

COMING OUT ALONE :

AN ASSESSMENT OF THE NEEDS OF
SAME SEX ATTRACTED YOUTH,
THEIR FAMILIES, AND SERVICE PROVIDERS
IN WESTERN AUSTRALIA



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And to the Daffodils –

*...For oft, when on my couch I lie
In vacant or in pensive mood,
They flash upon that inward eye
Which is the bliss of solitude;
And then my heart with pleasure fills,
And dances with the daffodils.*

- William Wordsworth

Jaye Edwards

Definition of Terms

Bisexual - A term of identity for people who are sexually and romantically attracted to both sexes.

Closeted/In the Closet - A person who deliberately does not reveal their same sex attraction to others or who is pro-active in hiding their sexual orientation from others. There are different levels as one may be open with friends but not family or with family but not with work colleagues etc.

Coming out (of the closet) - the process of acknowledging one's same sex attraction and making this known to others.

Gay - An umbrella term of identity for people (predominately males) who are sexually and romantically attracted to people of their own sex.

Heterosexual - A medical classification, based on a binary concept of sexuality that denotes a person who is sexually and romantically attracted to people of the opposite sex.

Heterosexism - The assumption that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of same sex attracted people, while it gives advantages to other sex attracted people. It is often a subtle form of oppression, which reinforces realities of silence and invisibility for same sex attracted people.

Homophobia - The irrational fear of and intolerance to people who are same sex attracted, or of their own feelings of same sex attraction. This assumes that heterosexuality is superior.

Homosexual - A medical classification, based on a binary concept of sexuality that denotes a person who is sexually and romantically attracted to people of their own sex.

Lesbian - A term of identity for women who are sexually and romantically attracted to other women.

Partner - An inclusive term for a spouse – de facto or married – regardless of their gender/sex.

Queer - Originally a derogatory term for people who are same sex attracted or transgender. The term has been reclaimed to include all sexualities that are not heterosexual, including sex workers, people with fetishes, same sex attracted people, transgender people and people who practice bigamy/polygamy. ~ theory - an academic field based in post-modernism.

Same sex attraction - a broad, inclusive term that emphasises the fluidity of sexuality as it refers to the experience of sexual and romantic feelings toward people of the same sex, regardless of sexual behaviour or identity.

Sexuality - personal and interpersonal expression of qualities, desires, roles and identities that have to do with sexual thoughts, feelings, behaviour and activity (Jary and Jary, 2001).

Sexual behaviour - a person's sexual activity, what we do sexually and with whom. Sexual behaviour does not immediately indicate a person's sexual orientation, nor his/her sexual identity.

Sexual identity - "a...self-recognition of the meaning that sexual orientation and behaviour have for one-self" (Savin-Williams, 1994): how people view themselves in relation to their sexuality.

Sexual orientation - the direction of a person's innate sexuality. Attractions may be toward people of the same sex, the other sex or both sexes. Sexual orientation encompasses fantasy, conscious attraction, emotional and romantic feelings. It is also referred to as sexuality.

Straight - Colloquial, a term of identity for people who are sexually and romantically attracted to people of the other sex.

Abbreviations/Acronyms

Freedom Centre – a peer based youth support service for people under the age of 26 with a diverse sexuality or gender expression.

GLBTIQQ - Gay, lesbian, bisexual, transgender, intersex, queer or questioning.

GLCS – Gay and Lesbian Community Services: Western Australia's not-for-profit information and support agency.

PFLAG - Parents, Family and Friends of Lesbians and Gays. A peer-support group for parents and families of people who are same sex attracted.

SSAY- Same sex attracted youth.

TYO – Trinity Youth Options – an inner city based service for young people aged 14-20 years experiencing, or at risk of experiencing homelessness, auspiced by Trinity Uniting Church.

WA – Western Australia

WAAC – Western Australian AIDS Council – community based not-for-profit organisation that provides a diverse range of services regarding sexual health, with a particular focus on HIV/AIDS.

Executive Summary

Introduction

A long history of systemic discrimination, homophobia, heterosexism, marginalisation and invisibility all contribute to a gauntlet of issues that need to be negotiated when a young person starts to come to terms with a same sex attraction (SSA). This research project aims to collate the key learning from local and interstate information about the coming out experience of same sex attracted youth (SSAY), their families and the response by service providers, to gain an understanding of the needs of each group and how they would like to see those needs met. Specifically the report aims to:

- Provide information about the risk factors associated with SSAY and the coming out process in Australia
- Identify the coming out needs of SSAY in Western Australia;
- Identify the needs of parents and families as they learn of their children's same sex attraction;
- Identify the current level of service provider's knowledge regarding the needs of SSAY and their families;
- Identify current gaps in service delivery to SSAY and their families;
- Identify organisational changes and/or capacity building necessary to improve service delivery to SSAY and their families;
- Identify models of service delivery that may address the stated needs of each of the target groups.

This report will be used to guide the development of appropriate service delivery that will address the needs of SSAY and their families.

Methodology

The process of conducting an assessment of the needs of same sex attracted young people and their families as they go through the coming out process, ascertaining the current state of knowledge regarding these needs by the human services sector, and identifying opportunities to address the needs of these groups involved four phases:

- Formation of a steering committee to guide the process and the employment of a research officer;
- Gathering background information, including a literature/research review;
- Investigation of models of support/service delivery in operation in other states and;
- A consultative process involving SSAY, their families and service providers from a variety of professions.

Summary of Findings

The preliminary data analysis indicates that SSAY in WA, who are embarking on the process of coming out, experience a variety of stressors with little available support and information, particularly outside of the city, to assist their coping. This research found that the stressors experienced by SSAY manifested at all levels of their lives - intrapersonal, interpersonal and environmental.

The data also suggested great diversity in the needs of SSAY as they are coming out. The needs were categorised into three groups: emotional, support and information needs. Many of the identified needs are fundamental conditions paramount to developing and maintaining a healthy, positive sense of self

such as feeling normal, accepted and understood, support from family and friends and a sense of belonging.

Although a number of support channels were identified as available to SSAY, many were also limited in some way. The expectations that SSAY expressed of services were not extraordinary in that they desired available and accurate information and support in a private, friendly and non-judgemental space.

Agencies reported various strategies that they had found effective when supporting SSAY. These strategies were mainly focused on providing accurate information in a safe, private and friendly space. Some agencies specialised in their service such as linking SSAY to SSA peers and having clinical therapy available to clients.

Many of the agencies that participated in the research indicated that they displayed SSA specific resources within their work environments and several had attending SSA specific training. Agencies identified a need for more training regarding practical work with youth, SSAY specific support services, anti-homophobia training and diversity training in general.

The needs of SSAY vary across the coming out process thus support services are required to be diverse enough to reflect these needs. Intensive support needs for SSAY was identified as a gap, as was accessible information and support in rural and regional areas.

SSAY are becoming increasingly visible in our communities, yet gross misunderstanding and misconception about sexual diversity remains, which plagues the coming out process for young people. While much progress toward acknowledging SSAY has been made, information and support remains scarce or obscure. Facing a multitude of stressors and risks, SSAY in Western Australia are still largely coming out alone.

Introduction

In 2002 the Western Australian government passed a series of legislative changes known as the Gay and Lesbian Law Reform to end systematic discrimination against lesbians and gays and to ensure greater equity between heterosexual and homosexual couples. The reforms reflect a socio-cultural change toward tolerance, understanding and celebration of sexual diversity that has been increasing since the 1960s.

On the passing of the law reform Attorney General Jim McGinty stated that the reforms aimed to “recognise lesbians and gay men as human beings” (2002, p. 7). Very clearly this statement recognises the human rights deficit that has existed for people who experience same sex attraction in Western Australia. The ramifications of a long history of rights inequity in their lives have been broad and varied. Homophobia and heterosexism remain ubiquitous in Western Australia, particularly in rural, regional and remote areas. Young people who are coming to terms with their sexuality face an enormous struggle to accept their difference, especially when the environment is hostile to sexual diversity, accurate information is scarce and myths, misconception and stereotypes are prevalent.

Disclosing same sex attractions is an issue many young people fear and may require guidance in doing so safely. It may need to be emphasised to young people that disclosing their sexuality or “coming out” is a process and a personal decision. When, to whom they come out, and timing is their choice and ideally, should be done with support and options. Unfortunately this process is still an arduous task that many SSAY living in WA undertake alone or with minimal support therefore their needs remain largely unknown.

Several large-scale research projects have been conducted into the experiences and needs of SSAY living in the Eastern States, and some WA projects have offered support SSAY. The work of the ‘Here For Life’ Youth Sexuality Project (1996-1998), Same Sky Project (2002-2004), Closets of SAAP report (2003) and the ongoing work of the Freedom Centre and Trinity Youth Options have provided valuable services to and information about SSAY, their families, service providers and the broader community. The Freedom Centre offers a peer-based support service and has had a close working relationship with Trinity Youth Options, which offers intensive support to inner-city street-based clients. These two services offer social and intensive support to SSAY but they have also identified service gaps, particularly in regional and rural areas.

Collaboration of these agencies has identified the need for a holistic understanding of the needs of SSAY in order to offer a wide spectrum of service that is appropriate to individual needs and will limit gaps or accessibility issues. This research project aims to collate the key learning from each of these projects/services with local and interstate data about the coming out experience of SSAY, their families and the response by the service providing community to gain an understanding of the needs of each group and how they would like to see those needs met.

Specifically, the research aims to:

- Provide information about the risk factors associated with SSAY and the coming out process in Australia;
- Identify the coming out needs of SSAY in Western Australia;
- Identify the needs of parents and families as they learn of their children’s same sex attraction;

- Identify the current level of service provider's knowledge regarding the needs of SSAY and their families;
- Identify current gaps in service delivery to SSAY and their families;
- Identify organisational changes and/or capacity building necessary to improve service delivery to SSAY and their families;
- Identify models of service delivery that may address the stated needs of each of the target groups.

Upon reading this report it is important to remember that SSAY are not a homogenous group or community. Amongst SSAY there is enormous diversity of gender, sexuality, age, socio-economic and socio-cultural backgrounds, families of origin and choice. Therefore reflecting a great diversity of needs. The material contained in this report is an overview of the themes and issues experienced by SSAY.

This report does not deal with the experiences of transgender or intersex youth. Although linked to sexuality, issues of gender encompass an independent array of stressors and needs, of which this research does not have the capacity to investigate.

Methodology

The process of conducting an assessment into the needs of SSAY and their families as they go through the coming out process, establishing the current state of knowledge regarding these needs by the human services sector, and identifying opportunities for future development exist, involved four phases:

1. A steering committee was formed to guide the process and a research officer employed:
2. background information was gathered, including a literature/research review:
3. investigation of models of support in operation in other states and:
4. A consultative process involving SSAY, their families and service providers from a variety of professions.

The progress of each of these phases is briefly discussed below.

Steering Committee

A research officer with experience working with SSAY was appointed to the project and a steering committee of interested personnel was established to guide the project. The Steering Committee consisted of:

Kaye Tait (Chair)	Manager	Trinity Outreach Services
Bev Fabb	Community Services Minister	Uniting Church in the City
Ann Thomson	Convenor	Trinity Uniting Church Outreach Committee
Helen Burgess	Youth Development Officer	Trinity Youth Options
Kevin Shanks	Education Manager	WA AIDS Council
Graham Brown	Researcher and Lecturer	WA Centre for Health Promotion Research
Jaye Edwards	Research Officer	Trinity Uniting Church

The Steering Committee met monthly to guide and inform the research process.

Background information

A literature/research review was compiled to identify previous work and current knowledge of SSAY issues. This information highlights key findings regarding same sex attracted youth, the coming out process and the issues that are prevalent for this group of young people. Information has been drawn from national research but also from two completed Western Australian projects: 'Here For Life' Youth Sexuality Project and the Same Sex Attracted Youth Rural Support Project, which is commonly known as Same Sky. Statistics regarding SSAY who engaged in counselling were sourced from WAAC.

Models of operation used Interstate

Information was sourced from interstate agencies on best practice models of assisting young people through the coming out process. An email list was established and these agencies were forwarded a request for information regarding their service (see Appendix C). Two interstate agencies offered information.

Consultative process

The consultative process took the form of written questionnaires, face-to-face interviews and focus groups. Adverts were placed in free community papers calling for participants and questionnaires were distributed via emails to a number of agencies that have contact with young people. All people who participated in the research signed informed consent forms (see Appendix A).

Young people

A snowball technique was used to recruit young people to participate in the research. This resulted in most of the questionnaires being completed by young people who were already engaged in support services, predominantly the Freedom Centre groups. A total of 16 young people completed questionnaires.

The research officer conducted two focus groups; one in Perth (13 participants) and the other in Geraldton (9 participants). One interview was conducted with a male SSAY. The focus groups and interview were semi-structured on the same questions posed in the written questionnaire. Notes were taken in both focus groups and the Perth focus group was also recorded then transcribed.

Seven questions were posed to the participants relating to three areas: knowledge and accessibility of support services, experiences of accessing support services and coming out needs (see Appendix E).

Parents and families

Although a few parents offered to share information of their experiences in dealing with their loved one's coming out, these experiences were not recent (5 years+) and therefore were not included in the research. Only one parent participated in the research. Due to the limited response this data will not be covered in the report.

Seven questions were posed to the participants relating to three areas: knowledge and accessibility of support services, experiences of accessing support services and coming out needs (see Appendix F).

Agencies

Questionnaires were developed and distributed to a broad array of services that have contact with youth throughout the lower half of the state (Mid-west to Goldfields). Regional Youth Development Officers for the Office of Children and Youth in the Mid-West, Southwest, Great Southern and Goldfields aided the distribution of questionnaires by forwarding them via Youth Co-ordinating Networks in each region. 6 Western Australian agencies submitted surveys.

Eleven questions were posed to service providers which sought information on their knowledge of and confidence to deal with the stressors faced by SSAY, strategies employed to address stressors, knowledge of referral agencies and whether staff had undertaken specific training regarding sexual diversity (see Appendix D).

Data analysis

All data provided for the research was transcribed, collated and coded by staff at the Western Australian Centre for Health Promotion Research. Thematic content analysis was chosen to analyse the questionnaire data and the focus group and interview transcripts. This method involves generating themes from the data collated from this research. Each transcript was read many times before attempting to categorise small segments of the text using keywords or 'codes'. Coding in this way helps to organise the research data allowing statements which all relate to the same subject to be identified easily. Once all the transcripts had been coded, discussions between the researchers ensued until several higher-order or superordinate themes were agreed on that would apply to the entire data set.

Literature Review

This literature review seeks to provide background information to the issues of youth sexual diversity and the unique experiences of SSAY during the coming out process. There are over 260 000 young people aged 15-24 years living in WA (ABS Census, 2001), of which approximately 10% are not exclusively heterosexual (Hillier, Warr & Haste, 1996; Smith, Agius, Dyson, Mitchell & Pitts, 2002). Therefore it may be suggested that this information is relevant for some twenty-six thousand young people aged 15-24 years living in WA.

Researchers have formulated a number of theories for the origins of same sex attraction, most of which have been disproved. Biological theories have focused on the 'gay gene', brain structure and functioning and hormone levels (D'Alessio, 1996). Developmental theories have pointed the finger at specific forms of parenting or the absence of a male or female role model in single parent families; socialisation patterns associated with the dominance of one gender of peers or the influence of sexual abuse during childhood (Baird, 2001; Bem, 1996). No one theory has been substantiated above the others and much conjecture remains regarding the causes or origins of same sex attraction. One factor remains common to them all – sexual orientation is not a choice and it is intrinsic to a young person's self-concept.

It is this factor that becomes paramount in discussions of same sex attracted young people. Adolescence is a time of rapid development and change – first physically and intellectually then emotionally and sexually (Kail & Cavanaugh, 1996). The discovery of one's sexual orientation being toward the same gender can be a shock, and for many prompt an unwanted identity crisis, which without accurate information and support may manifest into a traumatic experience. Australian studies have consistently found that approximately 10% of young people aged 14-18 are not exclusively attracted to the other gender (Hillier, Warr & Haste, 1996; Smith, Agius, Dyson, Mitchell & Pitts, 2002). The attraction to members of the same sex does not have immediate implications for sexual behaviour or identity. The following two theories of sexuality will elaborate on this point.

Theories of Sexual Orientation

Dr. Alfred Kinsey (1948) developed a scale of sexual orientation that moved away from a dichotomous understanding of human sexuality as either heterosexual or homosexual. Based on the degree of sexual responsiveness by research participants to members of both sexes Kinsey developed a seven-point continuum of sexuality. The Kinsey Scale allows sexual orientation to be viewed as fluid, rather than a fixed either/or phenomenon, which may change with time and place. Although Kinsey's research concluded that 46% of his sample could be classified as bisexual the Kinsey Scale was developed by exploring sexual behaviour only.

Other models, such as the FBI Model of Sexuality (Aris, Gillette, Coates & Brown, 1998) take a more holistic view. The FBI Model (Aris et al, 1998) is also based on a fluid view of sexuality but it elaborates on the Kinsey Scale by including 3 separate yet related dimensions of sexuality. According to the FBI Model sexuality encompasses feeling and fantasies, behaviour and identity. Figure 1 below shows how each dimension is set upon a continuum that does not require congruence with the other dimensions. For instance a young man may fantasise about other males, be engaging in sexual activities with females and identify as bisexual or a young woman may have feelings for other women and identify as a lesbian but she has only engaged in sexual activities with males.

In the first national survey investigating into the sexuality, health and well-being of same sex attracted young people – Writing Themselves In - Hillier et al (1998) found a portion of their survey respondents

heterosexual norm can influence conceptions of numerous citizen rights and entitlement ranging from superannuation and bereavement benefits to relationship recognition and welfare entitlements (Richardson cited in Johnson, 2003). Historically Western Australia has legitimised homophobia and heterosexism at a government level by determining sex between consenting adult males as illegal (pre-1983) then maintaining inequitable age of consent laws, failing to recognise same sex relationships and failing to protect people against discrimination based on their sexuality or gender expression (all pre-2002). Two other major institutions in our society, medical professions and the church have reinforced homophobic and heterosexist legislation. Until 1983 the Australian Medical Association determined homosexuality an illness and most religious institutions still condemn homosexuality as a sin. These examples are representations of institutionalised heterosexism – the way in which wider regulatory and organisational structures in society impinge on the lives of people who experience same sex attraction (Aris et al, 1998).

Cultural heterosexism refers to the social standards and norms that imply that heterosexuality is better than other sexualities. It involves attitudes and assumptions that render same sex attraction as invisible or focuses on gross stereotypes, myths and misconceptions. The social stigma associated with same sex attraction is generated at this level but it quite often develops into interpersonal homophobia. Bullying, harassment, verbal and physical abuse are all examples of interpersonal homophobia that have a lasting impact on SSAY. Research of Australian secondary school student's attitudes toward gay and lesbians found that only 44.3% of males would be happy to have a gay friend (Smith et al, 2003, p. 24). Also Hillier et al (1998) found that a third of respondents felt they had been unfairly treated because of their sexuality, 46% had experienced verbal abuse and 13% physical abuse.

"A lot of people don't want to be seen as being a friend of the gay person" (SSAY respondent).

Often young people believe that they are ill or bad and that their feelings are disgusting instigating feelings of shame and guilt; thoughts that they are 'lesser' human beings. These feelings are referred to as internalised homophobia. Each level of homophobia and heterosexism is not mutually exclusive – they overlap and feed into each other and thus need to be addressed at all levels simultaneously to enact positive change regarding sexual diversity.

Sexual Diversity and Religion

Sexuality and religion is a contested area with great variation of opinion within and between denominations. The section below will discuss the positions of the major religious faiths, with an emphasis on Christianity, as it is the dominant faith in Australia. There are differences of opinion regarding same sex behaviour and attraction for each religious faith; the views presented here are a generalisation of the most dominant position within each faith.

Christianity

Christianity is by far the most practiced religion in Australia. The three largest denominations are Anglican, Catholic and the Uniting Church but there are many other smaller sects and denominations. Within and between these denominations there exists a wide diversity of opinions on the question of SSA. While nearly all agree with the need to accept people who experience SSA, there is no agreement regarding how to regard same sex behaviour, particularly by church members in positions of leadership. Some Christians condemn all same sex behaviour as sinful, while others believe that sexual behaviour, whether heterosexual or homosexual, is not sinful unless it is abusive, non consensual and exploitative. Within most denominations there is a diversity of views and church bodies are grappling to find a position to satisfy all members. Some congregations have formed for the purpose of supporting SSA people such as the Metropolitan Community Church in Sydney and many denominations have SSA support groups.

For Christians these debates are based on the Bible and its teachings. Those who denounce same sex behaviour rely on a few Biblical references in which it is condemned. However, the interpretation of these references is contested within the Christian tradition. There is dispute about the on going relevance of Jewish law for Christians, about the meaning of words translated from their original languages, and about the interpretation of the story of Sodom. Those who do not condemn all same sex behaviour point out that the writers of the Bible do not seem to be aware of sexual orientation- rather they assume all people are heterosexual and therefore interpret same sex behaviour as unnatural and sinful. Now that the reality of sexual orientation is widely recognised, this throws doubt on this conclusion. Moreover, in the New Testament only the Apostle Paul condemns same sex behaviour. Jesus Christ did not condemn same sex behaviour or attraction, even though he must have been aware of it. Jesus rejected the Jewish purity laws, often sought the company of people others considered to be unclean or sinful, and emphasised the importance of loving others, and on this basis, some Christians argue against those who seek to condemn or exclude SSA people from the church.

Yet "today most orthodox branches of the Christian faith still actively discriminate against SSA on the basis that homosexuality contravenes 'Christian values'" (Baird, 2001. p. 95). This position alienates SSAY who have an active church involvement from their relationship with God and the church – a relationship that may offer a primary source of support - and it also puts them in a position of internal conflict, having to choose between their Christian faith and their sexuality.

Writing Themselves In – 6 Years On: The 2nd National Report on the Sexuality, Health and Wellbeing of Same Sex Attracted Young People in Australia, surveyed some 1749 same sex attracted young people in 2004 and notes that Christianity remains 'a last bastion of resistance to what is regarded in legal and health arenas as a normal part of human sexuality'. Although young people were not asked particular questions about religion in this survey, Christianity is particularly addressed due to the frequency with which this theme arose. The report documents the journey of young people who are Christian, attend Christian schools and/or belong to Christian families and are 'forced to choose between their sexuality and their religion ... as the rejection of their sexuality and the embracing of their religion left young people hating and harming themselves'. The report goes on to note that 'leaving their faith for many was a painful but necessary road to recovery – a sad loss for the church, and a survival choice for the young person' (Hillier, 2005. p.77-78)

The Homosexual Task Group of the United Church of Christ in the United States of America (cited in GLCS NSW, 2004) believes that the following principles ought to inform their approach to people who experience SSA. They are called to:

- Affirm that SSA women and men with all people are created by God, and therefore possess worth and dignity;
- Confess that we have all been guilty of prejudice and ignorance on this question;
- Welcome dialogue with homosexual people, especially those who are our sisters and brothers in Christ;
- Commit ourselves to equal treatment for individual homosexual citizens, particularly with regard to housing and employment;

A pastoral approach such as this does not solve or determine a theological evaluation of SSA or behaviour. However, the Homosexual Task Group believes that such a pastoral approach will contribute positively to the development of a theology of human sexuality in the years to come (GLCS NSW, 2004).

Rev. Greg Smith (no date) comments "if they are excluded from the life of the Christian community, who will tell them of God's inclusive love and of Jesus' reconciling death?"

Islam

There is no doubt that in Islam SSA is considered sinful, unjust, unnatural, ignorant, criminal and corrupt (Baird, 2001). Islam believes that humans are not homosexual by nature and that people become homosexuals because of their environments. Many Fundamentalist Muslims believe that SSA is a sin that Westerners have bought into their culture. Islamic countries have the most discriminatory and oppressive laws regarding SSA, the penalty of which is death.

Nevertheless Dr. Ghazala Anwar (who holds a PhD in religion, taught at numerous colleges including Colgate, Franklin & Marshall, and Temple, and whose areas of study include Islamic Jurisprudence and Hadith Methodology), speaking at the inaugural Al-Fatiha Foundation conference in New York linked the suffering and oppression of SSA Muslims to that of Muslim women and non-Muslim minorities in Islamic countries. "The root of this intolerance lies in a literal and selective interpretation and understanding of Islamic sources from those who have no personal experience of the presence of God and His compassion which overrides all other Divine attributes," Anwar said. She further stated that "hatred or denigration of those whom God made different whether in gender, sexual orientation or religious belief and practice ensues from putting other than God at the centre of ones' heart and worship". (cited on International Lesbian and Gay Association website, no date.)

Anwar asserts that Lesbian, Gay, Bisexual, and Transgender Muslims "are to be judged by the quality of their faith, the purity of their intentions and the goodness and selflessness of their actions as any other Muslim or human being. They have the God-given right to be treated in the manner that God commanded us to treat each other ... the larger Muslim community has to come to the recognition that homophobia and not homosexuality is the sin".

Hinduism

Modern Hinduism is quite hostile toward SSA. Like Islam, Hindus believe that SSA is a Western import, which is un-Hindu, un-Indian and has no place in the history, religion or traditions of the subcontinent (Baird, 2001). Some Hindu scholars have suggested that transgender and androgenous people are to be considered sacred beings and that strong traditionalists have a more positive light of females who experience SSA. However, these views are of the minority and SSA is not generally accepted by the Hindu faith.

Judaism

The Jewish faith is one of great diversity and thus the position toward SSA varies significantly between sectors of the church. Orthodox Judaism is quite clearly opposed to SSA as it takes its stance from the Holy Code, which states that it is abominable for man to lie with man as he would a woman and for men or women to wear clothing pertaining to the other sex. In contrast to this view is that of the Reconstructionist and Reform Jews, who accept SSA and have even sanctioned same sex unions (GLCS NSW, 2004; Baird, 2001).

Buddhism

Buddhism holds the most liberal stance on SSA but variations of opinions within the faith are still apparent. There are many schools of Buddhism, such as Zen or Tibetan but overall Buddhism does not condemn SSA. Buddhist countries also tend to have few social and legal prohibitions against same sex behaviour and some, such as Thailand, are relatively free of homophobia. In Buddhism it is said that it is

not the object of one's sexual desire that determines whether a sexual act is morally right or not, but rather the quality of the emotions and intentions involved (GLCS NSW, 2004).

Buddhist countries like Sri Lanka and Myanmar had no legal statutes against same sex behaviour between consenting adults until the colonial era when the British introduced them. Thailand, which had no colonial experience, still has no such laws. The social challenges that the Western homosexual has so often had to endure is absent and this is due, to a very large degree, to Buddhism's humane and tolerant influence (GLCS NSW, 2004).

Isolation and invisibility

"...I was out in every other aspect of my life and then I'd have to go to school and put half of me back in the closet" (SSAY respondent).

Same sex attraction is not physically apparent rendering sexuality as invisible unless declared or openly acted upon. The invisibility allows young people to hide behind assumptions of heterosexuality – they may keep their sexuality secret living a double existence. A massive amount of energy goes into maintaining appearances of heterosexuality while censoring any behaviour that may display same sex attraction. While energy is expended on such endeavours it is denied to other aspects of life such as education or self-development.

"I thought...if I don't tell anyone...I could still continue to flirt with girls...and maybe I could be identified as heterosexual and I wouldn't have any problems" (SSAY respondent).

A sense of belonging is paramount to positive emotional and psychosocial development (Resnick et al cited in Howard et al, 2001). Unlike other minority groups such as Indigenous people or Ethnic people, who share their minority status with their families and can seek support from within that structure, same sex attracted youth usually live in heterosexual family units that do not share their experiences. They often do not feel like they belong. Same sex attraction is far less likely than heterosexuality to be affirmed or celebrated within peer, family and media structures, but also by educational and support institutions, perpetuating feelings of isolation. Therefore, protective factors such as peer support and affirmation from family, which are available to heterosexual youth, are limited for SSAY. Most young people turn to friends and family for support when they are experiencing difficulties but as SSAY begin to explore their sexuality they may withdraw from traditional support structures, exacerbating feelings of isolation and abnormality.

Feelings of isolation have been described as the most critical issue for young people in the early stages of coming to terms with a same sex sexual orientation (Hetrick & Martin cited in Aris et al, 1999). Isolation may be experienced at 3 levels: cognitive, social and emotional. Cognitive isolation refers to a lack of available, accessible and accurate information. Hillier et al (1998) found that information regarding sexual diversity tended to come from less reliable sources such as peers and the media, with only 15% of information coming from school. In rural areas the situation was particularly worse where even general sexual health information was scarce.

"I spent my teenage years worrying like hell...what am I gonna do? What will happen if I tell someone?" (SSAY respondent).

Social isolation results from not knowing of other people who are comfortable with their same sex sexuality or not having contact with others who are also experiencing conflict about their sexuality. The

threat of homophobia pressures many SSAY to remain closeted reinforcing the invisibility of youth sexual diversity. The invisibility of gay people in the community creates a lack of positive role models such as teachers or public figures, emphasising the homophobic notion that same sex attraction is wrong and should be kept from public view. The lack of role models may reinforce internalised homophobia as SSAY turn to inaccurate stereotypical media representations of gay people to guide their identity development and reduce their sense of isolation.

The desire to seek out others who are same sex attracted to overcome social isolation is tainted with a fear of social rejection and ostracism associated with being gay or lesbian. SSAY are confronted with the conundrum: come out about their sexuality and risk rejection and judgement from family, peers and the community or live their lives "in a shadowy world of silence and denial in which passing as normal requires a constant monitoring of every word and deed" (Hillier et al, 1998, p. 8). This conundrum influences the third level of isolation – emotional. Meaningful relationships with significant others are compromised due to SSAY hiding their sexuality. SSAY are denied the connectedness to others that is integral to a healthy sense of self-worth.

The Internet has played an integral role in reducing the level of isolation experienced by SSAY as it offers a discrete and anonymous mechanism to gain information and support regarding sexuality issues. Hillier, Kurdas and Horsley (2001) found that the main reason for SSAY Internet use was to "gain support and affirmation for their sexual feelings" (p. 1). The anonymity of the Internet offers SSAY a safe place to be open about their sexuality and to build confidence in their sexual identity before acting it out in real life. It also offers SSAY from rural communities the opportunity to engage in the gay 'community' that is absent in county communities.

Rurality

"Other people I've talked to that come from rural backgrounds have said they felt really unsupported" (SSAY respondent).

Many of the issues discussed above are compounded by rural culture. While many SSAY "confront non-acceptance from the general population regardless of locality, they are perhaps nowhere more subject to hostility and reminder of their difference than in rural communities" (Foster, 1997, p. 24). Rural communities tend to be more homogenous than urban communities. They experience less exposure to different lifestyle and when difference is introduced it becomes highly apparent. Residents of rural communities also tend to be less tolerant of diversity and are often conservers of the status quo (Thorpe, 1999; Roberts, 1992). Concepts of masculinity are narrower in the country and these conceptions tend to dominate the culture (Thorpe, 1999). Intolerance of homosexuality has been shown to be inversely related to the size of place of residence (Stephan & McMullin; Wilson cited in Roberts, 1992).

SSAY grow up with a hyper-awareness of the prejudice against them and they see it as ubiquitous. Therefore access to service is avoided for fear of being discovered or a breach of confidentiality by the staff of the service. These factors exacerbate isolation and the threat of homophobia for SSAY where there is little accurate information or social support to counter it. The consequence of high levels of negativity toward SSA in rural areas and lack of social support for people forming a gay identity can be at best migration away from rural areas (Gottschalk & Newton, 2003) and at worst suicide (Quinn, 2004).

Effects on SSAY

Emslie (1999) writes, "many young lesbians and gay men are in fact preoccupied with the constant construction and negotiation of their sexual identities in everyday life" (p. 161). SSAY employ a variety of

strategies to cope with their feelings, from denial to avoidance to redefinition (Aris, 1998) but ultimately, these strategies cannot change who they are. The stigma attached to same sex attraction contributes to confusion, cognitive, social and emotional isolation and perhaps rejection, bullying, violence and abuse. These factors – not same sex attraction per se, make SSAY particularly vulnerable to psychosocial problems such as anxiety, depression and suicidal ideation (Hillier & Walsh, 1999).

SSAY are also over represented in statistics of drug and alcohol use (Lindsay et al, 1997), homelessness (Hillier et al, 1999), early drop-out from education (Kendall & Walker, 1998), assault, family violence, sex work (Woodrow, 2002), unsafe sexual practices leading to higher levels of STI (Lindsay et al, 1997) and tragically, suicide (Nicolas & Howard, 1998; Dyson et al, 2003; Quinn, 2003). Some of these topics will be briefly elaborated on below.

Drug and alcohol use

The Perth Gay Community Periodic survey is conducted every two years, the most recent completed in late 2004. Statistics for men under 25 indicated alarming levels of drug and alcohol use, which reflects national and international data. Of the 218 respondents who were under 25 years old 45% had used marijuana in the last six months, 38% had used ecstasy, 38% had used speed and 25% had used crystal methamphetamines (Hull et al, 2004). These statistics are high compared with males aged 20-29 from the general population where 32.4% used marijuana, 15.1% used ecstasy and 12.4% used meth/amphetamines in the last 12 months (Australian Institute of Health and Welfare, 2004). The high use of crystal methamphetamine is particularly worrying as the drug is much more potent than other amphetamine type substances and has been known to “precipitate the development of mental problems such as anxiety, depression and psychosis and can trigger an increased propensity toward violent behaviour” (Alcohol and other Drug Council of Australia, 2003, p. 1).

Comparative research of licit and illicit drug use by heterosexual and non-heterosexual women aged 22-27 was conducted in 2003. The study found that non-heterosexual women were more likely than heterosexual women to smoke tobacco (45.6% v 25%); to consume alcohol at risky levels (7% v 3.9%); to have used marijuana in the past 12 months (58.2% v 10.2%) and other illicit drugs (10.8% v 1.2%) (Hillier et al cited in Brown et al, 2004). Researchers suggest that the significantly higher substance use by SSAY may be due to a desire to escape internalised homophobia and to deal with the negative emotions associated with being marginalised and stigmatised. There also seems to be a higher level of acceptance in the drug using community toward difference thus SSAY may seek out and be comforted by this acceptance.

Homelessness

Accurate data on the number of homeless youth who are SSA is scarce but research indicates that SSAY encounter homelessness at a higher rate than their heterosexual peers (PICYS, 2003; Irwin cited in ACON, 2004). Many SSAY experience heightened family conflict. This may result from the pressure to keep their SSA anonymous and therefore withdrawing from intimate family relationships or from negative family reaction to disclosures of SSA. Hillier et al (1998) found that only half of SSAY who had disclosed their sexuality to their fathers found them to be supportive. Two-thirds who had spoken to their mothers found her to be supportive and three quarters and two thirds of sisters and brothers respectively were found to be supportive. Unfortunately when family are not supportive SSAY may leave home before they are prepared for independent living and homelessness results.

Out-migration by young people from rural and regional areas to urban centres is common (Eversole, 2001), particularly for SSAY (Thorpe, 1999; Gottschalk & Newton, 2003). SSAY from rural areas often head to the city in search of a visible gay community where they can openly engage with and explore

their sexuality. Unfortunately, young people's perceptions of the gay community are dominated by a pub and club culture that is permissive to recreational drug use. Youth services such as the Freedom Centre have reported SSAY from the country becoming homeless needing intensive support soon after leaving the country and engaging with the scene.

Mental health and well being

The Mental Health Promotion Plan 1999-2002 provides a framework for a range of interventions across Victoria to improve the social, emotional and spiritual well being of individuals. The plan identifies three social determinants of mental health: social connectedness, freedom from discrimination and violence and economic participation (Frere, Jukes & Crowhurst, 2001). SSAY are marginalised and isolated from society. They experience discrimination and violence at a disproportionate rate to their heterosexual peers. In many instances they are economically under privileged and their mental well-being suffers for it.

Australian research found that 27% of responding gay men and 60% of responding lesbians experienced depression. Research also suggests that bisexual identifying people who are in heterosexual relationships experience significantly poorer mental health than all other sexualities but similar rates of suicide (Brown et al, 2004). Young men and women who are undecided about their sexuality have shown higher rates of deliberate self-harm than heterosexual youth or SSAY (Nicolas & Howard, 2001).

Research comparisons between same sex attracted people and heterosexual people has concluded no significant differences in overall adjustment or psychiatric status (Patterson cited in Brown, Perlesz & Proctor, 2004). However, exposure to discrimination is a major risk factor associated with psychological stress and mental disorders suggesting that it is the marginalisation and discrimination of SSAY, which leads to reduced self-esteem social withdrawal and isolation. All of which are considered risk factors that contribute to mental ill health.

SSAY are reported to be six times more likely to attempt suicide than the population as a whole. SSAY living in rural areas are known to be at a particularly high risk of suicide. Researchers have suggested this to be due to lower levels of accessible support and increased levels of isolation. The mean age for suicide is 15-17 years and most suicide attempts occur after self-identifying as same sex attracted but prior to having a same sex relationship or coming out (Nicolas & Howard, 1998). These statistics may be exacerbated by SSAYP reluctance to access available support services. Both Dyson et al (2003) and Hillier et al (1998) found that SSAY do not readily engage with formal support services for fear of breaches of confidentiality or privacy.

The West Australian AIDS Council provides a confidential counselling service to SSAY. Statistics of people accessing this service who are under 26 has shown a steady increase over the period from July 2001-June 2004 then a massive increase almost doubling previous contact. 75 young people under the age of 26, representing 16.2% of the total client load accessed counselling at WAAC between July 2003 and June 2004. In the 6 months from July to December 2004 this number had jumped to 101 clients representing 24.4% of the total client load. WAAC counsellors have suggested that the significant increase of SSAY accessing the service may be due to a number of factors. The availability of counselling at WAAC was strongly promoted during a Freedom Centre weekend retreat in September 2004 and the Freedom Centre has increased the number of referrals to WAAC Counselling to assist with clients who need intensive support that is not offered by the peer-support model. Issues presented during the counselling sessions included substance abuse, relationships (with self, family, partners and the community), sexual identity, sexuality, depression, anxiety, self-harm and suicide.

Supporting SSAY

Developing and maintaining relationships with like-minded people, others who experience SSA, for many, is integral to the development of a positive identity and sense of self. Where acceptance in the general community is haphazard, existence of an identifiable homosexual subculture and social support groups can often help the coming out process (Gottschalk & Newton, 2003).

Although the 'Not So Out in the Bush' report (Gottschalk & Newton, 2003) investigated all age groups the results involved young people and are applicable to SSAY. Respondents were asked to identify desired services and supports. "While a lot more women responded to this question than men and gender differences in responses were statistically significant – the responses offer a picture of the support needs necessary during the coming out process" (Gottschalk & Newton, 2003, p. 24). "Community education for police, doctors, counsellors, social workers and teachers was particularly noted" by respondents (Gottschalk & Newton, 2003, p. 139).

The top 5 responses were as follows:

<u>Desired service/support</u>	n (N=95)	%
Inclusive sex education at school	41	43%
Designated gay friendly counsellor	37	39%
Community education re: sexual diversity	36	38%
Opportunities for social activities	31	32%
Information about services	27	28%

Gottschalk and Newton (2003) concluded that a primary need was information about same sex attraction and the opportunity for social contact with others like themselves. They went on to emphasise specific needs for SSAY as being "support and counselling – especially if parents and family are non-accepting" (p. 143).

To effectively assist a young person as they go through the coming out process a series of disclosures need to be made by the young person. To disclose something as sensitive and personal as sexuality, a person needs to feel safe and comfortable and the environments should be permissive and non-judgemental (Krueger & Casey, 2000). People are also more likely to disclose if they perceive a commonality or likeness to the person to whom they are going to disclose (Jourard cited in Krueger & Casey, 2000). These two factors reinforce the role of peer education as a model for supporting SSAY as they are coming out. The peer model ensures a perception of commonality and alleviates 'authority' or power imbalance between the 'client' and 'worker'.

In Victoria between 1999 and 2001 the Department of Human Services and VicHealth funded 12 projects under the Sexual Diversity Grant Scheme to develop and implement strategies in local areas across rural Victoria to enhance the well-being of SSAY (Frere, Jukes & Crowhurst, 2001). A number of common themes, trends, tool and learnings emerged from these initiatives that provide useful signposts for communities to improve the well-being of SSAY. These key learnings related to values, community readiness, participation, implementation, school settings, worker well-being and the media. Evidently a broad spectrum of considerations is necessary to ensure that SSAY are given every opportunity to develop and maintain well-being.

Work in the West

This section of the report will document some of the work that has been done in Western Australia with SSAY and their families. The work noted here is not an exclusive overview of all support services offered to SSAY and their families but a reflection of SSAY specific services or projects that have been conducted in recent years and offer examples of best practice in the field.

Here For Life Youth Sexuality Project

The Youth Sexuality Project (Brown, Goldflam & Chadwick, 1999) was funded by the Commonwealth Department of Health and Family Services under the 'Here For Life' National Youth Suicide Prevention Strategy. Operating in Perth from September 1996 until June 1998 the multifaceted project aimed to prevent suicide and self-harm in same sex attracted young people under the age of 26.

The main project objectives were to reduce isolation of SSAY and assist the development of positive attitudes toward their sexuality; increase positive attitudes and action in the community toward SSAY and to increase the range of health and counselling services available to SSAY. Four groups of strategies were developed to achieve those objectives including peer support; community development and promotion; professional development and training and clinical development.

The project was successful in raising community and professional awareness of SSAY as a population at risk of isolation, depression and suicide. It facilitated the development of the Freedom Centre into a dynamic peer based youth drop-in centre, which was accessible to both male and female SSAY. As a result of the boost offered by the Youth Sexuality Project the Freedom Centre is now a sustainable, effective and reputable youth service. With the multiple psychosocial issues involved in suicide and self-harm, there were many individuals whose needs could not be met by the peer support model alone. A clinical support stream was developed to focus on the young people who were dealing with more embedded psychosocial problems or who were unable to access other forms of support.

To address the dearth of available, accurate information regarding sexual diversity two resources were developed by the project. "You're Not Alone", a booklet for young people about experiencing same sex attraction and "Someone You Love", a booklet for parents of people who experience same sex attraction were printed and widely disseminated. Both booklets were developed in consultation with the populations they were targeting thus the information and format was relevant and accessible.

The link between sexuality and suicide has only recently being documented, thus professional development was required to inform service providers working with young people about their increased risk. A one-day training workshop titled "Clearing the Way" was developed and delivered to 250 workers. A young persons' speaking program was also incorporated into the training. This allowed for a dialogue to be established between service providers and SSAY to further professionals' understanding of the unique stressors apparent for SSAY.

The Youth Sexuality Project developed partnership with a Perth based youth services to provide intensive support for SSAY after the completion of the project.

The Same Sex Attracted Youth Rural Support (Same Sky) Project

The Same Sky Project began in June 2002 and was completed in September 2004. It was funded by the Australian Department for Health and Aging under the National Suicide Prevention Strategy. The project aimed to develop and sustain local community support initiatives for SSAY and their families in Albany,

Bunbury, Kalgoorlie and Geraldton. Like its predecessor, the Youth Sexuality Project (Brown et al, 1999), Same Sky used a multifaceted approach, which incorporated peer support and capacity building, professional development and training and community development principles.

Access to information is difficult in regional and rural areas so the Same Sky Project developed a number of resources to fill the gap. A Freedom Centre postcard was printed, which advertised the website details and telephone contact. The booklets developed by the Youth Sexuality Project were also revised, reprinted and distributed widely throughout the state. Many workers and SSAY appreciated literature that was relevant *and* accurate and accessible to young people. A poster was developed in collaboration with a metropolitan based project, Celebrate Diversity, which showed images of same sex couples of various ethnic backgrounds and ages and was headed by the statement "Everyone is welcome here". The poster was designed to be an indicator of an inclusive service or space and was widely distributed, especially to services that had completed the 'Clearing the Way' training workshop. Each of these resources was developed to increase visibility of SSAY and to provide accessible information for service providers, families, the community and in particular, SSAY.

The professional training aspect of Same Sky was very successful as it built the capacity of human services workers in each region to deal with the unique stressors experienced by SSAY. While services were prepared to be open about sexual diversity they did not always have the skills or knowledge to effectively support young people. Formal training combined with regular interaction with the project officer via networking meetings significantly raised the profile of SSAY and their needs. This was perhaps the greatest strength of Same Sky – a visual, personal contact regarding youth sexuality issues to whom referrals could be made. The most common statement made by service providers regarding the project was "it is about time". Sexual diversity has become a consideration for youth workers in the South West of WA where the project was most visible.

Same Sky also established pseudo-Freedom Centres in Bunbury and Geraldton. While both groups have been successful each has confronted barriers in their operation. Neither Bunbury nor Geraldton have a permanent youth specific space to host the group thus finding a suitable, accessible yet discrete venue has been problematic. Staff and volunteer supervision and training has raised issues of duty of care and insurance for governing bodies. However, the groups have been very successful in supporting SSAY and raising a positive community profile of SSAY issues. Gay and Lesbian Community Services report that at the time of the launch of the Bunbury Freedom Centre they experienced a massive spike in the number of calls to their toll free 1800 telephone counselling service.

The major limitation of the regional Freedom Centres mirrors that of the Perth service – as a peer-based model it does not have the capacity to deal with SSAY with multiple needs. The Freedom Centre is equipped to assist young people with information, advocacy, peer support and referral rather than intensive counselling or family mediation. Close working relationships with services who can offer intensive support is required to ensure Freedom Centres remain safe spaces and true to the effectiveness of the peer model.

The major difficulty for the project was engaging parents of same sex attracted people in the Parents Family and Friends of Lesbians and Gays (PFLAG) meetings. Although it is apparent that many parents struggle to understand and accept their child's SSA, few are willing to engage in a group support service such as PFLAG. Discussions with SSAY, families and family mediators has suggested that parents do not wish to be 'outed' as the parent of a SSAY before they are ready - in much the same way that SSAY do not want to be outed. Confidentiality and privacy are paramount. Therefore the project concluded that the peer support model would not transfer well to regional areas, and alternative models to support

parents and families that emphasise discreet information availability and one-on-one support need to be implemented.

Undertaking community development from outside the communities also presented some difficulties. Both community members and service providers are cautious of 'outsiders' thus building trust and relationships with people from communities they are not involved with proved to be difficult. Effective recruitment, training and supervision of volunteers, engagement with service providers and community groups is limited due to the need for 'virtual' community development. The establishment of key contacts in each region may address some of these issues.

Closets of SAAP (Supported Accommodation Assistance Program)

The Closets of SAAP report was conducted by Perth Inner City Youth Service (PICYS) with funding secured from SAAP Coordination and Development Committee National Research Program. The purpose of the report was to provide a realistic picture of the needs and experiences of young people with diverse sexuality and gender expression who accessed SAAP. Interviews were conducted with young people who accessed youth SAAP services and with the SAAP service staff.

Closets of SAAP found the main reasons young people with diverse sexuality and gender expression gave for leaving home were primarily related to either the young person's sexuality or gender expression or a plethora of factors such as family breakdown, domestic violence or sexual abuse. Young people who participated in the research had mixed experiences when accessing SAAP. Some experienced fear and homophobia, which isolated them from the service resulting in them sleeping on the streets. Some young people also experienced inadequate support from workers. Young respondents felt that some workers did not address homophobia from other residents and lacked an awareness and sensitivity of sexuality issues.

Although SSA and transgender youth are reported to experience homelessness at a higher rate than other youth, the interviewed SAAP services reported that they rarely accessed their service. The report found that a disparity existed between workers levels of knowledge about issues existing for young people with a diverse sexuality and gender expression, and the practical support, sensitivity and understanding offered by the workers to address the issues. However, the services did acknowledge that other resident's homophobic expression was a major barrier to young people accessing their service.

The data collected from the research demonstrates that the issues that surround homelessness among people with diverse sexuality and gender expression are multifaceted and complex. The Closets of SAAP report concludes by stating that a collaborative and diverse range of services is required to address the needs of SSA and transgender youth, one aspect of which is supported accommodation in a safe and understanding environment.

Freedom Centre

The Freedom Centre is a unique youth agency for SSAY and gender queer young people, which operates on a peer-based model of service provision. All the staff and volunteers at the Freedom Centre are under the age of 26 and identify as SSA or gender queer. Freedom Centre is a safe space where young people can drop in to meet other SSAY, access information, advocacy, a referral or some support about coming out or dealing with their sexuality. The centre also provides professional development training and has a public speaking program where staff and volunteers go into schools to educate young people about sexual diversity.

The Freedom Centre is the only SSAY specific service in the state and has built a solid reputation amongst young people and service providers as a invaluable support service. Currently the Freedom Centre Perth operates three times per week, plus a monthly outing and transgender session. The regional Freedom Centres are operating one day per fortnight. A web site is maintained and is very popular with SSAY but also with service providers and general community members seeking information. Since tracking started in December 2003 the website has received an average of 291 hits per month (90% of which are unique hits). The highest access to the site is between 3 and 4pm daily. Estimates suggest that 350-400 new clients access the Freedom Centre drop-in space each year plus many others make contact via telephone or the Internet.

Trinity Youth Options

Trinity Youth Options (TYO) is an inner city based service that provides intensive support to young people who are experiencing, or at risk of experiencing, homelessness. The number of SSAY accessing the service has steadily increased since 2003, which has informally promoted the service as gay friendly, if not specific. Approximately 30% of the total number of young people accessing TYO present as SSA or are questioning their sexuality.

The profile of the client group and the predominant presenting issues were as follows:

- An average age of 18 and an almost equal gender balance;
- Homeless and street present or at risk of homelessness;
- Questioning their sexuality or identify as gay but have not engaged in same sex relationships;
- Lack supportive relationships and positive role models
- Experience psychological problems, especially regarding trauma
- Experience physical, mental and sexual health problems, particularly suicidal ideation
- Engage in risky sexual behaviour including sex work
- Unattached to family, education, training, employment or other services;
- Limited connectedness to community;
- Misuse of substances.

Peer-based Outreach and Same Sex Attracted Youth (POSSAY) Project

The POSSAY Project is a Healthway funded research investigation that will be conducted between February 2005 and July 2006. The overall aim of the POSSAY Project is to develop a clearly defined and documented model of peer education. In particular it will review peer education programs that have been targeted at SSAY (Freedom Centre, Gay and Lesbian Community Services and P-FLAG) and general marginalised youth services (Trinity Youth Options, PICYS and Family Planning WA youth education programs).

This research will make an important contribution to the development of a theoretical basis for peer based education and support initiatives, and provide a contemporary foundation on which to develop an effective, pragmatic and validated evaluation framework and tools to evaluate peer-based programs targeting marginalised youth.

Results

A number of themes emerged from the preliminary analysis of the data provided by participants. Each of these themes will be discussed in turn.

Stressors Experienced by Young People

The stressors reported by respondents can be categorised into 3 levels: intrapersonal, interpersonal and environmental. Below is a summary of each of the themes identified from the preliminary analysis of the data of stressors experienced by young people.

Intrapersonal stressors

"Some rumours started going and people started asking me questions and were shocked...I totally denied it...". Respondents reported stress from being unable to be honest about their feelings or their relationships. Great lengths were often taken to conceal their feelings or behaviours from friends and family members. Immense pressure was experienced from having to actively hide an important part of themselves and not being able to share their happiness of being in a relationship with the people close to them.

"Being different...was not a good thing to be". Not fitting the mould was a stress to many of the respondents. SSAY were very aware of their minority status and the negative connotations associated with being different. Respondents from outside of the metropolitan area gave great emphasis to not fitting the mould as SSA contravened the notably homogenous nature of smaller communities.

"I felt extremely isolated". Feeling isolated and unsupported was commonly reported. Respondents spoke about being isolated from information about sexual diversity, from family and friends and from other SSAY. Some even felt isolated from support services; *"even in supposed support services, counselors and stuff like that, you still felt ...this isn't a safe place for you to be open and honest with that part of who you are"*.

Respondents spoke about feeling vulnerable. They were aware of the level of homophobia in society and the risk it presented to their safety. Isolation from people or factors that may have offered them protection exacerbated these feelings. *"... I thought, I'm pretty vulnerable, I want to be around people I can trust...and that didn't really pan out at all"*.

SSAY and families experienced theological conflicts. Where religion is typically a supportive mechanism in people's lives, in the case of Christian respondents it was the source of the greatest conflict regarding their sexuality. Reconciling religious faith and sexuality was a profoundly difficult task for many young people– the cause of considerable stress. *"I'd been blaming God, like God how can you make me gay?"*

SAAY respondents also experienced confusion over identity. The dearth of accurate available information made it difficult for them to understand what being SSA meant for their identity. The prevalence of stereotypes offered a limited identity development model for SSAY. Conflict was experienced if they did not relate with the stereotypical identity as this isolated them from the gay community as well as the community in general. *"A lack of positive role models in the community perpetuated negative stereotypes"*.

"Most of our young people already identify as dual diagnosis and long term high risk" (Agency respondent). Dual diagnosis of SSAY was particularly stressful. SSAY were dealing with their sexuality as well as a variety of other intrapersonal stressors such as mental health and drug and alcohol use.

Interpersonal stressors

"One kid did actually come out and say he was gay...I never quite stepped up for him...that would be identifying me as being gay and I didn't wanna be subjected to that". Being identified as gay was the source of much interpersonal stress. The connotations associated with a gay identity were particularly stressful for SSAY living in regional or rural areas where they did not share the anonymity of their metropolitan counterparts. Being identified as gay was also linked with feeling excluded from heterosexual groups. *"In a small country town sport dominates the weekends and everything is very manly and heterosexual".*

"I didn't think I'd need to tell my family but I had to come out eventually because I'm with a boyfriend". Relationship pressure to be 'out' and open was experienced by some respondents. When a relationship developed each person may not be 'out' to the same degree, which places restrictions on the relationship that may manifest into a source of conflict in the relationship. Also a relationship added the stress of being identified as SSA thus a greater amount of energy was required to maintain their sexuality a secret.

"...We focus on assisting SSAY to develop safer, healthy and satisfying sexual behaviours" (Agency respondent). Safer sex was seen as a stressor for SSAY, particularly by agency staff. Negotiations of safer sex were stressful for SSAY, particularly young men who were aware of the prevalence of HIV in the gay male community.

"A lot of friendships and family relationships have been lost due to coming out". Loss of family relationships and friendships created profound stress for the respondents. Primary supports and the protective factors that they offer were lost in a time when they were most needed.

"The people I thought would be ok were just really homophobic...they didn't wanna know me".

Others' reactions were a particular stress for SSAY. They could not always anticipate how someone would react to a disclosure of SSA. Negative reactions were particularly damaging to their sense of self worth especially if it was from a family member, friend or person held in high esteem.

"I wouldn't have told the school that I was gay because that information would have been...relayed back to my parents". Breach of confidentiality was of particular concern to young people. Ensuring privacy and confidentiality was a protective means against negative reactions or being 'outed' before they were ready to make a public disclosure of their sexuality. Judgments of how confidential a service or support was often determined whether or not a young person made any disclosures of their sexuality.

Environmental stressors

"There was never anything visible that I can remember". Lack of visibly gay friendly indicators and resources made it difficult for young people to gauge what sort of response they would receive if they made a disclosure about their sexual orientation. It also reinforced their sense of isolation as accurate information was not made available. A lack of resources also reinforced perceptions that SSA was wrong and should not be a public issue.

"...I was really bullied...not physically but emotionally...they would talk behind my back, make up things, manipulate the truth". Harassment and bullying for being gay was a major stressor for the respondents that they had little or no control over. *"I found in a lot of rural communities there's an extremely homophobic culture there".* Homophobia in rural towns was commented on by most respondents and

was linked to harassment and bullying by others. Support services were harder to access in rural communities and identity was harder to conceal, exacerbating intrapersonal and interpersonal stressors. Such homophobia was seen as manifesting into job discrimination in one town. *"Many businesses in town won't hire men who challenge traditional gender roles/stereotypes"*.

"I was scared to come out...it's a very multicultural school...they [school gangs] could just come round and...whatever". The homophobic culture of some schools was reported often. Persecution by school gangs was one form of stress for respondents who were in fear of abuse and violence from other students.

Needs of SSAY

The preliminary analysis of respondent data generated a number of themes that were divided into three categories of needs: emotional, support and information. Below is a brief summary of each of the needs.

Emotional needs

"...finding out there are other people out there who are like me and felt the same way as I do".

Feeling normal was integral to feelings of well being for SSAY. They needed their feelings to be affirmed as natural and normal. They also had a strong need for *"understanding and tolerance (if not acceptance)"*. Acceptance was also needed but it was recognized that this sometimes came with time for people close to them. Respondents acknowledged that acceptance grew with the maturity of themselves and their peers, *"the older you get the more accepting the school students are"*.

Anonymity was an important need to many respondents, especially early in the coming out process and for those living in rural areas. *"Everyone moves to Perth because there is more anonymity, gay specific services and events, acceptance and a community"*. When SSAY did access a service, confidentiality was paramount to their level of disclosure and even their decision to access the service. Privacy and confidentiality was needed for SSAY to feel safe and comfortable enough to discuss their feelings. *"I got dragged into this big room... and got given a cup of coffee...I wanted more privacy and confidentiality...I didn't get that"*.

"It took me 1.5 years before I felt safe coming out to a few select people". Trust and openness from those around SSAY, whether they are family, friends or support services was essential for young people. SSAY needed to know that they were going to be received well before they would disclose information or talk about their most private and sensitive thoughts and feelings.

A sense of belonging was a common emotional need. High levels of isolation escalated the desire to belong, to feel a part of the human circle. SSAY wanted to *"...meet similar people, to feel ok and normal, to have a sense of belonging"*.

Support needs

SSAY expressed the importance of *"people to talk to in country towns...when you come out it's nice to have someone to talk to who knows what you're going through and just to reassure you that it's okay"*. Many respondents commented that a gay peer group was the ideal mechanism for this to happen. The space in which the group met was also important. Respondents felt the need for a safe space to meet and be themselves. One respondent summed it up by expressing their support needs as, *"information, a safe space, a friendly atmosphere, a familiar or similar peer group"*.

SSAY also needed support from friends and family and community acknowledgement of same sex attraction. *"I said mum I'm gay and she said 'no you're not'...and she didn't wanna hear about it"*. They

desired the support of knowing that others in the community acknowledged their sexuality and were ok about it. They needed visibly gay friendly people to affirm they were ok. *"At uni...the...system they've got...it's really visible and it's around the place and it means that staff can identify themselves as being queer friendly"*. Positive gay role models were also an important support need for SSAY. They wanted accessible people in their communities to look up to and model their achievements on. One respondent commented on the power of *"...the positive role models I found and the fact that these were just regular people"*.

"By denying us our sexuality, the government is denying our freedom of choice and our humanity". SSAY were aware of the institutional homophobia that could impact on their lives. Government acknowledgement of sexual diversity was needed for SSAY to understand they were worthy citizens in our community. A diversity tolerant school culture was also essential to support SSAY. *"Outreach to high schools, training in sensitivity for high school teachers"* was needed to ensure that school staff had a sound understanding of sexual diversity and could encourage a whole school culture of accepting difference and limiting discrimination.

"There were youth services but none of them were gay orientated...nothing specifically for gay youth". Visibly gay friendly services were needed for SSAY as they knew they would not be judged by accessing this service – that their needs would be understood and accepted.

Information needs

"Having more information available in libraries, uni, public schools". Awareness of services was limited for many respondents, including service agencies. SSAY required an awareness of a variety of services so they could choose to access the one that best suited their needs.

"The coordinator organised Freedom really well and offered assistance that was very helpful". Help and advice was required to assist SSAY through the coming out process and the information that was shared needed to be accurate. As one respondent claimed, *"I stumbled across one of the magazines...it said here are some contacts and the gay and lesbian counseling services in the state...and that magazine had the wrong number!"*. To offer accurate information and assistance support services need to be informed about sexual diversity and the issues that confront SSAY. *"I was having trouble at school and was suggested to see a counselor. They weren't helpful then and it made me realise they weren't suitably educated to deal with my problems"*.

Young people weren't always ready to talk about their issues and seek written information they can access in their own time and space. Respondents requested a need for, *"more leaflets/pamphlets at school, places to meet other young, gay people"*. Even if services are sensitive and knowledgeable regarding sexuality issues and have accurate information, they need to be accessible to young people. SSAY need to be able to find the information they need when they need it. One respondent called for, *"better access to queer services in/through school and uni"*. One aspect that was specifically noted was where to find additional information, particularly about services. They need, *"information about where queer services are on offer, how to access them...events"*.

Other coming out stories were important for SSAY to validate their own experiences as normal. Many respondents sought comfort from accessing the stories of others while those who had not expressed an explicit desire to be exposed to such information. *"Other people's stories enlighten you and make you feel better"*.

Support services available to SSAY

"More queer friendly youth agencies and schools would seriously help". Young people identified a number of support services that were available to them and the reasons why they would or would not choose to use that service. Close friends and gay peers were a common source of support as they were reported as trustworthy. It was also commented that gay friends were a direct channel into gay specific services and the broader gay community.

Internet and telephone support

Support mechanisms that were discreet and anonymous seemed to be preferred by young people. The Internet provided anonymous, discreet information that was always available by a mechanism that eliminated any embarrassment from physically accessing a support service. It also eliminated the worries about seeing other people's perceptions and responses to them. Some young people commented that the Internet was not always moderated promoting safety concerns and that it was difficult to form meaningful relationships with others. Web pages were sometimes out of date or irregularly updated and some expressed a limited knowledge of what sites were available. A major concern was that parents or other computer users could track a history of sites accessed by cookies, which compromised their requirements for confidentiality. A few respondents commented that they had been outed after family members had seen a list of gay specific websites they had accessed.

Telephone counselling lines such as the GLCS telephone counselling service and Kids Line were also seen as favourable. Toll free numbers were appreciated, as they did not appear as a listed item on phone accounts. Kids line offered a direct phone link to the Freedom Centre in Perth so further phone calls were not necessary to link into the service. The limited availability of gay specific telephone counselling was mentioned, as the times of operation did not coordinate with times when privacy within the home was available.

Media

Magazines and television provided an avenue to finding other resources and it was reassuring for young people to see depictions of gay characters in the media. Respondents felt betrayed by stereotypical constructions of same sex attracted people but felt stereotypes were better than no representation at all.

Youth services

A number of youth specific and gay specific services were mentioned. Young people commented that they felt comfortable accessing services or workers (including teachers) who were generally welcoming and showed visible signs of being youth and gay friendly or that employed openly gay staff. Youth services were appreciated for their active help and support and their referral to other support services. A lack of awareness of services was a primary barrier to accessing available support.

The perceived stigma of attending a support service was also a barrier to access. Some people felt there was something wrong with them if they needed to access a service, especially a psychiatrist. Fear that confidentiality would be breached to parents was expressed as a reason why some SSAY would not access a school counsellor.

The Freedom Centre

The Freedom Centre was commonly referred to as an available source of support. Young people seemed to enjoy the relaxed and casual atmosphere that was facilitated by friendly and supportive staff and volunteers who made participants feel "normal". The service offered compassion with a lack of judgement by peers who have been through the coming out process. The Freedom Centre had a lot of

available information about sexual diversity – posters, brochures and pamphlets along with books, magazines and films.

Some people found the Freedom Centre did not offer them enough privacy or confidentiality. Some respondents found the open social space to be intimidating when first accessing the centre and there were concerns whether or not they would 'fit in' or whether they were too young to access. The peer-based model employed by the Freedom Centre did not provide comprehensive one-on-one support when it was required and some people found transport to and from the centre difficult – particularly in regional areas where public transport is not as efficient as the city.

Schools

"I wouldn't have told the school that I was gay because that information would have been...relayed back to my parents" (SSAY respondent).

The vast majority of young people spend most of their adolescence in education or training institutions. The results of this research suggest that the cultural climate of their school had a profound influence on the coming out experiences of SSAY. These experiences ranged from extremely negative - *"there was only one guy in the school who said he was gay...and he was harassed, just constantly harassed"* and *"I definitely couldn't have come out to my teachers simply because they used to make homophobic comments in the classroom"* to extremely positive, *"it was alright for you to be gay at school...everyone tended to be ok with it, even teachers were quite supportive"* and *"it took for him [teacher] to tell me that he was ok with that [her being gay] for me to know that I was safe" [to confide in him].*

Most respondents requested a greater accessibility of information about sexual diversity from schools and the desire for the culture of the school to be safe and supportive of diversity.

SSAY Expectations of Services

The commonly stated expectations of services by SSAY do not present extraordinary standards in that they requested access to accurate information and an appropriate referral if necessary, that the service be available and accessible to them and that the staff be friendly, welcoming, non-judgemental and helpful.

"At first I didn't think that I would go to any service as I was afraid of being judged".

However, great emphasis was placed on the need for confidentiality and privacy. SSAY also expected visible signs that the service was gay friendly and there was an expressed desire for the availability of both male and female SSA peer to talk to.

Effective Strategies for Working with SSAY

Due to the limited number of respondents in WA and interstate the data has been collated into these results. Agencies were asked what they found to be effective when supporting SSAY. Their responses in many ways mirrored the expectations that SSAY have for services. The responses have been divided into three categories: environmental factors, personal factors and organisational factors.

Environmental

Two agencies suggested being able to meet clients in a neutral social setting or a place where the client felt comfortable. Where this was not possible the creation of a safe intimate environment was important. Displaying posters, booklets and resources that were easily accessible to clients was effective as it showed the agency was aware of sexual diversity and clients could help themselves to information without having to ask for it. Maintaining a high level of privacy was essential to encouraging SSAY to disclose sensitive thoughts and feelings. *"I wanted to get taken into a room by myself and I wanted to talk to someone who was gay" (SSAY respondent).*

Personal

"Confidentiality is paramount" (SSAY and agency respondent). Maintaining a high level of confidentiality that was reinforced to the client was seen as important as was fostering non-threatening engagement that gave the client a sense of autonomy and control. One agency found using humour was an effective mechanism to build rapport with SSAY. Good interpersonal and counselling skills such as giving SSAY the opportunity to express their experiences, being open, responding in a non-judgemental fashion and answering questions honestly were found to be useful in supporting SSAY to work through their issues. Three services mentioned the importance of openly denouncing homophobia and heterosexism and normalising sexual diversity to create a safe inclusive space where SSAY felt welcome. The provision of accurate information was also essential to supporting young people.

Organisational

One organisation found having psychologists available for clients with intensive support needs an effective means of supporting SSAY. Two agencies found having both male and female staff available to support SSAY an effective means of satisfying gender preferences of clients. Having good networks and collaboration with other youth agencies ensured referrals that most suited specific needs were available for SSAY. Two agencies found linking SSAY to trained volunteers or peers as useful, as was encouraging the leadership, support and education of peers. *"When you come out it's nice to have someone to talk to who knows what you're going through and just to reassure you that it's okay" (SSAY respondent).* Others found providing face-to-face group work regarding sexuality and sexual health as an effective means of offering support. More specific strategies that were effectively offered by agencies included: individual consultations for sexually transmitted infections, participating in gay specific community events and the publication of a book of their previous clients stories.

Agency Training Needs

All of the agencies that responded to the questionnaire displayed resources relating to sexual diversity and four agencies had exposed staff to training on sexuality issues. Agencies were asked to list what training they felt their staff needed in order to provide effective support to SSAY. Three felt counselling training was necessary while other suggested general diversity and cultural training was required along with strategies to deal with homophobia. There was also call for training on how to use language and practice to appear gay friendly. More information was requested about available agencies to refer clients to and how to deal with dual diagnosis (SSA and substance abuse). *"Most of our young people already identify as dual diagnosis and long term high risk" (Agency respondent).*

Greater skills and knowledge about family mediation was suggested by one agency, to better deal with family conflict due to a sexuality disclosure. One agency commented that they would like training from SSAY on what they would find helpful from workers and also, skills and mechanisms for empowering SSAY. *"One kid did actually come out and say he was gay...I never quite stepped up for him...that would be identifying me as being gay and I didn't wanna be subjected to that" (SSAY respondent).* They also saw a need for greater knowledge on regional and rural needs of SSAY. *"People to talk to in country towns..." (SSAY respondent).*

Recommendations

The following recommendations have arisen from the identified needs of SSAY, families and services providers who participated in this research.

Government

1. That the West Australian Government maintain commitment to anti-discrimination, equal age of consent and same sex relationships recognition legislation.
2. That the West Australian Government establish a formal mechanism through the Equal Opportunity Commission to report on implementation of the Gay and Lesbian Law reforms into government department policies, procedures and practices.
3. That the West Australian Government establishes an overall policy direction for youth health within which the specific needs of same sex attracted youth may be addressed.
4. That the West Australian Government recognise the link between youth suicide and homophobia/heterosexism, particularly the role that community, family and peers play in either reinforcing or challenging the feeling of isolation, marginalisation and rejection experienced by many same sex attracted youth.
5. That the West Australian Government provides funding for research, training and support initiatives that address institutionalised and cultural homophobia/heterosexism, particularly in regional and rural WA where these issues are prevalent and largely unaddressed.
6. That the West Australian Government require training and use of the *Growing and Developing Healthy Relationships* curriculum support materials (or similar) in schools.

Schools

7. That public and private schools recognise the existence of homophobia and heterosexism within schools and the impact it has on same sex attracted youth and staff.
8. That public and private schools implement initiatives to address homophobia and heterosexism and sexual diversity with students and staff.
9. That accurate and accessible information on sexual diversity be provided both within the curriculum and from student services departments and school libraries.
10. That training be provided for all staff on homophobia, heterosexism and sexual diversity, particularly student support services staff such as nurses, psychologists, social workers, counsellors, chaplains and year coordinators.

Service Provision

11. That a broad spectrum of services be offered to meet the range of needs apparent for same sex attracted youth at each stage of the coming out process. These services would include:
 - access to print and web based literature regarding sexual diversity from a variety of places including schools, public and university/TAFE libraries, youth services, mental health services, health services and support agencies.

- access to anonymous support services via Internet and telephone mediums.
 - links to trained same sex attracted peers for peer support in an informal and relaxed setting.
 - access to trained counsellors in a private and confidential setting.
 - an intensive case management service for same sex attracted youth with multiple risk factors.
12. Currently the Freedom Centre is meeting peer support and many information needs. It is recommended that core funding be maintained, and additional funding be sought for community capacity building, professional training, community education and web based initiatives.
 13. That regional peer support, community education and professional development initiatives be continued.
 14. Currently Gay & Lesbian Community Services provide telephone counselling for a limited time period each week. It is recommended that additional funding be sought to promote and expand the availability of this service.
 15. The development, resourcing and implementation of an intensive support service for same sex attracted youth to support the peer based model offered by the Freedom Centre.
 16. That a training package (including a train the trainer component) be developed for service providers which addresses the following issues:
 - types and instances of homophobia and heterosexism and the impact they have on same sex attracted youth.
 - strategies to challenge or address homophobia and heterosexism including anti-discriminatory policy development.
 - theoretical understanding of sexual diversity and sexual identity development.
 - strategies for responding to disclosures of same sex attraction in a supportive and non-judgemental manner.
 - referral options and protocols for same sex attracted youth specific services.
 - issues unique to working with same sex attracted youth in regional, rural and remote areas.
 17. That a peer education program for schools that is delivered by trained same sex attracted youth be developed and implemented.
 18. That service providers display signage that indicates acceptance of sexual diversity.
 19. That greater access to information and resources regarding sexual diversity be offered by service providers.

Young People

20. Recognition that the needs of young people vary during the coming out process from information to intensive support to social connection.
21. That a consultative group of same sex attracted youth be formed and supported for the purposes of assisting stakeholders in the development of support mechanisms for same sex attracted youth in Western Australia.

Family and parents

22. That the already established PFLAG (Parents, Family & Friends of Lesbians and Gays) service be supported and assisted to provide peer support to parents.
23. That PFLAG identify the needs of those parents unable or unwilling to access PFLAG, establish referral pathways, and establish relationships with other stakeholders to increase support, information and ongoing mediation to families in crisis due to a sexuality disclosure.

Media

24. That more positive role models be depicted in mainstream media to normalise same sex attraction and challenge existing stereotypes.
25. That the provision of accurate information regarding same sex attracted youth and available support services be a focus for mainstream media.

Church

26. That accurate youth focussed information from a variety of theological perspectives be developed and made available to same sex attracted youth, their parents and family members.
27. That accurate information concerning sexuality, religion and the coming out process be developed for congregation members.
28. That Church Youth Groups recognise that same sex attracted youth are likely to be involved in such groups and therefore the development and implementation of training about issues concerning same sex attracted youth are essential for persons exercising leadership roles within such groups.
29. Recognition from Church organisations that some theologies reinforce heterosexist and homophobic sentiment that may create internal conflict between sexuality and faith for same sex attracted youth, thus isolating them from their relationship with the Church and with their God, all of which may reduce or eliminate protective factors against mental health issues such as depression, anxiety and suicide.

Further Research

30. Further research is required to understand the needs of Indigenous and CALD same sex attracted youth and the service delivery models that best address those needs.
31. Further research is required to identify the experiences and needs of parents, siblings and extended family as they deal with the coming out of a young family member and the service delivery models that will best address the stated needs.

Conclusion

Young people grappling with SSA face enormous isolation and stigma in making sense of their feelings, and developing as a young person in the community. This report has provided an overview of the risk factors associated with SSAY, especially during the early stages of the coming out process. Isolation and invisibility, homophobia and heterosexism and a lack of social and formal support place SSAY at significant risk of a range of psychosocial problems.

Young people who are embarking on a coming out journey experience stressors at all levels of their existence. At the intrapersonal level SSAY experience confusion about what their sexuality means for their identity, their role in family, religious and community life and the everyday challenges of adolescence, usually with little or no accurate information to guide them. Whether a young person decides to make their SSA known or not, there are pressures on interpersonal relationships relating to the maintenance of privacy and confidentiality, others perceptions of sexual diversity, the stigma attached to being identified as SSA and the exclusion from peers, family and the wider community that may result. Western Australian culture is geared toward heterosexuality so gay friendly resources are scarce and homophobia and heterosexism is prevalent.

Consultation with SSAY and agencies that work with youth indicated a broad array of needs were apparent when young people come out about their sexuality. Emotional needs were centred on helping SSAY feel ok about their sexuality – they needed to know they were normal and they needed to feel understood and accepted. They need the ability to work through their sexual feelings and thoughts with privacy and confidentiality and a high degree of trust and openness from others. Like every other person, SSAY need a sense of belonging.

Specific support needs were also identified. At the macro level SSAY need to be recognised by government and the broader community as healthy contributors to society. They need a diversity tolerant educational environment where they not only feel safe from bullying, harassment, abuse and violence but accepted and supported by visibly gay friendly people. They need to be visible in our communities with support from friends, family and peers, especially SSA peers and role models who understand their experiences.

SSAY also need information to assist them through the coming out process. Accessible, accurate written information was desired so that SSAY could inform themselves at their own pace. When assistance was required from others they needed to know where to get it and it needed to be available at times that fit with young people's lifestyles. It was expected that those whom they sought assistance from would be informed about sexuality issues and be able to offer help and advice. SSAY also responded that it was important to hear about other people's coming out stories to normalise their experiences and offer suggestions for coping and dealing with the coming out process. The characteristics of the support needs correlated with how far a young person had journeyed into the coming out process. It is apparent that early in the coming out process SSAY require information, usually from an anonymous source. They then wanted to discuss their sexuality in an intimate and confidential setting until they were comfortable enough to seek social interaction with SSA peers.

The needs of families and parents as they learn of their child's SSA could not be identified due to a lack of response to the questionnaire. Families and parents were reluctant to engage with the research for a variety of reasons yet it is understood that the coming out process is a difficult time for families. The coming out of a child prompts a coming out process for parents. However, unlike SSAY, they are not

granted the time for private internal reflection before having to publicly respond and engage with the question of sexual diversity.

The level of support offered by parents and families has a profound effect on the coming out experience of SSAY. Initial reactions to disclosures of SSA may have severe and long lasting repercussions for family relationships and the health and well being of the young person. Thus it is important to understand the needs of parents and families so they can be supported to act as a protective factor during a time when SSAY are at risk of family disconnection and psychosocial problems. More specific research to identify the needs and experiences of parents, siblings and families would be required to identify effective information and assistance mechanisms.

Young people identified a number of support services that were available to them and the reasons why they would or would not choose to use that service. Close friends and gay peers were a common source of support as they were reported as trustworthy. It was also commented that gay friends were a direct channel into gay specific services and the broader gay community. Support mechanisms that were discreet and anonymous such as the Internet, telephone counselling and the media seemed to be preferred by young people in the early stages of coming out. Young people commented that they felt comfortable accessing services or workers (including teachers) who were generally welcoming and showed visible signs of being youth and gay friendly or that employed openly gay staff.

It was difficult to ascertain the current level of agencies knowledge regarding the needs of SSAY and their families, as the questionnaire response rate was very low. However, feedback from SSAY and agencies suggest that there are a number of training needs to better equip workers to support SSAY and their families. Many of these needs focused on general sensitivity and knowledge regarding sexual diversity and mechanisms for dealing with homophobia. It is evident from responses that a broad spectrum of services is required to deal with the individual needs of SSAY. Some were looking for peer and social support within a group setting while others required more privacy and one-on-one counselling. Knowledge of available support services was also limited, particularly in regional and rural areas.

Higher levels of perceived homophobia, a lack of visible role models, fewer support services and less anonymity confounded the coming out process for SSAY in regional and rural areas. Supporting young people in regional and rural areas requires discretion to protect the identity of SSAY. Community development and education to raise awareness of SSAY needs and experiences and address homophobia and heterosexism was also required to create a safe environment in which young people could explore their sexuality without fear of discrimination and ostracism.

SSAY are becoming increasingly visible in our communities yet gross misunderstanding and misconception about sexual diversity remains, which plagues the coming out process for young people. While much progress toward acknowledging SSAY has been made, information and support remains scarce or obscure. Facing a multitude of stressors and risks SSAY in Western Australia are still largely coming out alone.

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 www.wa aids.com

Gay and Lesbian Community Service of WA
 (08)94 207 201
 1800 184 527 (country callers)
 admin@glca.org.au
 www.glcs.org.au

Parents Family and Friends of Lesbians and Gays
 24 hour help line: (08)92 281 005
 perth@pflag.org.au
 www.pflag.org.au

Gay and Lesbian Equality (WA) Inc.
 (08)94 870 862
 galewa@galewa.asn.au
 www.galewa.asn.au

Resources

You're Not Alone (revised ed.). (2003) 'Here for Life' Youth Sexuality Project. A resource for SSAY, includes comprehensive reading list. Available from Freedom Centre.

Someone You Love (revised ed.). (2003). 'Here for Life' Youth Sexuality Project. A resource for parents and family of SSAY, includes comprehensive reading list. Available from PFLAG Perth.

Equality Rules: A Guide to Equality for Gay Men, Lesbians and Bisexuals Under WA Law. (2003). Gay and Lesbian Community Services of Western Australia and Gay and Lesbian Equality (WA) Inc. A legal resource.

Coming Out Alive. Uniting Network Sydney. A resource for SSA Christians. Available from Trinity Outreach Services, or Uniting Network.

Books

Baird, V. (2001). The No-Nonsense Guide to Sexual Diversity. Oxford, UK: New Internationalist Publications Ltd. A user-friendly resource that discusses the history of sexual diversity and homophobia leading into current times, from a multi-cultural perspective. Includes a world survey of sexual diversity and the law.

McDougall, B. (Ed.). (1998). My Child is Gay: How Parents React When They Hear the News. St Leonards, NSW: Allen & Unwin . A compilation of letters written by parents who have a same sex attracted child.

Pallotta-Chiarolli, M. (2005). When Our Children Come Out. Finch Publishing. A practical guide for all people who are affected by a young person's coming out. Draws on the experiences of young people, parents, teachers and youth workers from a variety of regions, socio economic and cultural backgrounds.

Religion and Sexuality

Geis, S., & Messer, D. (Ed). (1994). Caught in the Crossfire: Helping Christians Debate Homosexuality. Nashville: Abingdon Press

Scanzoni, L., & Mollenkott, V. (1994). Is the Homosexual My Neighbour: A Positive Christian Response. San Francisco: Harper

Hilton, B. (1992). Can Homophobia be Cured? Wrestling with Questions which Challenge the Church. Nashville: Abingdon Press.

John Shelby Spong. (1988). Living in Sin: A Bishop rethinks Human Sexuality. San Francisco: Harper Row.

Glasser, C. (1990). Come Home! Reclaiming Spirituality and Community for Gay Men and Lesbians. San Francisco: Harper Row.

For SSA Christians

Glasser, C. (1990). Come Home! Reclaiming Spirituality and Community for Gay Men and Lesbians. San Francisco: Harper Row.

Stuart, E. (1997). Religion is a Queer Thing: A Guide to the Christian Faith for Lesbian, Gay, Bisexual and Transgendered People. London: Cassell

Wilson, N. (1995) Our Tribe: Queer Folks, God, Jesus, and the Bible. San Francisco: Harper.

Bromell, D. (1991). Love Unbounded: On Being Gay or Lesbian and Christian. Auckland: Colcom Press.

Official Uniting Church in Australia publications

Assembly Sexuality Task Group. (1996). Sexuality: Exploring the Issues. Sydney: Uniting Church Press.

Assembly Sexuality Task Group. (1997). Sexuality and Faith. Sydney: Uniting Church Press.

National Assembly. (2004). Sexuality and Leadership in the Uniting Church: Biblical and Theological Reflection Resources for the Uniting Church in Australia, Sydney: Uniting Church Press. (also contains an extensive reading list).

Christian and Gay

Articles

What does the Bible say about homosexuality?

<http://www.whosoever.org/bible/index.html>

What does the Bible say about homosexuality?

<http://fou.uniting.com.au/texts.html>

Homosexuality is not a sin- reflections on Holy Scripture.

<http://www.mccsydney.org.au/notasin/index.htm>

How can you be Christian if you are gay?

<http://www.geocities.com/WestHollywood/7322/gc1.htm>

How can you be gay if you are a Christian?

<http://www.geocities.com/WestHollywood/7322/gc2.htm>

Websites

Uniting Network

<http://members.ozemail.com.au/~unitingnetwork/un.html>

Uniting Network is the support group for gay, lesbian, bisexual and transgender members of the Uniting Church in Australia.

The Rainbow Sash Movement

<http://users.bigpond.net.au/gbaird-SONGRISE/rsm/>

The Rainbow Sash Movement is an organization for gay and lesbian Catholics in Australia.

Metropolitan Community Church

<http://www.mccsydney.org.au/>

A Christian church with a special outreach to gay, lesbian, bisexual and transgender people who have been excluded from other churches.

Friends of Unity

<http://fou.uniting.com.au/#what>

Friends of Unity is a group of supporters of gay, lesbian, bisexual and transgender people in the Uniting Church in Australia.

Whosoever

<http://www.whosoever.org/index.shtml>

American based on line magazine for gay, lesbian, bisexual and transgender Christians.

Gay Christian Net

<http://www.gaychristian.net/>

American based organization for enriching the spiritual lives of gay, lesbian, bisexual and transgender Christians.

BooksComing Out Alive

<http://members.ozemail.com.au/~unitingnetwork/outalive.html>

Australian resources for young people from a Christian background coming to terms with their sexuality.

Singing While it is Dark.

<http://fou.uniting.com.au/giftbook.html>

Australian book of prayers for queer Christians.

For Support in WA

Uniting Network, the support group for gay, lesbian, bisexual and transgender people within the Uniting Church, meets on the first Saturday of the month for breakfast at 9.00 a.m. at the Warehouse Café, 221 Onslow St, Shenton Park. For more information contact David on 0419 854 664 or Libby on 9479 6379.

St Andrews Anglican Church has gay friendly worship every Sunday evening at 6 pm. at 259 Barker Rd, Subiaco. For more information phone 9381 1130.

Other Faiths**Jewish**

<http://www.dayenu.org.au/>

Australian support group for Jewish gay and lesbian people.

<http://www.usc.edu/isd/archives/oneigla/tb/>

Jewish GLBT archives on line.

Muslim

<http://www.al-fatiha.org>

Al-Fatiha Foundation is dedicated to lesbian, gay, bisexual, transgender and questioning Muslims.

<http://www.salaamcanada.com/>

Salaam, the Queer Muslim community in Canada.

Buddhist

<http://www.gaybuddhist.org/>

Gay Buddhist Fellowship in San Francisco.

Hindu

<http://www.topsitelists.com/bestsites2/lgbthindu/topsites.html>

Top gay Hindu sites.