

NSW Association for Youth Health Inc. Position Paper

Young People and Sexuality

First published in 2006 and updated in 2010

1.0 Background

The NSW Association for Youth Health Incorporated (NAYH, previously known as the NSW Association for Adolescent Health) is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health and well being of marginalised young people aged 12 to 25 years.

NAYH works closely with youth health services in NSW and the majority of NAYH's work focuses on providing the youth health sector with support and training, research and advocacy, policy and resource development, and community sector networking.

NAYH acknowledges that health is much more than simply the absence of illness and disease, and recognises the impact that social and environmental factors, such as: poverty; gender; housing and homelessness; cultural and ethnic background; family functioning; and geographical location and connectedness with school or community, significantly impact on the health and well being of young people.

More information about youth health and NAYH can be found at www.nayh.org.au

The Association has developed the following paper to articulate the specific issues that arise in relation to young people and sexuality. Also included are suggested strategies to support best practice when working with sexuality issues and young people.

This position paper, Young People and Sexuality, is endorsed by Twenty10, a NSWbased non-profit organisation which supports and works with young people of diverse genders, sexes and sexualities, their families and communities. For more information please visit www.twenty10.org.au

2.0 Definitions

2.1 *Marginalised young people*

For the purpose of this paper, the term '*marginalised young people*' refers to all young people aged 12 to 25 years who are:

- Socio-economically disadvantaged;
- Aboriginal or Torres Strait Islander;
- Culturally and linguistically diverse;

- Refugees;
- Homeless or at risk of homelessness;
- Gay, lesbian, bisexual, transgender or intersex;
- Living with a disability;
- Socially isolated;
- Living in regional or rural areas;
- Experiencing current or emerging mental health issues;
- Experiencing drug and alcohol or emerging drug and alcohol problems;
- Experiencing a mental diagnosis;
- At risk of, currently in, leaving or have left Out of Home Care;
- In contact with the criminal justice system;
- Victims of crime;
- Have responsibility to care for a family and/or others with a long term illness, disability, mental illness or drug and alcohol problem (that is, young carers);
- Living with a history of abuse, neglect and trauma; and
- Experiencing family breakdown.

2.2

Sexuality

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. Sexuality can be experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Sexuality can be influenced by the interaction of various factors such as biological, psychological, social, political, economic, spiritual, cultural, legal and ethical frameworks. Sexuality can be understood as comprising three parts: namely sexual orientation, sexual behaviour and sexual identity.

2.3 *Sexual orientation*

Sexual orientation refers to a person's attraction to other people. This attraction may be to members of the opposite sex, members of the same sex, members of both sexes or neither members of both sexes (asexual). Sexual orientation can be described as 'fluid', as it can change throughout growth and development in adolescence and adulthood.

2.4 *Sexual behaviour*

Sexual behaviour refers to sexual activities that a person partakes in. 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.

2.5 *Sexual identity*

Sexual identity can be regarded as a continuum, with “exclusive homosexuality” at one end, and “exclusively heterosexual” at the other. Individuals may identify their sexuality to be anywhere along this continuum and this may vary over time.

At times, sexual identity can be different to people’s sexual orientation and sexual behaviour.

For information on sexual health, refer to the *NAYH Position Paper - Young People and Sexual Health*.

3.0 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. When young people are supported, they can and do develop healthy, safe and consensual relationships throughout their adolescence that may or may not involve sexual activity.

Sexuality and sexual development has traditionally been regarded as a “taboo” topic, with people often refraining from talking about these issues due to embarrassment and social stigma. There is now much research to support the idea that discussing sexuality and sexual development with young people helps them to make more informed decisions, increases their use of safer sex practices, and may delay the onset of sexual activity. The Association endorses an educative approach when working with young people on sexuality issues; one that is honest, direct and open. Furthermore, creating supportive environments can assist young people in recognising and overcoming unhealthy sexual relationships and situations.

4.0 Current Data on Young People and Sexuality

Results from the Australian Secondary Students and Sexual Health 2008 Survey regarding sexual behaviour and sexuality of young people in years 10 and 12 identify that:

- A majority of young people have experience some form of sexually activity ;
- The majority of students reported sexual attraction only for the opposite sex (91%). Less than 1% reported sexual attraction exclusively for the same sex and 6% reported attraction towards both sexes (4% of young people reported being unsure about sexual orientation);
- Almost 1 in 10 students surveyed reported their most recent sexual encounter was with someone of the same sex. For young men, the likelihood of having a same sex encounter at the most recent sexual experience had increased from 2% in 2002 to 8% in 2008;
- Just under half of young people surveyed reported participating in oral sex and nearly of a third of young people have had oral sex with three or more people;

- Just under 40% of young women reported experiencing unwanted sex, an increase of 10% since 2002¹; and
- Same sex attracted young people are more likely to be sexually active earlier than their heterosexual peers².

For more information regarding current data regarding young people and sexual health, please see the NAYH Position Paper: *Young People and Sexual Health*.

5.0 Same-Sex Attracted Young People

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

Despite some SSAY having positive experiences in relation to their sexual orientation, in comparison to heterosexual young people, research affirms that the same sex attracted young people are at higher risk of experiencing poorer health and well being. This can be contributed to:

- Lack of relevant sex education;
- Verbal and/or physical abuse regarding sexuality;
- Unsupportive school, family and community environments;
- Increased risk of drug and other substance use;
- Increased risk of sexual transmissible infections (STIs);
- Increased risk of self harm, including suicide ideation and attempts³;
- Homelessness;
- Lack of positive role models; and
- Social isolation⁴.

In addition, same sex attracted young people from culturally and linguistically diverse backgrounds (CALD) and those living in regional and remote areas are more likely to experience the above factors than those young people living in metropolitan areas, or from non-CALD backgrounds.

¹ Smith A, Agius P, Mitchell A, Barrett C, Pitts M. 2009. Secondary Students and Sexual Health 2008, Monograph Series No. 70, Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

² Hillier L., Turner, A., & Mitchell A. 2005, *Writing themselves in: 6 years on. The second national report on the sexuality, Health and wellbeing of same sex attracted young people*. Australian Research Centre in Sex, Health and Society, La Trobe University Melbourne.

³ Hillier, L. 2007, *This group gave me a family: an evaluation of the health impacts of social support groups for same sex attracted young people*. Australian Research Centre in Sex Health and Society. La Trobe University, Melbourne.

⁴ Murnane A, Smith A, Compton L, Snow P & Munro G 2000 *Beyond perceptions: A report on alcohol and other drug use among gay, lesbian, bisexual and queer communities in Victoria*, West Melbourne : Australian Drug Foundation

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.

6.0 Gender

Gender is a social construction of the female and male identity that goes beyond the biological differences between women and men (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.

7.0 Transgender, Transsexual and Intersex

There are often confusing interpretations as to the definitions of the terms transgender, transsexual, and intersex. A transgendered person is a person who self-identifies and lives as a gender other than that which was assigned at birth. Transgendered people differ as to whether they use hormones and/or surgery to alter their bodies in live with their lived gender.

Transsexual is a colloquial term that is superseded by ‘transgender’ as its meanings are similar. There are some political objections to the term ‘transsexual’ as it locates dissonance within a person’s sex (that is, born into the wrong body, having the wrong sex), rather than in a system of gender (which ascribed gendered characteristics on the basis of biological sex). As such, the Association encourages use of the term *transgender* instead of *transsexual*.

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. Being intersex is not an illness, it is a normal, though uncommon, human variation.

8.0 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.

9.0 Strategies to Affirm Young People’s Sexuality

In regards to 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;
- Create a supportive 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; and
- Develop supportive environments for transgender young people.

10 Endorsements



This position paper, Young People and Sexuality, is endorsed by Twenty10, a NSW based non-profit organisation which supports and works with young people of diverse genders, sexes and sexualities, their families and communities. For more information please visit www.twenty10.org.au



This position paper, Young People and Sexual Health, is endorsed by Family Planning NSW.

Family Planning NSW has been providing reproductive and sexual health services in New South Wales for over 80 years. They are an independent, not-for-profit organisation responsible to a voluntary board of directors.

The majority of their funding comes from the Federal and NSW governments, as well as Area Health Services, private enterprise and research organisations. We also generate a significant portion of income through the sale of goods and services associated with reproductive and sexual health.

