

**WORKING WITH LGBTI PEOPLE**

# **YOUNG PEOPLE**



© National LGBTI Health Alliance, October 2016. This work may not be copied, distributed or transmitted except in unaltered form, with attribution to the Alliance, and for non-commercial purposes. Contact the Alliance for permission to adapt this document for your needs with attribution to the Alliance and the original authors.

This LGBTI PHN Professional Development Series received funding from the Australian Government.



The majority of LGBTI young people consider themselves to be happy and satisfied with their lives, however they are also more likely to experience social exclusion, isolation, rejection, bullying, discrimination, inequality, harassment and violence due to stigma regarding LGBTI people that is prevalent in society, with the vast majority encountering these experiences at school.

### WHY IS IT IMPORTANT TO HAVE SERVICES THAT ARE INCLUSIVE FOR LGBTI YOUNG PEOPLE?

Available research indicates that these experiences have a profound impact on mental health and wellbeing, with LGBTI young people having significantly heightened experiences of:

- ✓ Diagnosis of anxiety and depression
- ✓ Indicators of psychological distress
- ✓ Alcohol consumption and drug use
- ✓ Thoughts about self harm and/or suicide
- ✓ Engaging in self harm
- ✓ Attempted suicide

Young people who have experienced harassment, abuse and violence on the basis of being LGBTI have higher again risks of self-harm and suicide, with heightened incidents of depression and anxiety associated with continually negotiating these experiences alone without support of family, friends, or teachers. Consequently, LGBTI young people are high risk for a range of associated outcomes, such as disengagement from school, alcohol and drug use, homelessness.

# WHAT WE KNOW

Lesbian, gay, bisexual, same-gender attracted, transgender, gender diverse and intersex (LGBTI) young people have specific experiences related to their bodies, genders, sexualities, relationships and identities, and are a significant proportion of the population.



64% of people learn about their intersex variation before the age of 18

- ✓ 21% of young people report not having an exclusive heterosexual attraction, and an increasing number are describing their gender more broadly than male and female when given the opportunity to do so
- ✓ The vast majority of young people are aware of their sexuality by age 15, and trans and gender diverse young people question their gender identity throughout their childhood and teenage years
- ✓ 1.7% of the population have an intersex variation, with 64% of people learning about their variation before the age of 18, usually being told by doctors or parents

## TRANSGENDER YOUNG PEOPLE

Trans and gender diverse young people have a heightened risk for poor mental health compared to LGB young people.

This can be contributed to many factors including experiencing puberty that doesn't align with their gender identity, an inability to access transition support, and being negatively impacted by the gender segregation experienced within school environments (i.e. bathrooms, sport, uniforms).

Trans and gender diverse young people can be more visible resulting in them being incredibly vulnerable to abuse, assault and violence. They are less likely to get support from their families and schools resulting in a greater risk of school disengagement, homelessness, self-harm and suicide.

## YOUNG PEOPLE WITH AN INTERSEX VARIATION

Many young people with an intersex variation have experienced medical interventions that attempt to socially normalise people's bodies through surgery and hormone therapy in their infancy or recent childhood, and are likely to be currently going through experiences related to their intersex variation that disrupts their education and impacts on family life.

This is compounded by the lack of inclusion of people with an intersex variation in education policies, guidelines, systems and curriculum.

Consequently, the majority of people with an intersex variation don't consider their experience with education to be positive, leading to high rates of school disengagement with a notable portion of people with intersex variations not completing secondary school.

# WHAT CAN WE DO

## WHAT CAN HEALTH PRACTITIONERS DO TO INCREASE INCLUSIVE PRACTICE?

- ✓ Listen for the language that the person uses to describe themselves and/or their family in terms of sex, gender, sexuality and relationship status, and take cues from this
- ✓ Focus on feelings, behaviours and experiences of young people rather than making assumptions of a person's needs based on their identity (or perception of identity) based on appearance
- ✓ Ask open questions to find out who their caregivers are, and who is able to make decisions and provide consent
- ✓ Respect privacy and only ask questions that are necessary in the provision of a service
- ✓ Be aware of your own values and opinions and manage these so that they don't undermine your ability to deliver a respectful, equitable service
- ✓ Recognise the unique and shared pressures that may affect LGBTI people and families but don't assume their being LGBTI is 'a problem' or 'the presenting issue'
- ✓ Learn about the differences between lesbian, gay, bisexual, transgender and intersex, and also the intersections that may occur between them
- ✓ Acknowledge and recognize the specific need and challenges experienced by transgender and gender diverse young people who may benefit from access to specialist service providers with expertise in gender, especially if they are seeking to transition
- ✓ Empower and support young people with an intersex variation to have a say in the decisions made regarding medical interventions and interactions around their body with support from doctors and/or family
- ✓ Support and assist young people to access LGBTI specialist groups that foster new social connections with other LGBTI young people

## WHAT CAN ORGANISATIONS AND SERVICE PROVIDERS DO TO INCREASE INCLUSIVE PRACTICE?

- ✓ Support an organisational approach that treats people equitably. This does not mean treating everyone the same, but does mean making the same effort to respect and meet each person's health needs
- ✓ Design registration or intake forms that are appropriate and inclusive of many family structures and individuals; for example, use 'parents or guardian/s' rather than 'father, mother' and not just for gender options 'male or female' and inclusive of sexuality if appropriate
- ✓ Embed practices that are inclusive and non-judgmental into policies and protocols
- ✓ Organise basic training and updates for staff and volunteers including understandings of LGBTI people, including the differences between these and how they may overlap
- ✓ Make visible your service's welcoming of diversity, such as in waiting rooms, websites, printed materials: this could include in words, images, symbols that reflect LGBTI young people and families
- ✓ Conduct service mapping to identify existing LGBTI groups, services, organisations and networks within your region
- ✓ Commission LGBTI youth specialist services to facilitate mental health and suicide prevention programs and services to LGBTI young people and their families in your region

# WHERE TO FIND OUT MORE

## SUPPORT FOR SERVICE PROVIDERS AND HEALTH PRACTITIONERS



**MindOUT** supports the professional development of the mental health and suicide prevention sectors to practice and implement strategies that ensures inclusive and accessible services to LGBTI people and communities.

The network connects members to stay informed about resources, activities, initiatives, professional development training and research that is pertinent to LGBTI mental health and suicide prevention.

Go to <http://lgbtihealth.org.au/mindout/> to find how MindOUT can support you.



## LGBTI Ageing and Aged Care Awareness Training

This project is delivering lesbian, gay, bisexual, transgender and intersex (LGBTI) aged care awareness training to a broad range of staff working in ageing and aged care, students studying aged care and aged care assessment teams nationally.

Go to <http://lgbtihealth.org.au/ageing/> to find a local training provider near you.

---

## SUPPORT FOR INDIVIDUALS



**QLife** counselling services are available 7 days a week, 365 days a year between the hours of 3:00 pm to 12:00 am Australia wide.

Phone counselling and web chat services are provided by volunteers engaged in their home-state centres, with national support provided by a team of paid staff members. Mental Health and Referral information is available via the web 24 hours a day, 7 days a week.