Orygen
The National Centre of Excellence in Youth Mental Health

Clinical practice in youth mental health

Working safely and inclusively with sexuality diverse young people

Introduction

This resource has been developed for clinicians to summarise the latest evidence related to:

- sexuality diversity*
- risk and protective factors that can influence the mental health of sexuality diverse young people
- sexuality diverse young peoples' experiences of seeking support for mental health issues.

It is designed to support clinicians to work with young people in a way that is safe and inclusive by considering:

- how to ensure inclusion for sexuality diverse young people at a service- and clinical-level (i.e. one-on-one)
- further resources to support practice in this area.

In Australia, it is illegal to not provide inclusive services for sexuality diverse young people

What is sexuality diversity?

'Sexuality diverse' is an imperfect and broad term used to describe people who are asexual, same-sex attracted or attracted to more than one sex. Young people having these experiences *may* identify with labels such as lesbian, gay, bisexual, pansexual (i.e. being attracted to people of all genders), asexual (i.e. not experiencing/ rarely experiencing sexual attraction), queer (this term can reflect a range of sexual and gender identities) and those who are unsure (i.e. questioning).[1] Conversely, they may not identify with any of these labels. Sexual identity is different to gender identity (i.e. our sense of our self when it comes to being male, female, non-binary, masculine or feminine). Some young people who identify as sexuality diverse also identify as gender diverse (e.g. transgender, intersex or genderqueer). This resource does not focus on issues unique to these groups. For more information, see: minus18.org.au, ygender.org.au, genderqueer.org.au and trans101.org.au.

Between 2% and 12% of young people identify as sexuality diverse;[2] over half do so before high school.[3] The age that young people recognise, accept and disclose their sexual orientation to others (i.e. 'come out' or 'invite in') seems to be decreasing.[4] The coming out/inviting in process is complex: it is not a 'one-off event' or something that naturally progresses from one step to another. For example, a young person may share their sexuality with others before accepting their own identity internally. It is an ongoing process (e.g. every time a young person starts a new job, meets someone new, etc.) and is influenced by the young person's feelings of safety in different domains (e.g., school, home, online).

*Young people who identify as queer, asexual, pansexual and questioning are under-represented in studies examining these issues.

Why we need to create safe and inclusive services for sexuality diverse young people

In Australia, it is illegal to **not** provide inclusive services for sexuality diverse young people.[5]

Sexuality diverse young people face additional barriers to accessing mental health services compared to their heterosexual peers[6] and may only seek mental health support when they are no longer able to cope with their distress.[7] These barriers include heterosexual assumption, 'outing', fear of harassment, lack of accurate information about sexuality diversity, not wanting parents to find out and fear of what the doctor might say or do.[6] Facilitators to accessing youth mental healthcare include an increased desire to talk about their health, personal life, friends and substance use.[8] Research with adults also suggests that having a regular general practitioner (GP) may be helpful in increasing help seeking.[9]

Determining the stage(s) of sexuality formation that a young person is in allows clinicians to be aware of, and help address, unique challenges that may be present for them. Then clinicians can offer the young person another affirming experience of who they are, regardless of where they are at on their journey.

Factors that influence the mental health and wellbeing of sexuality diverse young people

It is important to understand that sexuality diversity is not itself a risk factor for mental health and substance use problems. Rather, stressors commonly experienced by sexuality diverse young people increase their vulnerability.[10–12] This includes higher rates of mental health and substance use disorders,[13, 14] suicide attempts[13, 15] and self harm[16] compared to their heterosexual peers. Sexuality diverse young people are also at higher risk of depression, psychological distress, self harm and attempted suicide than any other age cohort of the sexuality diverse community.[17] When sexuality diverse young people are socially supported and free from experiences of discrimination, they experience similar levels of mental wellbeing to their heterosexual peers.[10]

Factors that influence the mental health and wellbeing of sexuality diverse young people are discussed next.

Family acceptance and rejection

Support and acceptance from family is a key protective factor for young people. Family acceptance of sexuality diversity predicts greater self-esteem, social support and general health.[18] It also protects against depression, substance abuse and suicidal ideation and attempts.[18] Family connectedness is also a protective factor against suicide in lesbian, gay and bisexual (LGB) young people.[19] LGB young people who are rejected/excluded by their families are at higher risk of homelessness, depression, substance use and suicidality.[20-24]

Social support

Social support can reduce the negative psychological outcomes and elevated risk of suicide, victimisation and school avoidance experienced by sexuality diverse young people.[25, 26] This includes specific support affirming one's sexuality,[25] being connected to the sexuality diverse community,[27–29] retaining friendships,[30] having adult support within the school community,[31,32] having the support of adults more broadly[19] and having a positive school environment (including anti-bullying policies promoting sexuality inclusivity).[3, 10, 33] In one large study, when LGB students experienced a positive school environment, free from homophobic and biphobic harassment, their mental health, substance use and truancy outcomes were comparable to their heterosexual peers.[10]

Homophobia and biphobia

Homophobia describes prejudice against people based on their actual or perceived sexuality (e.g. verbal abuse, social exclusion, humiliation, rumours, threats and physical violence). Biphobia refers more specifically to prejudice related to actual or perceived bisexuality. While most of the relevant research has focused specifically on the impacts of experiencing homophobia, the same adverse impacts would be expected among young people experiencing biphobia.

In Australia, sexuality diverse young people experience high levels of verbal and physical homophobic abuse, particularly at school but also in the street, at work and at social occasions.[3] Experiencing homophobia or biphobia is a risk factor for depression, substance abuse, suicidal behaviour and self harm.[20, 34, 35] Experiencing bullying and feeling unsafe at school is also associated with school avoidance, academic difficulties and school dropout.[3, 10, 36] High levels of prejudice and a lack of inclusivity and support within the wider community are also associated with poorer outcomes.[37, 38] This was the case, for example, for sexuality diverse people living in areas that had a higher percentage of people who voted 'no' in the 2017 Australian Marriage Law Postal Survey.[37]

Internalised heteronormativity

Heteronormativity or heterosexism is the belief that everyone is, or should be, heterosexual, and that other types of sexuality are unhealthy, unnatural and/or a threat to society. It is not something that young people spontaneously believe, rather it relates to pervasive social and cultural pressure and assumptions about sexuality. Living in a world that tells young people that their identities and desires are 'abnormal', 'immoral' or a 'mental problem', which need to be 'fixed', can lead to internalisation or normalisation of these beliefs (i.e. internalised heteronormativity). This is a strong risk factor for depression, anxiety and relationship problems[20, 39–41] and determines (at least in part) the extent to which mental health difficulties develop as a result of a young person experiencing victimisation, religious stress and/or family rejection related to their sexuality.[41, 42] Experiencing positive thoughts and feelings about one's sexuality, and rejecting negative stereotypes, are protective factors for mental health and social outcomes.[20, 29, 43]

Concealing/managing sexuality

Many young people decide to conceal their sexuality to prevent damaging relationships and experiences of rejection or abuse.[44] Managing sexuality across multiple domains (i.e. 'coming out' in certain domains such as school, home or online but not others) has been linked to a higher risk of suicidality.[34]

Coping strategies and substance use

When experiencing multiple adversities, any young person's coping mechanisms can easily become overwhelmed. Emotional regulation difficulties (e.g. rumination, emotional suppression) and maladaptive coping strategies (e.g. avoidance) seem to play a causal role in the relationship between stigma and psychological distress, substance use and poor mental health among sexuality diverse young people.[20, 35, 45]

LGB young people – particularly females – use alcohol and other drugs at higher rates compared to heterosexual young people.[3, 46, 47] There is a link between substance use and experiences of homophobia and discrimination;[46] many LGB young people report their use being a coping strategy.[3] Gay bars and clubs have traditionally been places where sexuality diverse people can socialise and feel safe. Such settings may have a focus on substance use, and normalise its use.[48] A lack of LGB competency among health services discourages help-seeking for substance use issues.[48]

Living in rural communities

Rates of self harm and suicidal ideation and attempts are higher among LGBQ (lesbian, gay, bisexual, queer and questioning) young people living in rural areas compared to those living in urban areas.[3] These young people are less likely to feel safe at school and social occasions, and on the internet, than their sexuality diverse peers in urban areas.[3] Sexuality diverse people in rural–remote towns experience higher levels of minority stress, are more likely to conceal their sexuality from friends and be less involved with the LGBQ community compared to those in inner-metropolitan areas.[49] Specific services for sexuality diverse young people are difficult to access in rural areas, if they exist at all, and concerns about maintaining privacy when accessing services are exacerbated.[3] All of these factors can lead to increased isolation.

Cultural and Linguistic Diversity (CALD), including religious diversity

There is some evidence of additional challenges and a cumulative risk of mental health difficulties for sexuality diverse young people from CALD and religious backgrounds, in light of their management of multiple marginalised identities.[4, 50] The ethnicity of a sexuality diverse young person may also influence their integration into the LGBQ community.[51]

Participation in CALD and religious communities and their practices can be a source of strength for some sexuality diverse people.[51] But experiencing rejection from one's cultural or religious community, and internal conflict due to negative cultural or religious beliefs about diverse sexualities, contribute to negative outcomes for young people – including an increased risk of suicidal ideation and self harm.[3, 41] This higher risk among young people from religious backgrounds is influenced by an increased likelihood of experiencing other adversities (social exclusion, homophobic abuse from friends and family, not being supported by others when disclosing their sexuality and feeling unsafe at home).[3]

Bisexual and queer identities

Bisexuality is a sexual identity in itself and does not mean that a person is questioning or in a transitional state between heterosexual and same-sex attracted. Bisexual young people may experience negative attitudes from both heteronormative society and gay and lesbian sub-cultures,[52, 53] identity formation may be more complex[54] and 'coming out' may be more stressful.[55] Within the sexuality diverse community, young women identifying as queer are at particularly high risk of experiencing discrimination, sexual coercion and illicit drug use.[56] However, they also demonstrate particular strengths, including higher levels of community connection and accessing counselling.[56]

Questioning identity

Young people who are questioning their sexual orientation report the highest rates of bullying, victimisation, dating violence, substance use, truancy, depression and suicidality compared to their heterosexual and LGB peers.[10, 47]

Ensuring inclusion at a service-level

As in all areas of practice, services should promote a safe and inclusive space where a young person feels comfortable enough to discuss sexuality, sex and relationships of all kinds. All services working with young people should be affirming of diverse sexualities by:

- embedding inclusive practices into organisational policies and procedures. This includes ensuring staff have adequate professional development (e.g. mandatory training on sexuality inclusive practice). Training can enhance confidence in delivering a high quality of care[57, 58]
- visually promoting the service as a safe and supportive environment for sexuality diverse young people (e.g. displaying words, images or symbols that include or represent the LGBQ community, such as the rainbow flag)
- consulting or partnering with relevant organisations, such as Rainbow Network (Victoria), to strengthen relationships, and facilitate referrals and coordinated care
- consider The Rainbow Tick LGBTI-inclusive practice standards and service accreditation (see *Further resources*)
- involving LGBQ young people in service planning processes.

Ensuring inclusion at a clinician-level

Facilitate discussion of sexuality

It is always the young person's choice whether or not to disclose their sexuality. Routinely asking about sexuality helps to provide an environment that conveys inclusion and safety, and facilitates disclosure.

It is important to:

- make it clear that you work in an inclusive way (e.g.: 'At our service, we routinely ask people about their sexual identity, behaviour and attraction.')
- use gender-neutral language, especially when first asking about relationships (e.g.: 'Are you seeing anyone?')
- use terms that are respectful and consistent with the young person's self-understanding and ask what term/s they prefer
- respond respectfully when a young person opens up about their sexuality (i.e. don't make a big deal of it). If the young person is clearly struggling to do so, responding positively can be helpful (e.g.: 'Thanks for sharing that with me.')
- invite the young person to tell you more about their experiences of and around their sexuality (both positive and negative). Don't assume that being sexuality diverse is problematic or the presenting issue.

> "I talk to every young person I see about attraction, sexual identity, behaviour and relationships, no matter what their age, culture or ethnicity. Even for young people who identify as heterosexual, it can be a useful opportunity to openly talk about these issues.
>
> Clinician

Provide a safe and confidential space

It is important to:

- address any concerns as part of your routine discussion about confidentiality
- give as much ownership as possible to the young person of how information relating to their sexuality is managed (e.g.: 'Is it okay for me to include this in your medical file or would you rather I didn't?') Explicitly talk to them about how information is recorded in My Health Record and what their choices are
- avoid 'outing' a young person accidentally (e.g. to their family, peers, school, within your service). Doing so may be detrimental to a young person's wellbeing and may jeopardise their safety.

> "Ask questions, be curious and guided by the young person – listen to them. Everyone's story, needs and circumstances are different.
>
> Clinician

Assess and manage risk of harm

It is important to:

- always consider the young person's safety and assess their risk of harm (to self and from others), especially during particularly vulnerable times (e.g. when 'coming out' or questioning their sexuality)
- be proactive in creating a safe space to talk more specifically about dating, sex, safety and consent. Sexuality diverse young people may have less access to safe spaces for sexual exploration and information about relationships/dating and may be at higher risk of experiencing sexual coercion and dating violence, particularly those who identify as questioning, bisexual or queer.[47, 56]

Support identity development and coming out/inviting in

Explain that one of a young person's main developmental jobs is figuring out their identity. It is okay to do things at their own pace, they do not need to come out/invite others in – their personal information and choices are their own.

While sharing their sexual identity with others can be beneficial, the potential risks it may pose also need to be considered. This is particularly the case for young people who are living with family who may not be supportive, and/or whose culture or religion rejects their identity. It may be more effective for individuals dealing with these issues to address their own feelings and develop an affirmative support group prior to disclosing their sexuality. This may involve identifying one or two supportive people in their lives to come out to/invite in first, in the hope of building a support network they can leverage if they decide to do so more broadly.[4] Linking a young person in with an LGBQ support group may also be helpful.

> "It is so important not to out a young person, especially to family, when they are not ready. The choice is ultimately up to the young person of when/where/who/how to come out.
>
> Young person

Build support networks

If a young person is seeking support around issues relating to their sexual identity, facilitate access to positive discourse about sexuality diversity. Provide information on resources in the community (online and offline), and support the young person to develop LGBQ-affirming friendships, role models and support groups.[59]

> "Thinking about who my "intentional family" is has really helped me. People who are my friends (or "family" I have chosen) who I know accept me unconditionally and will always support me.
>
> Young person

Address internalised heterosexism

It can be beneficial to:

- explore the ways internalised heterosexism may have contributed to the young person feeling negative or ambivalent about their sexuality, and provide an affirmative environment in which to work through these feelings
- emphasise acceptance, identity exploration and de-stigmatisation.[59]

Note There is no evidence that sexuality can be changed via re-orientation or reparative/conversion therapies, and their use has been thoroughly discredited as ineffective and has been shown to cause harm.[60]

Address homophobic/biphobic bullying

It is important to:

- acknowledge that experiencing homophobia or biphobia can be very distressing for a young person
- reframe homophobia or biphobia as a problem within society, rather than in sexuality diversity itself
- support the young person to develop skills and make decisions about the supportiveness of different environments, and the pros and cons of using different ways of dealing with heterosexism in different environments.

If the young person is experiencing homophobia or biphobia at school or home, it may be necessary to take an active role in liaising with a young person's family/carers and/or school to advocate for their needs – with the young person's consent (unless safety concerns warrant breaching confidentiality).

Encourage family acceptance

Identify supportive parental behaviours and consider providing psychoeducation about the risks of family rejection and the positive impact of acceptance. Where this is not practical (for instance, where there is a risk of abuse), focus on assisting the young person to 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).

Family therapy interventions and parenting support may be required to assist parents and carers to process their reactions to and accept their child's sexuality diverse identity. It is also useful to support the young person to cope with difficult reactions from their family and to improve communication within the family.[20]

Consider cultural and religious diversity

Acknowledge the multiple positive and negative influences that cultural and/or religious communities have on sexuality diverse young people. If cultural and/or religious factors seem to be impacting on a young person's sexual identity development, specially tailored resources may be beneficial (e.g. resources for Aboriginal and Torres Strait Islander young people who identify as having diverse sexuality).[61] If religious factors are having a negative impact, consider respectfully supporting a young person to explore alternative interpretations of religious texts about diverse sexuality, the positives and negatives of continued involvement with non-affirming religious organisations, and locating to alternative religious communities or considering alternatives to organised religion.[62-66]

Consider engaging in further training, secondary consultation and using resources and services specifically for young people facing these issues (see *Further resources* on page 7).[50]

Explore experiences of 'fitting in' within the sexuality diverse community

It is important to:

- consider exploring young people's perceptions of the sexuality diverse community and their experiences and/or thoughts of 'fitting in' and 'coming out' now or in future. Affirm their identity and encourage family support. Parents and carers can play an important role in supporting their young person to navigate 'coming out' to family and friends.[55]
- understand that some sexuality diverse young people experience intersecting marginalised identities and forms of discrimination (e.g. those from CALD backgrounds, those who live with a disability).[4, 50, 67]

> "I struggled with queer stereotypes for a long time. Now I know that you don't need to match up to them. You could match completely, a little bit or not at all.
>
> Young person

Support emotion regulation and reduced substance use

It may be helpful to explore perceived social norms about substance use within sexuality diverse communities[46] in addition to targeting other risk factors for substance use (e.g. victimisation, lack of supportive environments, negative disclosure reactions).[22, 68] Build upon existing coping strategies and work toward improving emotional regulation so that the young person has more internal resources to cope with stigma and discrimination.[45, 69]

Consider risks for young people who identify as bisexual or queer

Be mindful that bisexual and queer young people are at particularly high risk of experiencing discrimination and negative mental health outcomes.[13, 14] Exploring their experiences of 'fitting in' within the sexuality diverse community, their feelings about 'coming out' and encouraging parental support is particularly important.[55]

Consider risks for questioning young people

Similarly, be mindful of the increased risk of victimisation among young people who are questioning their sexual identity.[10, 47]

Consider advocacy and professional development

Advocate for supportive environments for sexuality diverse young people, both within a service and more broadly (e.g. within disability services, anti-bullying policies in education settings and workplaces, schools and community programs) and for more inclusive laws and policies.[4] Seek further training and secondary consultation to support clinical practice (e.g. Rainbow Network).

Further resources

For young people

Minus18 – Australian information and support for young people who identify as LGBTIQ minus18.org.au

Safe Schools – resources for students studentwellbeinghub.edu.au

Bisexual Alliance Victoria Inc. – information and support for bisexual people bi-alliance.org

The Asexual Visibility and Education Network – online community and resources regarding asexuality asexuality.org

Black Rainbow – LGBQTI support and suicide prevention for Aboriginal and Torres Strait Islander people blackrainbow.org.au

For family/carers/friends

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

For services/clinicians

Rainbow Network (Victoria) – information and support to provide inclusive services. This includes finding services and resources for CALD people and for those identifying with particular faiths, spirituality or religion rainbownetwork.com.au

Beyondblue – a resource for working therapeutically with LGBTI clients beyondblue.org.au

Australian GLBTIQ Multicultural Council – the peak body for individuals/groups from GLBTI multicultural backgrounds agmc.org.au

GLHV – information about Rainbow Tick accreditation for LGBTIQA+ services glhv.org.au/lgbti-inclusive-practice

National LGBTI Health Alliance – resources and links to other training lgbtihealth.org.au

Health.Vic – information about working inclusively with LGBTI people, including working in a culturally inclusive way with Aboriginal and Torres Strait Islander people health.vic.gov.au

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