

Evidence Summary:

Working with same sex attracted young people –
Inclusive practice



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What is “same sex attracted”?

The term “same sex attracted” (SSA) refers to people who identify as gay, lesbian, bisexual, queer, pansexual, those who are questioning their sexual orientation, and those who are unsure. We have chosen to use this term because it reflects the reality that sexual identity and orientation are not necessarily fixed or easily categorised, perhaps particularly for young people. Approximately 7-11% of young people in Australia are either attracted to people of their own sex or are unsure of their sexual attraction [1]. Further, some same sex attracted people also identify as transgender, transsexual or gender queer (this resource does not focus on issues unique to these groups; for more information see genderqueer.org.au). Same sex attraction is a healthy, natural part of the spectrum of sexuality and headspace actively affirms and supports SSA young people.

Why do clinicians need to know if a young person is same sex attracted?

Knowing your client’s sexual orientation may help you to respond effectively to issues of identity, self-esteem, sexuality and relationships. It also allows you to provide affirmation of his/her sexual orientation and address challenges that are unique to SSA young people. Further, openness and honesty about a client’s sexual orientation is associated with feelings of therapeutic support and satisfaction with treatment [2].

Risk factors for mental health problems amongst SSA young people

Most SSA young people do not experience any mental health difficulties. However, evidence indicates that SSA young people experience higher rates of mental health and substance use disorders than their heterosexual peers [3-6]. Young SSA people are at an elevated risk of suicide and self-harm; attempted suicide rates are up to six times higher than for heterosexual young people [7]. It is important to note that being SSA is not itself a risk factor for mental health problems – rather, stressors commonly experienced by SSA young people (e.g., stigma, isolation, homophobic bullying, rejection by friends and family) may increase their vulnerability to mental health difficulties and contribute to higher rates of substance use [8].

In order to provide informed, inclusive support when working with SSA young people, clinicians should familiarise themselves with the following risk factors:

1. Homophobia

Homophobia is prejudice against people based on their SSA status (actual or perceived). It can take various forms, including verbal abuse, social exclusion, humiliation, rumours, threats, and physical violence. A 2010 Australian national survey [9] of 3134 SSA people aged 14 to 21 found:

- Young SSA people suffer high levels of verbal and physical homophobic abuse at school and in the community.
- 61% of SSA young people in Australia experience verbal homophobic abuse.

- 18% of SSA young people in Australia experience physical homophobic abuse.
- 80% of SSA young people experiencing homophobic abuse report school as the most common site of abuse.

Developing a SSA identity in a context of homophobia may lead to feelings of confusion, shame, isolation, and low self esteem. Young people who feel negatively about their sexual identity are more likely to be self-harming [9]; for more information see our MythBuster: Sorting fact from fiction on self-harm (headspace.org.au/what-works).

2. Social isolation

Many SSA young people feel they do not belong; they are likely to live in a heterosexual family and have heterosexual friends; and live within a broader culture that rarely affirms or celebrates sexual diversity, all of which may contribute to feelings of isolation. Social isolation is a significant predictor of depressed mood amongst SSA young people [10].

3. Family rejection

Young SSA people’s relationships with their parents are often challenged, particularly around the time of disclosure of sexual identity or “coming out” [11]. One study found that negative reactions from family, including rejection, are associated with subsequent poorer mental health outcomes including an increased incidence of depression, suicidal behaviour, and substance abuse [12].

4. Substance use

A recent meta-analysis has found that SSA young people are significantly more likely to use alcohol and other substances than are heterosexual young people [6]. The same study finds that rejecting reactions to disclosure of sexual orientation are associated with coincident and subsequent substance use. Similarly, an Australian report concludes that, based on an association between higher rates of substance use and homophobic abuse, many young SSA people are “self medicating to ease the pain of the rejection and hostility in their families, schools and communities” [9], p. 54.

5. Living in rural communities

SSA young people in Australian rural areas appear to be at greater risk of homophobia than their metropolitan peers; many such young people have also expressed concern about their relative isolation and lack of SSA-friendly services [9]. Further, they may avoid accessing mental health services for fear of being discovered or a breach of confidentiality [13].

6. Issues related to religion and CALD groups

It is beyond the scope of this resource to adequately address the issues arising within religious faiths and CALD groups. For information go to the Australian GLBTI multi-cultural council (agmc.org.au).

Framework for working with SSA young people

1. Facilitating discussion of SSA issues

Many clinicians are unsure about how to approach the subject of sexual orientation with a new client. Whilst it is the young person's choice whether to disclose their sexual orientation, it helps to provide an environment that facilitates disclosure. You can do this by:

- Building rapport before approaching issues of sexual orientation.
- Using gender neutral language, especially when first asking about relationships (e.g., "Are you in a relationship?", "Do you have a partner?", or "Are you seeing anyone?").
- Not presuming heterosexuality. Consider the use of prompts to make clear that the young person may disclose their sexual orientation to you (e.g., "At our service, we see lots of people who are gay, bisexual, questioning, and we don't assume that someone is straight when we meet them").
- Being aware that confidentiality may be a particular concern for SSA young people, who may be worried about their status being disclosed to others [14]; address any such concerns as part of your routine discussion about confidentiality.
- Using terms that are respectful and consistent with the young person's self-understanding. Question what term they prefer if you're unsure (e.g., "Do you have a term that you prefer to use, like gay, or bisexual?").
- Responding positively when SSA clients are open about their sexual orientation. Invite the young person to tell you more about their experiences of being SSA (e.g., asking, "How do you feel about being SSA?", "Do your friends and family know that you're SSA?").
- Asking about any difficulties they have experienced related to being SSA (e.g., asking, "Have you ever had any negative experiences about being [SSA]?", or, "A lot of young people I see have experienced homophobia, or bullying, or having their parents react badly to them being SSA – have you ever experienced any of that?"), and ask if they wish to explore these further as part of your work together.

2. Supporting identity formation and "coming out"

Developing and integrating a healthy identity is complex and often difficult for any young person, and may be especially so for SSA young people, who attempt to do so in a primarily heterocentric society [15]. "Coming out" refers to the stages by which SSA individuals recognise, identify, accept and disclose their SSA status to others [16]. Determining the stage(s) of sexual identity formation a young person is in allows you to be aware of likely challenges that may be present for him/her.

A recent Australian survey found that 60% of SSA individuals have realised they are same sex attracted by the time they finish primary school, and about 85% by age 15 [9]. The same survey indicates that a growing majority of SSA young people are happy with their sexual orientation. Interestingly, many had initially felt unhappy or struggled to accept their sexuality, but had been able to reframe the way they thought about it.

While coming out as SSA can be beneficial to young people, clinicians should also consider the potential risks coming out may pose to a client, particularly one who is still living with family that may not be supportive. SSA young people may not feel they have an adequate amount of support in their family or social networks when they become aware of their same-sex attraction. It may be more effective for SSA individuals dealing with these issues to address their own feelings and develop an affirmative support group prior to disclosing their sexual identity [17].

3. Addressing internalised heterosexism

Heterosexism is the assumption that heterosexuality is normal and preferable, and that anything else is less desirable or unhealthy. When SSA individuals have internalised this heterosexism, they may hold negative attitudes or shame about their sexuality. It can be beneficial to explore with the young person the ways internalised heterosexism has contributed to feeling negative or ambivalent about his/her sexual orientation, and provide an affirmative environment in which to work through these feelings [18]. Young SSA people who are distressed by their sexual orientation can be assisted with approaches that emphasise acceptance, identity exploration, and de-stigmatisation. The development of a positive SSA identity and rejection of negative stereotypes is a strong predictor of psychological wellbeing [19]. There is no evidence that sexual orientation can be changed, and use of sexual re-orientation therapies has been thoroughly discredited as ineffective and potentially harmful [20].

4. Addressing homophobic bullying

Clinicians can help clients develop skills to make decisions regarding the supportiveness of different environments, and pros and cons of using different ways of dealing with heterosexism in different environments (disengaging from the environment, confronting the heterosexism head-on, etc.). In addition, by reframing homophobia as a problem within society rather than in homosexuality itself, SSA young people may develop more positive feelings about being SSA. For more information about addressing homophobia visit notohomophobia.com.au.

5. Exploring SSA romantic relationships

SSA young people who are in relationships are, in most ways, the same as opposite-sex couples and experience many of the same issues. Being in a relationship is developmentally appropriate and healthy in adolescence, and provides opportunities to work towards important developmental tasks, including identity formation, developing emotional autonomy, emotion regulation, intimacy, and communication skills (see [21] for review). SSA couples do, however, face unique challenges, such as stigma, discrimination, feeling uncomfortable disclosing their relationship in some situations, and one or both members of the couple choosing to conceal the relationship from others [22]. For more information on relationships, see our Evidence Summaries on Adolescent Romantic Relationships: Why are they important?, and, Working with Adolescents: Keeping relationships in mind (headsapce.org.au/what-works).

6. Encouraging parental acceptance

Family can play a crucial role in protecting against the mental health issues experienced by SSA young people. Greater parental acceptance and affirmation of SSA young people are associated with increased self-esteem and help to prevent depression, substance abuse, and suicidal ideation and behaviours [23]. Interventions that encourage parents and other family members to be more accepting of their SSA child's sexual orientation may therefore be useful where needed. Clinicians can consider providing psychoeducation to the client's family about the risks of family rejection and the role of acceptance; assisting the family in coming to terms with the young person's sexual orientation; and identifying supportive behaviours that help protect against risk and help promote the young person's wellbeing (e.g., talking with their child about his/her SSA identity; supporting their child's SSA identity even if parents feel uncomfortable; welcoming their child's SSA friends and partners to the home; requiring other family members to respect the SSA young person). Where this is not practicable (for instance, where there is a risk of abuse) the clinician can focus on assisting the client cope with family rejection – depending on needs, this could include housing and building social supports. For more information visit the Family Acceptance Project (familyproject.sfsu.edu).

7. Strengthening social supports

Supportive friends and family members, queer community support, activism, and self-acceptance all reduce the impact of common stressors for SSA young people [24]. Clinicians can work to increase the SSA young person's self-esteem by helping him/her develop a more positive identity as an SSA individual who can choose to identify as a member of the SSA community, by facilitating access to positive discourse about being SSA, providing information on resources in the community, and helping the client develop SSA-affirming friendships, support groups, or internet resources [18].

8. Ensuring service-level inclusion

In order to access support, SSA young people should be confident the service will be accepting of diversity, safe, free from discrimination and judgement, and will respect their confidentiality [25]. For ideas on sensitising your service to the needs of SSA young people, see [26] for a systematic review; also see the brief guide based on the same review and the Rainbow Tick guidelines (both listed in More Resources).

So what does all this mean?

Young people who are same sex attracted face some unique challenges as they progress through adolescence and young adulthood. It is important to develop an understanding of these challenges in order to provide an inclusive, affirmative service for SSA clients.

More Resources

"Writing themselves in 3" (glhv.org.au/files/wti3_web_sml.pdf). A 2010 report on SSA young people in Australia.

rainbownetwork.net.au Resources and information for anyone working with SSA young people.

opendoors.net.au Australian information and support for young people who identify as SSA.

rainbownetwork.net.au/news/your-youth-service-safe-and-inclusive-one-read-through-rainbow-network-checklist-find-out Rainbow tick checklist for inclusive services.

McNair RP. A guide to sensitive care for lesbian, gay and bisexual people attending general practice (glhv.org.au/fact-sheet/guide-sensitive-care-lgb-people-attending-general-practice). Endorsed by RACGP in 2012.

pflagaustralia.org.au information and support for parents, family and friends.



Summary of risk factors for SSA young people

Homophobia	<ul style="list-style-type: none"> • Homophobia is prejudice against SSA people and includes verbal abuse, social exclusion, humiliation, rumours, threats, and physical violence • The majority of young SSA people in Australia have experienced homophobia, most commonly verbal abuse • Effects can include feelings of shame, isolation, and low self esteem, and may contribute to higher rates of self-harm
Social isolation	<ul style="list-style-type: none"> • Feelings of isolation are common among SSA young people, and form a significant predictor of depressed mood
Family rejection	<ul style="list-style-type: none"> • Negative or rejecting responses from family increase a SSA young person's risk of depression, suicidal behaviour, and substance abuse
Substance use	<ul style="list-style-type: none"> • Young people who are SSA are significantly more likely to use alcohol and other substances • Homophobic abuse and rejecting reactions to disclosure of sexual orientation are associated with increased rates of substance use
Living in rural communities	<ul style="list-style-type: none"> • SSA young people are at greater risk of homophobia if they live in rural or remote areas • Rural SSA young people are more likely to avoid accessing mental health services for fear of their SSA status being disclosed to others

Summary of framework for working with SSA young people

Facilitating discussion of SSA issues	<ul style="list-style-type: none"> • Don't presume heterosexuality • Use gender-neutral language when asking about relationships • Discuss issues of confidentiality and address any concerns about disclosure of sexual orientation • Respond positively when SSA clients are open about their sexual orientation – invite them to tell you more about their experiences of being SSA
Supporting identity formation and "coming out"	<ul style="list-style-type: none"> • "Coming out" refers to the stages by which SSA individuals recognise, identify, accept and disclose their SSA status • You may need to help your client develop supportive networks prior to disclosing their sexual identity
Addressing internalised heterosexism	<ul style="list-style-type: none"> • Young SSA people who are distressed by their sexual orientation can be assisted with approaches that emphasise acceptance, identity exploration, and de-stigmatisation • Developing a positive SSA identity and rejecting negative stereotypes strongly predicts psychological wellbeing
Addressing homophobic bullying	<ul style="list-style-type: none"> • Help your client to reframe homophobia as a problem within society rather than in homosexuality itself
Exploring SSA romantic relationships	<ul style="list-style-type: none"> • Being in a relationship is developmentally appropriate and healthy in adolescence for same sex couples just as with opposite sex couples • Be aware that young SSA people may face additional challenges within their relationships, such as stigma, discrimination, or difficulties in disclosing their relationship
Encouraging parental acceptance	<ul style="list-style-type: none"> • Consider providing psychoeducation to your client's family about risks of family rejection and the role of acceptance • If needed, assist the family in coming to terms with the young person's sexual orientation • If appropriate, identify supportive behaviours that protect against risk and promote the young person's wellbeing
Strengthening social supports	<ul style="list-style-type: none"> • Where needed, help your client develop a more positive identity by accessing positive discourses about being SSA, providing information on resources in the community, and helping him/her develop SSA-affirming friendships, support groups, or internet resources
Ensuring service-level inclusion	<ul style="list-style-type: none"> • Services should provide an environment that feels safe, free from discrimination and judgement, accepting of diversity, and respectful of confidentiality

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