



New South Wales Association for Adolescent Health

Position Paper Young People and Sexuality

Background

The New South Wales Association for Adolescent Health Incorporated is the peak body committed to working with and advocating for the youth health sector in NSW (Australia) to promote the health and well being of young people aged 12-25 years. The following principles inform the processes by which the NSW Association for Adolescent Health Inc. conducts business and meets its objectives:

1. Health is more than the absence of disease, but rather, a state of complete physical, mental and social well being¹. This notion accepts the social determinants of health which requires intersectoral collaboration and population-based approaches in addition to traditional models of health service delivery to young people.
2. Promoting equal opportunities and access to services can improve the health and well being of all young people, particularly at-risk or under-represented young people.
3. Health service delivery which promotes social justice and fairness can enable young people to reach their full potential and have their human rights respected.
4. Collaboration and consultation with the youth health sector and intersectoral partners facilitate the Association's ability to meet its vision, mission statement and objectives.
5. Building the capacity of the youth health sector strengthens and maintains the provision of relevant and evidence-based services to young people aged 12-25 years.
6. Regular critical review and planning ensures accountability and promotes the strategic governance and operation of the Association.

The Association works closely with the NSW's Youth Health Services and the NSW Centre for the Advancement of Adolescent Health. The Association's work focuses on

¹ Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 1946. Online source: <http://www.who.int/about/definition/en/> Access date: 23rd December 2005

youth health sector support and training, government liaison, community sector networking and lobbying, policy and resource development.

The Association recognises that sexuality is more than identity, orientation, and behaviour. A more accurate definition must encompass physical, emotional, political, spiritual, and social influences. Sexuality refers to the whole self - our thoughts, feelings, beliefs and behaviours towards others and ourselves. Sexuality is an intrinsic part of who we are. The Association recognises the diversity and uniqueness of human sexuality in its development and expression by the individual. With this in mind the Association has developed the following paper to articulate the specific issues that arise in relation to young people's sexuality. Also provided are some suggested strategies to support best practice when working with sexuality issues and young people.

Definitions

Sexuality encompasses personal and social meanings as well as sexual behaviour and biology. A comprehensive view of sexuality includes social roles, personality, gender and sexual identity, biology, sexual behaviour, relationships, thoughts and feelings. The expressions of sexuality are influenced by various factors including social, political, economic, spiritual, cultural and moral concerns (SIECUS and TASHI). Sexuality is a vital and dynamic part of who we are. It influences our perceptions, attitudes and behaviours in relation to other individuals and to society. From birth, sexuality affects all aspects of our lives - the way we think, the way we feel, what we do and who we are. Sexuality can be understood as the sum of three parts: namely sexual orientation, sexual behaviour and sexual identity.

Sexual orientation refers to a person's attraction to other people. This attraction may be to members of the opposite sex (heterosexual), members of the same sex (homosexual) or members of both sexes (bisexual).

Sexual behaviour refers to what a person does sexually. In many cases this behaviour matches people's sexual orientation and sexual identity but in some cases it does not. As an example a person may be engaged in heterosexual behaviour but feel their orientation is homosexual or vice versa.

Sexual identity refers to how people see themselves and how they present themselves to others. At times, sexual identity can be different to people's sexual orientation and sexual behaviour. This can cause a high level of personal stress.

*For information on sexual health, refer to the **NAAH Position Paper on Sexual Health**.*

Perceptions of Youth Sexuality

Young people receive a multitude of mixed and conflicting messages about sexuality from the media, popular culture, school, religion, families, peers and society. A common societal perception is that young people's sexuality is out of control and needs to be

suppressed or contained. The Association affirms and supports the view that young people's exploration of sexuality is a natural part of human development. Young people can and do develop healthy, safe and consensual relationships throughout their adolescence that may or may not involve sexual activity.

One of the most enduring messages around sexuality is of its "taboo" nature, which is it is taboo to talk about sex. There is now much research now to support the idea that discussing sexuality and sexual development with young people helps them to make more informed decisions, delays the onset of sexual activity and increases their use of safer sex practices. The Association endorses an educative approach when working with young people on sexuality issues; one that is honest, direct and open.

Same-Sex Attracted Young People

Same-sex attracted young people (SSAYP) are not a homogenous group. Some SSAYP have very positive experiences in relation to their sexual orientation but for others it can be a traumatic time. Some young people will clearly identify, as gay, lesbian or bisexual and others may not, even if they experience same-sex attraction.

SSAYP have the same developmental experiences as their heterosexual peers. However, SSAYP confront additional challenges within a commonly homophobic and heterosexist² society. SSAYP young people face discrimination, negative representations of their sexual identity, homelessness, and increased risk of substance misuse or abuse (Murnane et al, 2000), self-harm and suicide (Kline & Olgilvie 1999). SSAYP have been found to disproportionately experience bullying and rejection by peers, often resulting in verbal and physical abuse, especially in school (Hillier L. et al 1998). They are more likely to experience isolation, secrecy and a lack of positive role models. SSAYP in rural areas and from some cultural backgrounds can be significantly disadvantaged. These young people may receive less than adequate support from families, schools, youth services and the broader community. (*Outlink* 2000, Hillier L. et al 1998)

The Association fully supports programs that work to address homophobia in schools, workplaces, government organisations and the community. We acknowledge and commend the initiatives of support programs that operate throughout NSW to support young people who are same-sex attracted and their families, such as Twenty 10, GLYSSN, GL@M, SPACE and Fun & Esteem.

Gender

² Heterosexist - Where people and cultures believe heterosexuality is inherently better than other sexual orientations and /or omit references to and representations of other sexualities. (FPA Health 2000) A system of injustice and oppression which involves compulsory heterosexuality (Flood, 2003)

Gender is a social construction of the female and male identity that goes beyond the biological differences between woman and man (known as “sex”). Gender leads to different social, political and economic opportunities and expectations for men and women. These opportunities and expectations are not always equal. As gender is culturally determined, it will change over time (NSW Health 2000).

Transgender, Transsexual and Intersex

There are often confusing interpretations as to the definitions of the terms transgender, transsexual, and intersex. The Anti-Discrimination Board of New South Wales states that “**transgender** is, in effect, a legal term. ‘Recognised transgender’ refers to people who have had sexual reassignment surgery and have had their birth sex altered on their birth certificates. ‘Non-recognised transgender’ may include people who identify and live as the opposite sex to their birth sex, but who have not had reassignment surgery.

Transsexual is a colloquial term, which refers to people who have chosen to live as the opposite sex. It does not take into account whether or not they have reassignment surgery, which is prohibitively expensive, [and may carry health risks]. Eligibility for such surgery is dependent on medical and psychiatric assessment. (ADB, 2003)

Intersex - formerly referred to as hermaphrodite - is defined as a state of gender ambiguity or gender duality. That is, an intersex person may possess chromosomes, external genitalia or internal reproductive systems that are not typically male or female. Sometimes it is immediately apparent at birth that the child has an intersex condition. It should be noted, however, that some individuals with intersex conditions are not diagnosed until they reach puberty or even adulthood. (ADB 2003)

Best Practice

The Association recognises that adolescence is a time of development and exploration around sexuality issues. We also recognise that adolescence can be a time of experimentation and risk taking behaviour. Therefore it is imperative that young people have access to information, resources, support and services that are appropriate to their needs and choices.

As a starting point for working with young people on sexuality issues the association affirms a “sex positive” framework. The Association understands this to mean an approach that seeks to frame sexuality in positive terms.

A “**Sex Positive**” framework can be characterised by the following:

- Affirming and inclusive of diversity;
- Recognising that adolescence is a time of sexual development and experimentation;
- Supporting young people to develop healthy, respectful and consensual relationships;

- Choosing to be, or not to be, sexually active is a normal, healthy part of adolescence.
- Acknowledging all young people as sexual beings;
- Not using labels or confining young people's sexuality but affirming a young person's capacity to define, name and express their sexuality.

The Association believes that:

- People of diverse gender expression and identity must be afforded the same respect and rights as those whose gender identity and expressions conform to societal expectations.
- Gender identity is not the same as sexual identity. Transgender is not a sexual orientation issue, although some transgender people do identify as same-sex attracted.
- All gender expressions are healthy and valid.
- The male/female system of gender is limiting to some people's sense of who they are. Alternative gender expressions have existed in all cultures and times. The "problem" is not gender difference, but a rigid and confining gendered social system.

Strategies to Affirm Young People's Sexuality

In the provision of health services to young people, the Association acknowledges the diverse health needs of the target group and asserts the need for practice that affirms young people's sexuality.

The Association recommends the following strategies be adopted by services to address the needs of young people in relation to their sexuality.

- Affirm a "sex positive" framework.
- Acknowledge, affirm and be inclusive of the spectrum of sexual and gender identities.
- Acknowledge that sexuality is part of a young person's whole being and not a deviation and/or disease.
- Ensure an environment that is affirming and inclusive of diversity. This may include posters on the walls, videos, educational materials and resources that are inclusive and supportive of all young people.
- Use sex and gender-neutral language in talking with all young people. (For example, "What does your partner think about this?"; "Does he or she know about how you feel?")
- Be aware of other sources of information and support for young people in relation to sexuality and identity issues. Know how to access them, including access to positive role models, linkages to youth peer support groups, youth specific information and provide opportunities to discuss sexuality issues in confidence.
- Encourage and support young people (and their caregivers) to talk about their thoughts, beliefs, and feelings around sexuality.
- Provide training for staff in issues relating to equal opportunity and human rights legislation, homophobia, coming out, same-sex relationships, issues affecting

transgender young people, differences between gender and sexual identity, and human sexuality.

- Be aware that “coming out” is a process and a personal decision. When and to whom to come out is the young person’s choice and ideally should be done with support and options.
- Develop policies that explicitly affirm sexual diversity and challenge homophobia.
- Develop supportive environments for transgender young people.

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