Drug prevention and family support for same-sex attracted young people
by Vivien Ray

Introduction
As they mature, teenagers and young people face a range of common life challenges relating to health, education, sexuality and choices about drug and alcohol use. However, young people who are same-sex attracted, and their families, face some unique issues and problems that put them at higher risk for suicide and problematic use of alcohol and other drugs.

This fact sheet looks at issues facing young people who are same-sex attracted, discussing some of the risk factors affecting their well-being, and offers suggestions for how parents and those who work with these young people can support them in being and remaining connected to their families and communities.

Same-sex attracted young people
The term ‘same-sex attracted (SSA) young people’ refers to young people who are attracted to their own sex. It describes attraction rather than a label or identity such as ‘lesbian’, ‘gay’ or ‘bisexual’.

Lesbian and gay families
In this fact sheet, lesbian and gay families refer to families with SSA children being raised by lesbian mothers or gay fathers, or by heterosexual parents.

Heterosexual parents often have their children with the assumption that their offspring will be heterosexual. We now know that, on average, one young person in ten is not heterosexual.

Risk factors affecting the well-being of the members of a gay or lesbian family
Keeping a secret
The assumption of heterosexism affects the gay or lesbian family. It can be a huge risk to ‘come out’ as gay, lesbian or SSA in a society in which heterosexuality is assumed to be the most acceptable option, and is classed as superior and natural. Societal taboos against homosexuality can cause SSA people to choose not to tell others about their sexuality, for fear of prejudice against gays and lesbians.

This ‘secret’ can leave them feeling alone, lonely or odd. Consequently, gay and lesbian people use alcohol and drugs at a much higher rate than heterosexuals. The Australian Drug Foundation’s 1998 study of alcohol and other drug use among gays and lesbians in Victoria found that it was 2–4 times higher than heterosexuals (Murnane et al. 2000). A number of studies have linked this higher drug use with the experiences of discrimination and abuse.

Internalised homophobia
If SSA young people internalise homophobic attitudes in their environment or community, they may feel shame about their sexuality, as though they are in some way ‘bad’. Discrimination occurs everywhere: in schools, health, welfare, legal, religious and sporting organisations. SSA young people may also fear discrimination from friends or immediate and extended family members.

The result of internalised homophobia for
young people is that many don’t tell their friends about their sexuality. Some young people participate in friendship groups but tell lies to their friends. When SSA young people tell lies to their friends, it is difficult to feel a part of the friendship network. Some avoid having friends so that they can avoid the questions that would ‘out’ them.

Where are the gay and lesbian role models?
Lack of information and misinformation can leave young people feeling frustrated, misinformed and depressed.

In health and sexuality education classes in secondary school, the assumption of heterosexuality leaves SSA teenagers without knowledge of safe-sex practices or how sexually transmissible diseases may be applicable to them. Compared with most heterosexual young people who get their information about relationships and safe sex from school and family, SSA young people receive information about same-sex relationships from the media and friends. This lack of a reliable information source puts young people at risk of disease and abuse, and keeps them in the dark about such things as networks for SSA young people and laws that pertain to SSA young people.

When your child is bullied
Homophobic bullying and harassment are factors that affect the well-being of families with SSA young people. Schools and places of work that turn a blind eye to homophobic bullying are causing hardship to gay and ‘straight’ people alike.

The consequences of bullying are well documented; for some young people this includes harming themselves physically and in other ways. SSA young people self-harm at a rate that is 3–5 times more frequent than their heterosexual counterparts (Dyson et al. 2003). Higher incidences of problematic alcohol and drug use, early school leaving, depression and a higher rate of suicide affect SSA young people, and these rates increase if the SSA young person is being bullied.

What you can do
Increase your family’s ability to withstand homophobia and its repercussions
Families may be able to withstand the effects of a homophobic environment by:

- strengthening the connections between family members through caring, respectful relationships, offers of support and trust
- striving for open and honest communication
- being sensitive to the changing needs of the child or children
- building on the strengths of each person, and seeing the potential for growth and development of the family
- becoming empowered and informed by knowing the myths and facts about same-sex attracted and gay and lesbian people
- advocating on behalf of their children
- providing a safe and supportive environment for their children
- seeking supports such as gay-friendly counsellors or support groups.

Increasing your organisation’s capacity to support SSA young people
All services would benefit young people by reviewing their environment. Assumptions of heterosexuality in everyday language can be eliminated simply; for example, by using language such as ‘partner’ rather than ‘girlfriend’ or ‘boyfriend’. By assuming the worker doesn’t know the sexuality of the young people, the service provider can demonstrate an acceptance and awareness of sexual diversity.

It is also important to review policies designed to deal with homophobic violence and ‘put downs’, and to challenge forms of prejudice when they occur. Given the high incidence of drug and alcohol abuse, it is vitally important that drug and alcohol services increase their awareness and understanding of the issues surrounding this group of young people. This can be done through reading books and journals on the topic, inviting guest speakers to address staff and attending training workshops.
Workers who have regular contact with young people and who build trusting relationships with them are likely to be selected by that young person to talk about sexuality issues, as well as substance-use issues. When young people ‘come out’ about themselves or their parents, they are taking a huge risk and believe that you are the person who will offer them support and assistance. Service providers often have been raised in the same homophobic community or environment as these young people, and need to examine their own beliefs and prejudices in order to answer questions and offer support.

**Support in the community**

There are approximately 25 support groups for SSA young people in Melbourne and regional and country Victoria, with more developing all the time. The ages of members of these groups usually range from 14 years to 18 or 21 years, often depending on the requirements of the group’s funding body or the needs of the local community.

Support groups provide information, fun and time to talk and build bonds. Some are offered through local councils; others through not-for-profit organisations such as Good Shepherd Youth and Family Service. Many are evaluated internally, others externally by the funding body.

To contact any of these groups, phone Gay and Lesbian Switchboard on tel. 9827 8544 or toll free 1800 184 527 or the ALSO Foundation on tel. 9827 4999, or visit the Kaleidoscope website at www.gaylesbianyouth.info.

**Support for parents whose children are SSA**

Pflag (Parents and friends of lesbians and gays), has a large membership from all over Victoria and meets monthly in Melbourne. The group aims to support and inform each other through meetings and via its telephone help line, which is staffed by volunteers: tel. 9827 8408 or email p_flagvic@hotmail.com. Pflag Peninsula operates monthly on the Mornington Peninsula. Ring Mt Martha community contact and leave a message for Anne M on 5974 2092 or email pflag_peninsula@msn.com

**References**

Dyson S, Mitchell A, Smith A, Dowsett G, Pitts M & Hillier L 2003 Don’t ask, don’t tell. Hidden in the crowd: The need for documenting links between sexuality and suicidal behaviours among young people, Australian Research Centre in Sex, Health and Society


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