes with GLBTI-specific services, especially for methamphetamine dependent users. GLBTI -specific services provide positive role models, strategies for coping with stigma, tailored interventions for AOD and/or mental health which are often staffed by GLBTI practitioners.
- While there are specific treatment needs for some GLBTI people, in the main GLBTI treatment outcomes are the same as for non- GLBTI people, and attention to sexuality-related issues in treatment does not appear to be essential, or necessarily preferred by clients.
- The variety of AOD and mental health treatment interventions, such as cognitive behaviour therapy (CBT), motivational interviewing, 12 step programs and the

community reinforcement approach have all been shown to be effective with GLBTI individuals, in the context of a non-GLBTI-specific service.

- A diversity of service types is required. Not all GLBTI clients want a GLBTI-specific service. However, clients should expect and receive GLBTI-sensitive services (Ritter, Simmons, Carragher 2012).

This research suggest that whilst GLBTI people respond well to services that may be GLBTI specific in their focus, the reality is that in many areas GLBTI specific services are not necessarily available. Therefore it is incumbent upon mainstream health providers to be inclusive within their practice approach of young people who may be GLBTI.

### **Tips**

1. Address manifestations of anti-gay prejudice that may occur in your organisation, (e.g. name-calling, bullying and violence) and residential settings in particular, by either other young people or, unfortunately in some instances, staff.
2. Ask questions in a way that avoids implicit assumptions about the sexual orientation or gender identity of young people engaging with your service (e.g., asking a young person if he or she has a partner or is sexually active with males, females or both, rather than asking them if they are sexually active in a heterosexual context only).
3. Be inclusive in your organisational policies and procedures by including GLBTI young people and by making reference to equality legislation as it exists in your state/territory.
4. Ensure your policies and procedures are understood, supported and followed through by all staff (and volunteers) within your organisation and clearly articulate that homophobic comments and jokes as well as harassment based on race, sex, gender identity, sexual orientation, disability, and other differences will not be tolerated.

### **3. Develop awareness of GLBTI issues**

GLBTI young people may be more represented in AOD services due to their higher levels of drug and alcohol use than the general youth population. However, there are some arguments that whilst drug and alcohol use may be higher amongst this cohort of young people, the reality is that many of these studies have been carried out amongst more marginalised groups of young people and those that frequent SSA venues (Howard 2012), where substance use tends to be higher.

Given this, as a practitioner in the AOD field, it is likely they will regularly encounter GLBTI young people in their practice. However, it may be that some or many of these young people are yet to identify with one of the terms, which is important to understand for the development of meaningful engagement with the therapeutic process.

#### **Tips**

1. Understand the common experiences of GLBTI young people and the factors that often lead to their AOD use and associated risks, don't make assumptions based on what you think might be the situation, ask the young person themselves.
2. Try to avoid equating homosexuality only with sexual behaviour – those who identify as gay have relationships and friendships with one another as well as having sex with one another.
3. Where possible, introduce training for all staff to better understand the health and wellbeing needs of GLBTI young people. Be sure to provide relevant literature, toolkits, and guidelines to both educate and support staff in your organisation.

#### **4. Effectively engage GLBTI young people**

Young people's perceptions of a service commence with the initial contact they have with any staff member be it the receptionist, a clinician or youth worker. If an GLBTI young person receives the message—implicit or explicit—that they may be judged as a result of their sexual orientation or gender identity, that young person will be less likely to access that organisation again. An initial impression of openness and acceptance of the young person can help build the foundation for deepening trust and a more positive and productive engagement with the organisation. If the young person has a sense that the organisation will accept them for who they are, they are more likely to disclose that they are GLBTI, and staff will then be better able to provide the necessary supports that will meet the young person's needs.

#### **Tips**

1. Know what to do when a young person self-discloses his or her sexual or gender identity (e.g., offer support, engage in conversation if the young person wants to, maintain their privacy and confidentiality, and identify appropriate support services and/ or resources for the young person).
2. Use intake forms that include questions about a young person's sexual orientation/gender identity in the demographic section, but do not make it a requirement that young people answer these questions.
3. Ask questions in a way that avoids implicit assumptions about the sexual orientation or gender identity of young people engaging with your service (e.g., asking a young person if he or she has a partner or is sexually active with males, females or both, rather than asking them if they are sexually active in a heterosexual context only).



## **Glossary of terms utilised in the GLBTI community**

Adapted from the LGBTQ Webpage at Johns Hopkins University

**Bisexual:** a person who is emotionally, romantically, and sexually attracted to both men and women.

**Coming out:** the process of disclosing one's sexual orientation or gender identity to others. Because most people in our society are presumed to be heterosexual, coming out is not a discrete event, but a lifelong process. Heterosexual family members or allies of GLBTI persons also experience "coming out" when they disclose to others that they have friends or relatives who are GLBTI.

**Gay:** a person whose emotional, romantic, and sexual attractions are primarily for individuals of the same sex, typically in reference to men. In some contexts, this is still used as a general term for gay men and lesbians.

**Gender expression:** a person's expression of his or her gender identity (see below), including characteristics and behaviours such as appearance, dress, mannerisms, speech patterns, and social interactions.

**Gender identity:** a person's internal, deeply felt sense of being male or female, or something other, or in-between. Everyone has a gender identity.

**Gender-nonconforming:** having or being perceived to have gender characteristics and/or behaviours that do not conform to traditional or societal expectations. Gender nonconforming people may or may not identify as GLBTI.

**Genderqueer:** a term of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described gender identity (for instance, male or female only). Also see *gender-nonconforming*, *queer*, and *transgender*.

**Heteronormativity:** a belief system that assumes heterosexuality is normal and that all people are heterosexual.

**Heterosexism:** a belief system that assumes that heterosexuality is inherently preferable and superior to other forms of sexual orientation.

**Heterosexual:** a person whose emotional, romantic, and sexual attractions are primarily for individuals of a different sex, often also referred to as straight.

**Homophobia:** fear, hatred of, aversion to, or discrimination against: homosexuality, GLBTI people, individuals perceived as GLBTI, and people associated with GLBTI people.

**Homosexual:** a term used to refer to a person based on his or her same-sex sexual orientation, identity, or behaviour. Many GLBTI people prefer not to use this term—especially as a noun—because of its historically negative use by the medical establishment.

**Intersex:** a term used to refer to an individual born with a reproductive or sexual anatomy that does not conform exclusively to male or female norms in terms of physiological sex (this may include variations of genetics, genital or reproductive structures, or hormones). According to the Intersex Society of North America (ISNA)—an organization that advocates and educates about intersex concerns—about one in every 2,000 children is born intersex. Many intersex people prefer this term to the historically negative term *hermaphrodite*. An intersex person may or may not identify as GLBTI.

**Lesbian:** a woman whose emotional, romantic, and sexual attractions are primarily for other women.

**Queer:** an historically derogatory term for a gay man, lesbian, or gender-nonconforming person. The term has been widely re-claimed, especially by younger GLBTI people, as a positive social and political identity. It is sometimes used as an inclusive, or umbrella, term for all GLBTI people. More recently, *queer* has become common as a term of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described sexual orientation (for instance, gay, lesbian, or bisexual only). Some GLBTI community members still find *queer* an offensive or problematic term. Also see *genderqueer*.

**Questioning:** an active process in which a person explores his or her own sexual orientation and/or gender identity and questions the cultural assumptions that he or she is heterosexual and/or gender-conforming. Many GLBTI people go through this process before “coming out.” Not all people who question their identities end up self-identifying as GLBTI.

**Sexual orientation:** a term describing a person’s emotional, romantic, and sexual attraction, whether it is for members of the same sex or a different sex. More appropriate than “sexual preference.” A person’s sexual orientation may or may not dictate the person’s sexual behaviour or actions.

**Straight:** A term often used to identify a person as heterosexual.

**Transgender:** an umbrella term that can be used to describe people whose gender expression is nonconforming and/or whose gender identity is different from their assigned sex at birth. This term can include transsexuals, genderqueers, cross-dressers, and others whose gender expression varies from traditional gender norms.

**Transphobia:** fear, hatred of, aversion to, or discrimination against transgender people or people who are gender-nonconforming.

**Transsexual:** a term for someone who transitions from one physical sex to another in order to bring his or her body more in line with his or her innate sense of gender identity. It includes those who were born male but whose gender identity is female, and those who were born female but whose gender identity is male, as well as people who may not clearly identify as either male or female. Transsexual people have the same range of gender

identities and gender expression as non-transsexual people. Many transsexual people refer to themselves as transgender.

## References

Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., & Mitchell, A. (2010). *Writing Themselves in Three: The 3rd National report on sexuality, health and wellbeing of same sex attracted and gender questioning young people in Australia*. Monograph Series Number 78. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. ARCSHS Monograph.

Howard, J. National Cannabis Prevention and Information Centre: *Drug Use Amongst Same Sex Attracted Young People*. A presentation to the Australian Therapeutic Community Association Conference, Launceston, May 2012. Accessed 25<sup>th</sup> August 2013.

*LGBTQ at Johns Hopkins University 2013*. Available from <http://web.jhu.edu/LGBTQ/glossary.html> (10th September 2013)

Poirier, J. M., Francis, K. B., Fisher, S. K., Williams- Washington, K., Goode, T. D., & Jackson, V. H. (2008). *Practice Brief 1: Providing Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, or Two-Spirit*. Washington, DC: National Centre for Cultural Competence, Georgetown University, Centre for Child and Human Development. Washington DC.

Ritter, A., Matthew-Simmons, F., & Carragher, N. (2012). Monograph No. 23: Prevalence of and interventions for mental health and alcohol and other drug problems amongst the gay, lesbian, bisexual and transgender community: A review of the literature. *DPMP Monograph Series*. Sydney: National Drug and Alcohol Research Centre.

Wiber, S., Ryan, C., & Marksamer, J. (2006). *CWLA Best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care*. Child Welfare League of America, Washington DC.

## Resources

Gay and Lesbian Health Victoria (GLHV) have developed a resource for organisations to audit their service in relation to GLBTI inclusive practice. More information and resources are available from: <http://www.glhv.org.au/glbt-inclusive-practice>

Well Proud is a guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services developed by the GLBTI Ministerial Advisory Committee and can be found at:

[http://docs.health.vic.gov.au/docs/doc/75618B0EE0847E0FCA257927000E6EED/\\$FILE/Well%20Proud%20Guidelines%20updated%202011.pdf](http://docs.health.vic.gov.au/docs/doc/75618B0EE0847E0FCA257927000E6EED/$FILE/Well%20Proud%20Guidelines%20updated%202011.pdf)