

## TIPS FOR ENGAGING LGBT YOUTH

- As a starting point, frame questions in gender neutral ways, and demonstrate your comfort with using gender-neutral pronouns such as they, their, theirs. Pick up on, or when there is established rapport ask, what pronoun or name someone may prefer, and then respect their answers. This may be a new place for someone to try out their preferred pronoun or name, and your reactions are important.
- Asking someone, "It might seem obvious to you, but I know that appearances can be misleading, so I ask this of everyone. Can you tell me how you describe your gender?" Avoid making assumptions; it's important to listen to people in their own words, while also not pushing them to disclose sensitive information to you.
- You can open up discussions about gender with a range of questions like: "How are you feeling in your body? How do you feel about how others react to your body? Do you think about yourself in terms of gender? What kinds of expectations get put on you because of what gender people think you are?"
- Avoid assumptions about whether someone is in a relationship or not. An example is "Who are the important people in your life at the moment?" Show that you don't assume that a partner would be of a particular gender such as: "Are you in a relationship with anyone special?" This gives a young person permission to talk about their own intimate thoughts and feelings about attraction.
- If the client has not given a clear answer about their relationships, you can still ask about their sexuality, such as: "Who are you usually attracted to? Or have you not really experienced much attraction so far?" and they can place themselves on the continuum somewhere.
- Sometimes LGBT young people may need strategic advice as well as emotional support. Strategies could include; making sure that a supportive person is available to talk to after coming out to a new group or person, using a letter to disclose or determining which environments will make all participants in the discussion feel comfortable.

- For instance, a suggestion might be "Is there a time or place when that person seems more approachable? Are there times when it might seem riskier to start this conversation eg: if they're drinking alcohol, or when they are in a hurry?"
- If a young person is planning to disclose to friends and family but is worried, the counselling room may provide a "rehearsal" space to practice and refine their approach.
- It is important to talk through disclosure as a process, to highlight that even if some people react negatively these attitudes often change over time. Young people sometimes feel pressured to come out or disclose personal information. A counsellor can play an important role here in assuring the young person that there is no particular rush to confirm their sexuality or gender identity. It can be a great relief for them to be reminded that it is up to them to share or not, at times of their own choosing.
- A process of disclosure should not be seen as essential and central to young LGBT people and those questioning their identity. It can be helpful to explore what support young people require while they make decision as to when or how to come out, and to whom. For the individual young person, being 'in and proud' may better than being 'out and vulnerable'.
- A young person may be LGBT but need support for other issues. It is important to not assume that their sexuality or gender identity is the presenting problem. Be open to exploring these aspects of a young person whilst also acknowledging other aspects of their lives.

# YOUNG PEOPLE

## QLIFE TIP SHEET

Social conditions for the acceptance of LGBTI (lesbian, gay, bisexual, transgender and intersex) people have improved dramatically in Australia in recent years.

Despite this, most LGBTI young people still experience discrimination and bullying in their schools, communities and families.



### CONTACT QLIFE

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# YOUNG PEOPLE

## YOUNG PEOPLE & SELF DISCOVERY/DISCLOSURE

Research indicates that young people are 'coming out' about same-gender attractions or questioning their gender identity at increasingly younger ages. It is no longer rare for young people to disclose this information before their teenage years. Also, an increasing number of people with intersex traits are being told while young about their physical variations by parents and doctors, reducing the previous tendency for secrecy into adulthood.

Up to 80% of LGB young people are aware of their sexuality by the age of 15 years, and the highest risk of suicide is when a young person has acknowledged their sexuality or their gender identity to themselves, but not yet to anyone else. This has implications for psychological support of all young people, regardless of their presenting issue, especially if a counsellor makes assumptions about a young person's sexuality, gender identity or intersex status. Any young person who sits down in front of a counsellor or mental health professional might be struggling in isolation with issues related to their sexuality or gender identity. For other young people, the main concern may not be coming out as LGBT, but the discrimination, marginalisation and isolation in everyday experiences, related to relationships, sexuality and gender.

With an increased tendency for LGBT young people to affirm their genders or come out about sexuality to their peers, there comes a range of both positive and potentially negative effects. It may be a liberating experience if the response from friends is positive, and it may assist in coming out in other arenas. However, if coming out to peers results in bullying, ridicule and other hurtful responses, it may compound pressures outside of school, if there is a lack of support with family, or if coming out to friends was a 'first step' to coming out elsewhere. Defending oneself emotionally and physically without support can become a very frightening and isolating experience.

Counsellors may assume that their young clients are likely to be heterosexual if they have not specifically come out as lesbian, gay or bisexual to the counsellor. Similarly, counsellors may assume someone identifies with their assigned gender or has always lived in the same gender and has physical characteristics typically associated with that gender. Many professionals do not make room to inquire about someone's gender identity unless prompted by what they can see. This is a limiting view of how gender is experienced or expressed.

## BUILDING A SAFE SPACE

When a young person is struggling with sexuality or gender, or confused, they may not self-identify as LGBT without the counsellor providing the scaffolding to make this a safe disclosure. Alternatively, young people may know with certainty who they are but are waiting for the counsellor to create a space where it is okay to open up this discussion. Creating signals that a space is a safe place for LGBTI people may enable a young person to disclose earlier in the therapeutic relationship. These signs can include resources in an office or waiting room, use of inclusive language on forms, in interactions and/or a deliberate statement from a counsellor about their commitment to inclusion and acceptance of diverse sexualities and genders.

The isolation in which young people often explore or struggle with their gender identity and sexuality may make them hyper-aware of both the negative and positive attitudes held towards LGBTI people by professionals, family and peers. Casual comments, 'jokes' or non-inclusive language about LGBTI in front of young people can have a negative impact.

Quite apart from issues to do with sexuality and gender, many young people may be wary or uncomfortable about the whole process of seeing a counsellor or entering a health service. All practitioners will

have their own approaches to establishing rapport, and this should include asking broad and varied questions, to invite the young person's respect and trust. Asking about sexuality or gender in an open manner gives permission for a safe disclosure and might open up a range of conversations. Using non-judgemental questions in a counselling or health setting is relevant for all young people, not just for LGBTI young people. This type of interaction sets the scene and gives the client permission to ask a range of questions which may seem embarrassing or inappropriate in another context.

## SUPPORTING EMERGING GENDER AWARENESS

Visibility and understanding of being transgender in our culture tends to be even lower than that of LGB sexuality. Coming out as trans may be met with shock or incomprehension and in some ways can be more difficult than a disclosure of sexuality. Many young people have known at an early age about being transgender while the adults around them may not be aware about the possibility of gender questioning for a pre-teenager. Data suggests that over 80% of young people aged 12 and over who reject their assigned gender will not change their mind and will go on to live in their newly-affirmed gender. To presume being transgender is a phase for adolescents is problematic and can be very harmful to that young person.

Many young people have already known who they are for years, but it's usually the adults around them who don't accept that until they become teenagers.

For a young trans person to more fully communicate their experience of being trans, there are likely to be a number of choices that cannot be easily concealed or segmented. It is vital that a young trans person who wants to invite people in to their experience, or come out, is fully supported in this process.

It is common for clients who are ready to talk about gender issues to have done extensive self-education. They will potentially know much more about gender and transition processes than their counsellor and may take an educative role in the conversation. Even so, it is important not to underestimate the impact of a professional's reaction to a young person's disclosure of being trans. Professionals frequently act as the

gateway between young trans people and the medical treatment they may need in order to feel congruent with themselves. They may also be a conduit for conversations with family and other supports that are vital to that young person's wellbeing. It is important that health professionals are well informed about gender experiences that are different to assigned genders and able to respond appropriately.

For young trans people entering or going through puberty, there are steps that are time-sensitive, such as accessing a gender clinic to explore the option of hormone blockers. Puberty-blocking treatments are the initial medical intervention for young trans people in Australia and after recent changes, Family Court approval is no longer required. The effects of puberty-blockers include; stopping the drop in voice due to testosterone in puberty for a young trans woman before this irreversible change occurs; delaying or stopping the development of breasts for a young trans man which can reduce the need for breast binding which can be painful, or surgical chest procedures, which can be painful, leave scars and be costly. The experience of menstruation for a young trans man or of developing facial and body hair for a young trans woman can cause substantial distress, affecting mental health. Puberty blockers prevent these changes while being reversible, and give young people time to decide whether they will seek further physical changes to affirm their gender.

It's important to support a young person in their transition or gender affirmation processes as much as possible. Instead of restricting their expression based on fears that others will mistreat them, a supportive practitioner can help by advocating and assisting to protect young trans people from mistreatment. This can include supporting young people to have control where and when they can, both socially and medically, by allowing young trans people a safe and affirming place to process information and make decisions, and explore their gender expression.



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