

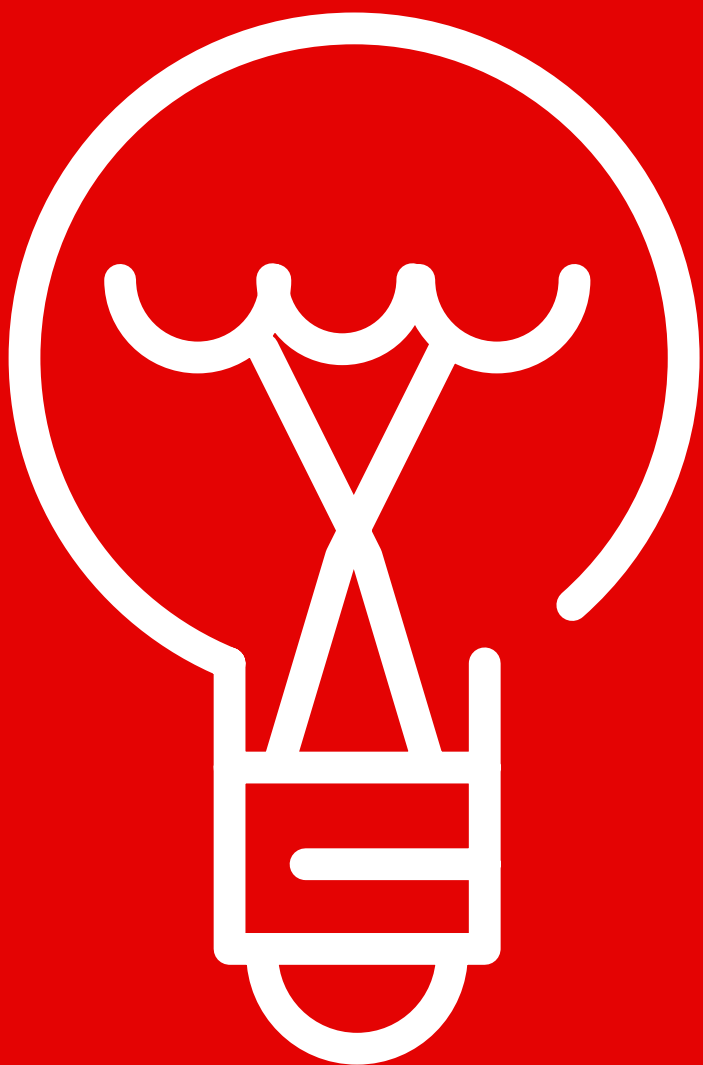
Sexual Orientation and Gender Identity

A guide for Clinicians
working in Children and Young
People's mental health and
emotional wellbeing settings



Hertfordshire Partnership 
University NHS Foundation Trust

London and South East
CYP-IAPT Learning Collaborative



Summary

Sexual Orientation and Gender Identity are not topics that many clinicians consider in their work, but both may be a contributory factor in a young person's mental health and wellbeing¹. A young person's developing identity and who they are attracted to, and/or the feeling of uncertainty around this can have a large impact upon their life, especially if this does not fit societies 'norms'.

Being proactive in supporting young people who don't feel they match with common assumptions and labels has shown to improved outcomes in terms of wellbeing and improve self worth². The 2016 '[Queer Futures](#)'³ report found that LGBT+ young people would like to approach mental health services for help but many of those that did found mental health services 'unhelpful' due to limited knowledge and understanding of LGBT+ issues or focus on symptoms rather than cause of distress.

Clinicians are well placed to help young people, but often may be missing a vital part of the picture. This guide was developed to help clinicians enable young people to talk more openly about these topics, through creating friendly and inclusive environments, use of monitoring forms and having sensitive conversations.



Gender Identity:
a person's sense of their own gender, whether male, female, trans, non-binary, gender fluid etc.

Sexual orientation:
a person's emotional, romantic and/or sexual attraction to another person.

Contents



Friendly and Inclusive environments: pages 4 - 9

It is important the mental health services pay particular attention to the environment, and the messages and expectations that are projected by it. Environments that are visibly inclusive and supportive of diversity can feel like a safe space, be empowering and affirming for CYP and inspire trust.



Monitoring: Pages 9 - 14

Monitoring sexual orientation and gender identity helps your service to understand who is and who is not using your service. However, it can be really difficult for some young people to share information about their sexual orientation or gender identity due to concerns about confidentiality or negative consequences. As well as this, some monitoring forms might not give options that the young person feels comfortable with. It is important to consider these potential issues when developing monitoring forms and when they are given to young people to fill out.



Sensitive conversations: Pages 15 - 37

Stigma and discrimination around sexual orientation and gender identity can often stop young people from seeking help when they need it. It also stops people who might be able to help from getting the information they need.

Being mindful of some of the issues that young people might face in relation to their sexual orientation and gender identity, and being sensitive in your approach to the topic can make the difference between the young person being comfortable speaking with you or not.

Top tips

All services should be aiming to be accessible and acceptable to all people that use them.

To do this you can...

- Increase visibility of LGBT+ and gender neutrality in your services, e.g. use LGBT+ posters in the waiting room, use statements about confidentiality and gender neutral facilities.
- Monitor gender and sexual orientation to help reduce discrimination and enable services to be more accessible for all.
- Include terms such as 'prefer not to say' and an option for describing their sexual orientation or gender identity.
- Ask what pronouns the young person would prefer to use. If unsure, use gender neutral pronouns to start (they/their)

But bear in mind...

- 'Coming out' (telling others) is not something that happens just once – it is repeated with new situations and circumstances.
- YP might have experienced negative reactions to 'coming out'. Including rejection or bullying or feeling of guilt and shame.
- Stigma associated with sexual orientation may increase the risk of mental health disorders, substance misuse, self-harm and suicide.
- Identifying with a gender other than your birth sex is not a mental health disorder. The diagnostic label 'Gender Dysphoria' describes the experience of discomfort around the birth gender that has been assigned.
- Be mindful that as a professional you may be viewed as the gatekeeper to services that a person feels they require.

And please remember...

We're all professionals who work with people to help them in some way. Being respectful, supportive and non-judgemental is something we will all be doing in our work. Therefore we already have the skills to help young people navigate this process in as smooth a way as possible, we just need to be applying them consistently.

Friendly and Inclusive environments



Creating a friendly and inclusive environment



Why it matters

There appears to be increasing diversity displayed by the media and institutions, however, this can tend towards overly stereotyped or unrelatable portrayals. This can lead us into making assumptions about people that could be wrong, unintentionally ignoring peoples' needs and discriminating against people.

Lack of visibility and understanding of realistic sexual orientations and gender identities causes many people to feel isolated and unwanted. For those who don't see themselves represented anywhere (or only negatively), it cause confusion and distress. Some people might fear that they will not be accepted or will have to face negative reactions or abuse because of who they are, or they may have already experienced being bullied, intrusively questioned or rejected by others.

Creating a friendly and inclusive environment demonstrates to all that they are **respected, valued and welcome**, and that the service is trustworthy. It can help the YP feel that they are in a safe space where they are free to be open about who they are and get the help they might need without fear of negative consequence.

This is why it is important that mental health services pay particular attention to the environment within their service and the messages and expectations that are projected by it. Environments that are visibly inclusive and supportive of diversity can be empowering and affirming for CYP and inspire trust in the staff working there.

84% (22) say there are barriers to young Trans* accessing services

[Herts 1125 Manifesto⁴](#)

Inclusive environments: Our Vision at HPFT



"Delivering Great Care, Achieving Great Outcomes - Together"

Role models

At HPFT we pride ourselves on our organisational values and we are really proud to have developed a Role Models Programme providing peer support to staff to further improve equity in the workforce.

We all have multiple identities which is why it is so important to address any inequalities and provide opportunities for staff to develop and feel supported when doing so.

Role Models

supporting inclusivity

'At HPFT we recognise that people flourish when they can be themselves. We are proud to be a diverse employer and to deliver great care to a wide range of communities. I'm proud that we have a HPFT Role Models programme'

Chief Executive

'Coming out makes me feel free to be myself and accepted and valued for the contribution I make.'

Managing Director

'Being open about sexuality can be daunting but my personal experience has been mostly really positive and I am happier as a person'

Project Support Worker

'I remember how challenging coming out was both within and outside of work, but for me it was a challenge worth taking. I'm more confident and content as a person. But it's also an ordinary and unremarkable part of my life now – it's just part of who I am.'

Consultant Psychiatrist

'I am proud of who I am, including my sexuality, and hope others identify with that. Each individual should feel comfortable in sharing who they are'

Assistant Therapy Practitioner

Organisational Values:

Clearly expressing the values of the organisation and allow these values to guide the work of everyone in the Trust makes sure that inclusivity, respect and valuing diversity are embedded in all services provided.

Our values define us and are at the heart of how we go about delivering our mission. They were co-produced by service users, carers and staff, and we are proud that the Care Quality Commission inspection team specifically commented on how they had seen evidence of them being brought to life in teams across the organisation.

Our Values

Our values

We are **welcoming** so
you feel *valued*
as an individual

We are **positive**
so you can feel
supported and
included

We are **professional** so
you can feel *safe*
and confident

We are **kind** so
you can feel
cared for

We are **respectful**
so you can feel
listened to and
heard

Our Values

All Gender Toilet

*Gender neutral toilet,
Tavistock London*

'It is easy to feel
isolated in a sea of
heterosexuality,
making self-
acceptance more
difficult.'

[Herts 1125 Manifesto](#)⁴



Poster by Stonewall

Inclusive environments: What you can do



Bronze

Make visible statements that discrimination will not be tolerated and introduce a confidentiality agreement to display publicly.



Silver

Use LGBT+ people and inclusive language in patient information, leaflets and posters including dual identities.



Gold

Provide gender neutral facilities such as toilets. Facilities are often gendered which can force people to risk facing discomfort or hostility

Other ideas

- Celebrate events such as LGBT history month (every February) or Pride
- Advertise LGBT+ specific services in your waiting room and on your website. Your service could also run groups to give young people the opportunities to discuss sexuality and gender with their peers in a supported environment.
- Make sure your complaints procedures deal with discrimination
- Have prominent LGBT+ role models in your organisation
- Develop a code of conduct (with LGBT+ service users) for people using and staffing the service and display prominently

Monitoring



Monitoring: What you need to consider



Why it matters

Monitoring 'protected characteristics' (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity) is important for **eliminating discrimination** and making sure all communities are **able to access and use services equally**.

Services should be welcoming, accessible and inclusive, and monitoring information helps us to make sure we are continually improving the support we offer.

"Health care services should be built around the diverse, individual needs of patients and service users, rather than those individuals fitting into the services on offer. NHS organisations should therefore - within reason and within the law - be prepared to make adjustments to their services, and how people access them, depending on the needs, circumstances and protected characteristics of individual patients and service users."

NHS England & Equality and Health Inequalities Team⁵

However, monitoring questions can be very sensitive to answer, especially if you are not sure of the purpose of the questions or who will see the answers. It might also be the case that none of the responses fit with the person filling it out.



Young people may be happier to fill out a monitoring form if:

- They know it is confidential and anonymous
- They know why it is being asked
- They feel they are in a friendly and inclusive environment
- They have the privacy they want to fill out the form
- They know it is optional
- There is a broad range of response options
- Staff use the opportunity for a supportive conversation

Gender Identity:
Include the option to use own term to describe own gender identity on monitoring forms'. Include pronouns 'he', 'she', 'they', and 'ze' if relevant.

Sexual Orientation:
Include the option to use own term to describe own sexual orientation on monitoring forms



Monitoring: A Stepwise Approach



By taking a stepwise approach to monitoring, you are more likely to meet the needs of the young person.

Ask

Build a relationship with the YP and then ask about sexual orientation and gender identity



Record

Record that information



Highlight

Highlight any issues so that the information is accessible to professionals.



Share

Share information with relevant professionals with the consent of the Young Person (and in line with existing information governance frameworks).



Act

Act on information so that the sexual orientation and gender identity needs of the Young Person are met.

Adapted from: [NHS Accessible Information Standard Implementation Guidance](#)⁶

Monitoring: What you need to consider



Bronze

Make sure forms are kept confidential and make this clear to the person filling it out.



Silver

Include responses that will be acceptable to a wide range of people, including 'prefer not to say'



Gold

If someone needs help filling in monitoring forms make sure they can do this in private (e.g. not in the waiting room so others can overhear)

Other ideas

- Make visible signs about who will see monitoring information and what is done with it

Sensitive Conversations



Having sensitive conversations



Why it matters

Stigma and discrimination around sexual orientation and gender identities that don't fit the 'norm' can often stop young people from seeking help when they need it. It also stops people who might be able to help from getting the information they need.

Being mindful of some of the issues that young people might face in relation to their sexual orientation and gender identity, and being sensitive in your approach to the topic can make the difference between the YP being **comfortable speaking with you** or not. There are various contextual factors that you might want to consider:

- The parents or carers may **not accept or understand** the YP gender identity/sexual orientation
- The YP may be experiencing **confusion, isolation** or feelings of **guilt or distress**
- The YP may fear, or have been, **rejected** by peers and/or family members
- The YP may have a difficult time **reconciling** their gender identity/sexual orientation and their **religious or cultural beliefs**
- There is evidence that the negative impact of stigma and discrimination may increase risk of mental health problems, substance misuse, self harm and/or suicide^{7,8}
- They may experience bullying at school which can lead to skipping classes or dropping out
- 'Coming out' (telling others) is not something that happens just once – it is repeated with new situations and circumstances. However, the first few times may be the most stressful (e.g. to family and close friends)

The next few pages will cover some of the specific things to consider when discussing sexual orientation and gender identity with young people, as well as how young people want staff in services to talk with them about it.

Some useful questions suggested by British Psychological Society (BPS): 'Guidance for working therapeutically with Sexual and Gender Minority Clients'²

Below are some questions you may want to use in conversation with young people about their sexual orientation and/or gender identity

- What words would you use?
- Can you think of a different way of describing things?
- How should I say that?
- What's the most challenging aspect of your situation to put into words?
- Can I check with you if I've got this right?
- How would you like other people to understand this?
- What kind of ideas do you have about sharing information with people?
- If you were to share something with one person, what and who would that be? How have you come to decide that?
- What other resources can you draw on?
- What are your hopes and fears?
- What could you say to let people know how you would like them to respond?



Having sensitive conversations



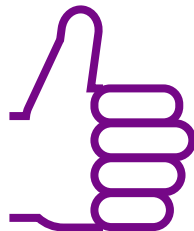
What young people say:

Young people are clear about what they want from clinicians. Below are suggestions from young people (stated in [Herts 1125 Manifesto](#)⁴ & at [a focus group for South London and Maudsley NHS Trust](#)⁹) about how they would prefer to be approached about their gender identity and sexual orientation.

- Take time to build up trust before discussing this topic
- It would be more helpful to introduce it when the young person is feeling more comfortable with the clinician – e.g. perhaps not on the first appointment
- A clear message around confidentiality is helpful
- Young people felt that clinicians who are relaxed and friendly are the ones they would feel most comfortable with
- It is useful to start with relaxed discussions around general topics first to help build a therapeutic relationship
- Use the correct terminology and understand sexuality and gender as a spectrum – this is important for showing respect and understanding
- Do not make assumptions about sexuality or gender identity
- Be able to provide relevant information inc. local groups and services and support/information for parents/carers/others
- Do not give out forms or ask questions about sexual orientation or gender identity where there is no relationship in place

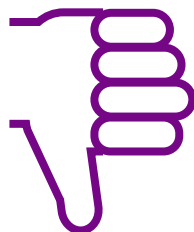
Do

- Be supportive
- Don't pressurise
- Be prepared – have information and advice ready
- Be respectful and listen
- Be honest if you aren't sure



Don't

- Make a big deal out of it
- Stereotype
- Impose your own beliefs
- Dismiss or ignore what the young person is saying
- Be critical, negative or judgemental
- Make jokes
- Ignore bullying



Summarised from The Proud Trust document:

[‘How you can help us’](#)¹⁰

“They need to know that anyone and everyone in the mental health community is approachable and will be sympathetic to their situation – it should be stated that they will help with issues that are LGBT+ related so that they know they can talk about it and will be listened to. The first step is making them feel safe”

[Herts 1125 Manifesto](#)⁴

Sensitive conversations: What you can do



Bronze

Start your sessions by explaining confidentiality and its limits. Make it clear that disclosure of gender identity will be kept confidential.



Silver

Spend part of every session alone with the young people, they may be more comfortable to talk without others present. Ask before including others in the conversation.



Gold

Use open questions and listen to the way the young people describes themselves. Speak in the same terms and check you have a shared understanding. Use the name, pronouns and language that they choose to use

Other ideas

- Be aware of local organisations and support networks that could be helpful in order to give the person more options for support, making new friends and developing self confidence
- Don't ask questions just to satisfy your curiosity and avoid making assumptions based on stereotypes (e.g. 'just a phase')
- Young people may be cautious of stigma and feel less able to talk with an interpreter. Be aware that some LGBT+ terms may not easily translate
- Be aware that some terms have been 'reclaimed' by the community but might be considered offensive if used by others
- Use language that indicates acceptance (such as 'partner' or 'other half') rather than making assumptions ('boyfriend/girlfriend')
- Be mindful of young people who might have dual identities (e.g. trans and disabled) and what this might mean for them

Conversations about Gender Identity



Why it matters

The word 'gender' is often assumed to mean the same as 'biological sex' (e.g. categorised by genitalia/chromosomes/hormones). However, someone's gender is not always purely connected to physical attributes. It also describes **the internal sense of self as well as the expression of this** (behaviour and presentation). See the [Genderbread person](#) (p.37) for a visual explanation of this.

Gender is most often seen as a binary: either you are male and look and behave masculine or you are female and look and behave feminine. This is such an entrenched viewpoint that much of our expectations about someone will come from what gender we perceive them to be. In reality, many people do not fit the gender binary and there are a **range of identities** that can be used to describe themselves as, such as:

- **Transgender/Trans** (gender identity does not match biological sex),
- **Gender Fluid** (gender identity that varies),
- **Non-binary** (people who don't identify as male or female) or
- **Genderqueer** (broad term for those who may identify with both, neither or a mix of genders).

There is no one standard journey for young people exploring their gender identity.



'I don't know any other trans people my age and it can feel very lonely'

[Herts 1125 Manifesto](#)⁴

Some young people may not be able describe their gender yet but may be confused or just feel something is not quite right. Some may arrive with a new chosen name or preferred pronouns (e.g. he/she/they) to describe themselves and for others to use to refer to them. Some may be still trying to figure out their identity.

Be aware that gender identity or labels may change over time. Please do not make assumptions and respect the wishes of the young person. If you are not sure, ask.

Resource box

- Read more in depth about these issues: [Preventing suicide among lesbian, gay and bisexual young people: A toolkit for nurses](#)¹¹, [Preventing suicide among trans young people: A toolkit for nurses](#)¹²
- See some ideas from the Gender Identity Development Service about working therapeutically with gender identity: gids.nhs.uk/working-therapeutically
- See various guidance documents from the Proud Trust: theproudtrust.org/resources/research-and-guidance/
- A YouTube video recommended by young trans people 'The ABCs of LGBT: Everything Gender' (includes handy timestamps so you can skip to terms you want to understand more): youtube.com/watch?v=81-FEauK9II

A note about Gender Dysphoria



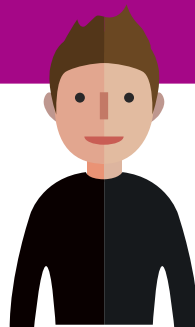
The Department of Health has clearly stated that gender minority identity is 'not a mental illness'¹³. However, because of the continued existence of stigma and discrimination against minority groups, there may be an impact upon mental health and wellbeing.

The diagnostic label 'Gender Dysphoria' describes the experience of discomfort around the birth gender that has been assigned.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)¹⁴ published this release on the label, including this paragraph:

"For a person to be diagnosed with gender dysphoria, there must be a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. In children, the desire to be of the other gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning."

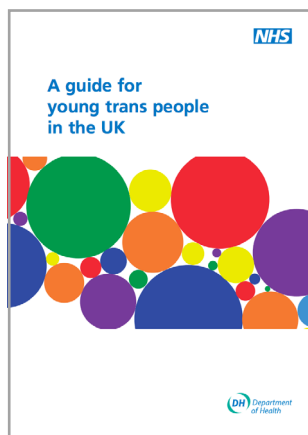
American Psychiatric Association, 2013



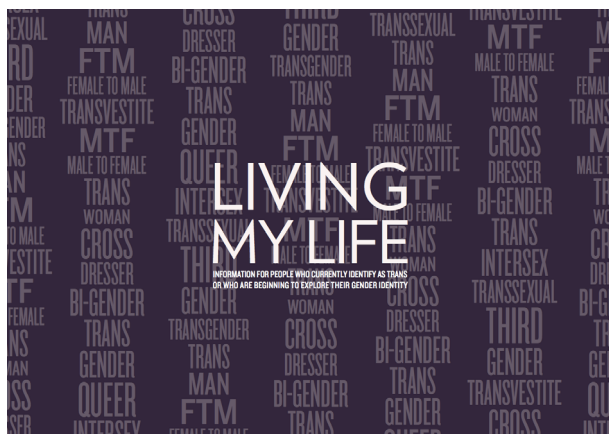
Many people feel that there is value in such a label and they feel it helps them communicate to others what they are experiencing.

However, many people do not feel that they want or need a medical label. It can feel pathologising. It can also feel very frustrating that it is sometimes required in order to access certain services or treatments.

Please keep in mind that as a healthcare professional, you may be acting or viewed as a 'gatekeeper' to services that the person may want to access. As many services cannot be accessed without a referral, 'gatekeepers' decide whether someone is an appropriate candidate for treatment. This is a large power imbalance that can be unhelpful and anxiety provoking for young people and clinicians alike. You may want to spend some time dispelling anxieties around this, fostering a collaborative relationship and explaining clearly what you are and are not able to do. Resources that may be useful for young people:



"A guide for young trans people in the UK"
(Department of Health)



"Living my Life - information for people who currently identify as trans or who are beginning to explore gender identity" (Sexual Health Sheffield)

Ideas for talking about Gender Identity



Conversations will vary depending on the age and stage of the young person, as well as how they understand their own gender identity. Young people who are confused will need a different conversation than those who are not confused...

"Mum took it okay but is very confused, Dad doesn't believe me and sister thinks I'm having 'a gender crisis'"

[Herts 1125 Manifesto⁴](#)

'There should be more awareness of less well known sexualities and gender identities so young people feel they will be listened to and taken seriously if they come forward for help.'

[Herts 1125 Manifesto⁴](#)

You will want to develop your own way of approaching this, but this page can give you some ideas about what you could say. Some helpful phrasing and questions from Royal College of Nurses & Public Health England documents: '[Preventing suicide among trans young people: A toolkit for nurses](#)'¹² and '[Preventing suicide among lesbian, gay and bisexual young people: A toolkit for nurses](#)'¹¹ have been reproduced below (with minor adaptations)

"I'm going to take a few minutes to ask you some sensitive questions. This information is important and will help me provide better health care to you. Let's first discuss what information will be kept private and what information I might have to share with other people"

Practicalities:

How to talk with and care for trans young people

- Does your gender identity match completely the sex you were registered at birth?
- Have you gone through any part of a process, or do you intend to bring your physical sex appearance, and/or your gender role, more in line with your gender identity?
- Have you changed your name, your appearance and the way you dress?
- Do you want to change the way you are living your life?
- How would you like things to be different?
- Are you happy with your assigned gender?
- Have you told anyone else about your feelings?
- Would you like to tell your family?
- Do your friends know?
- Are you scared to tell anyone?

If a trans young person is discussing their identity with you, here are some things you could say to respond supportively:

- It is very brave of you to come and talk to me, and I am really pleased that you felt able to do that.
- It's not easy to live with a secret.
- You know, although it might feel unusual, there are other young people who feel the same way as you do, so we can make contact with them. You are not alone.



Gender Identity: Common Terms



- **Ally** - a (typically) straight and/or cis (identify as sex they were born in) person who supports members of the LGBT community.
- **Coming out** – when a person first tells someone/others about their identity as lesbian, gay, bi or trans.
- **Deadnaming** - is calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.
- **Gender dysphoria** – used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the gender they were assigned at birth.
- **Gender identity** - a person's internal sense of their own gender, whether male, female or something else (see non-binary below).
- **Gender reassignment** – another way of describing a person's transition. May undergo medical intervention this could include hormone therapy and operations or procedures to change physical attributes and appearance., but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010.
- **Gender Recognition Certificate (GRC)** – this enables trans people to be legally recognised in their self-identified gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and you have to be over 18 to apply. You do not need a GRC to change your gender at work or to legally change your gender on other documents such as your passport.
- **Gender stereotypes** - the ways that we expect people to behave in society according to their gender, or what is commonly accepted as 'normal' for someone of that gender.

- **Gender variant** –someone who does not conform to the gender roles and behaviours assigned to them at birth. This is often used in relation to children or young people.
- **Intersex** – a term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people can identify as male, female or non-binary.
- **Non-binary** – an umbrella term for a person who does not identify as male or female.
- **Outed** – When an individual's sexual orientation or gender identity is disclosed without their consent.
- **Pangender** - people are those who feel they identify as all genders
- **Pronoun** – words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they / their and ze / zir.
- **Queer** – in the past a derogatory term for LGBT individuals. The term has now been reclaimed by LGBT young people in particular who don't identify with traditional categories around gender identity and sexual orientation but is still viewed to be derogatory by some
- **Questioning** – the process of exploring your own sexual orientation and/or gender identity.
- **Sex** –assigned to a person on the basis of primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female'.
- **Trans** – an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, cross dresser, non-binary, genderqueer (GQ).

- **Transgender man** – a term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.
- **Transgender woman** – a term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.
- **Transitioning** – the steps a trans person may take to live in the gender with which they identify including medical and social transitions. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.
- **Transphobia** - the fear or dislike of someone who identifies as trans.
- **Transsexual** – this was used in the past as a more medical term (similarly to homosexual) to refer to someone who transitioned to live in the 'opposite' gender to the one assigned at birth. This term is still used by some although many people prefer the term trans or transgender.
- **Transvestite** – A term (often used incorrectly) used to describe people who dress in clothes associated with their opposite sex, as defined by socially accepted norms, but still identify with their biological sex.

from [Stonewall Glossary of Terms](#)¹⁵ (with some amendments)

Conversations about Sexual Orientation



Why it matters

The dominant image of a romantic relationship that we see and hear about on a daily basis is that of heterosexuality – a male and a female. But there are different types of sexual orientation that are much less often seen. People can be attracted and seek romantic relationships with people, for instance:

- who are the same gender as themselves (lesbian/gay)
- of both genders (bi)
- who span different gender identities (pansexual)
- some people may be unsure of their sexuality (questioning/curious)
- some may not experience sexual attraction at all (asexual)

For young people who are exploring their sexual orientation, it is not only a private experience of understanding their attraction but it also has wider consequences of the **judgement from others** and concerns about **how people will respond**.

“I will never be able to forget the pain I had to face after coming out”

Herts 1125 Manifesto⁴

Stereotypes are common and you should be aware of your own assumptions based on these. Many people think they can tell someone's sexual orientation by the way a person behaves or presents themselves but this can be a **harmful assumption** to make.

'(There is) a limited understanding of sexualities other than heterosexuality and homosexuality and gender identity issues.'

Herts 1125 Manifesto⁴

Resources

- Read more in depth about these issues: Preventing suicide among lesbian, gay and bisexual young people: A toolkit for nurses¹¹
- See various guidance documents from the Proud Trust: www.theproudtrust.org/resources/research-and-guidance/
- A YouTube video 'The ABCs of LGBT' which explains some of the various terms you might want to understand more about: youtube.com/watch?v=uFqLrSHWNT4



"Coming out! As Lesbian, Gay or Bisexual.
Answers to some of the questions you might have"
(Stonewall)

Ideas for talking about Sexual Orientation



Conversations will vary depending on the age and stage of the young person, as well as how they understand their own sexual orientation. Young people who are confused will need a different conversation than those who are not confused.

You will want to develop your own way of approaching this, but this page can give you some ideas about what you could say. Some helpful phrasing and questions from Royal College of Nurses & Public Health England documents: '[Preventing suicide among trans young people: A toolkit for nurses](#)'¹² and '[Preventing suicide among lesbian, gay and bisexual young people: A toolkit for nurses](#)'¹¹ have been reproduced below (with minor adaptations)

"I'm going to take a few minutes to ask you some questions that you may find sensitive. This information is important and will help me provide better health care to you. Let's first discuss what information will be kept private and what information I might have to share with other people"

Initial questions:

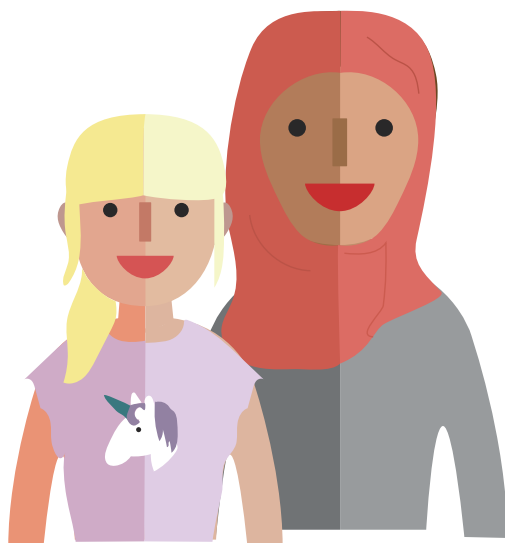
- Some of my young patients are exploring new relationships. Do you have an interest in anyone? Are you dating or seeing anyone?
- Are you attracted to men, women, both, or none?

Follow-up questions:

- Who have you told about your sexual orientation?
- What are your family's reactions to your sexual orientation/identity?
- Is there any adult that you can talk to if you feel depressed or suicidal (mirror youth language, eg, sad, low, down)?
- Do you want to change the way you are living your life?
- How would you like things to be different?
- Have you told anyone else about your feelings?
- Would you like to tell your family?
- Do your friends know?
- Are you scared to tell anyone?

If a young person is discussing their sexual orientation with you, here are some things you could say to respond supportively:

- It is very brave of you to come and talk to me, and I am really pleased that you felt able to do that.
- It's not easy to live with a secret.
- You know, although it might feel unusual, there are other young people who feel the same way as you do, so we can make contact with them. You are not alone.



Sexual Orientation: Common Terms



- **Asexual (or ace)** - someone who does not experience sexual attraction or experiences very little.
- **Bisexual or Bi** – refers to a person who has an emotional and/or sexual orientation towards more than one gender.
- **Biphobia** - the fear or dislike of someone who identifies as bi.
- **Cisgender or Cis** – someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.
- **Coming out** – when a person first tells someone /others about their identity as lesbian, gay, bi or trans.
- **Gay** – refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.
- **Gender stereotypes** - the ways that we expect people to behave in society according to their gender, or what is commonly accepted as 'normal' for someone of that gender.
- **Heterosexual / Straight** - refers to a person who has an emotional, romantic and/or sexual orientation towards people of the opposite gender.

- **Homosexual** – this might be considered a more medical term used to describe someone who has an emotional romantic and/or sexual orientation towards someone of the same gender. The term 'gay' is now more generally used.
- **Homophobia** - the fear or dislike of someone who identifies as lesbian or gay.
- **Lesbian** – refers to a woman who has an emotional, romantic and/or sexual orientation towards women.
- **LGBT** – the acronym for lesbian, gay, bi and trans.
- **Outed** – When an individual's sexual orientation or gender identity is disclosed without their consent.
- **Pansexual** - refers to a person who is not limited in sexual choice with regard to biological sex, gender or gender identity.
- **Queer** – in the past a derogatory term for LGBT individuals. The term has now been reclaimed by LGBT young people in particular who don't identify with traditional categories around gender identity and sexual orientation but is still viewed to be derogatory by some.
- **Questioning** – the process of exploring your own sexual orientation and/or gender identity.
- **Sexual orientation** – a person's emotional, romantic and/or sexual attraction to another person.

from [Stonewall Glossary of Terms](#)¹⁵
(with some amendments)

The Genderbread Person

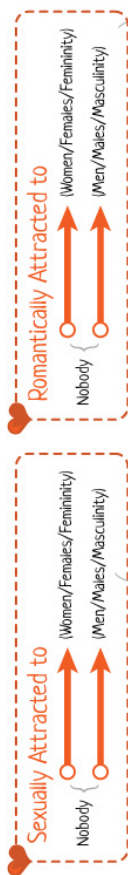
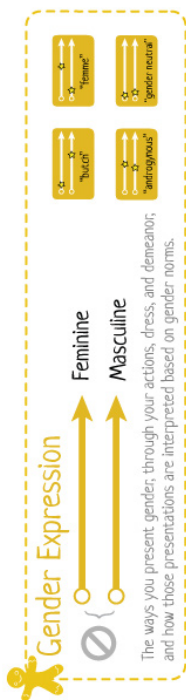
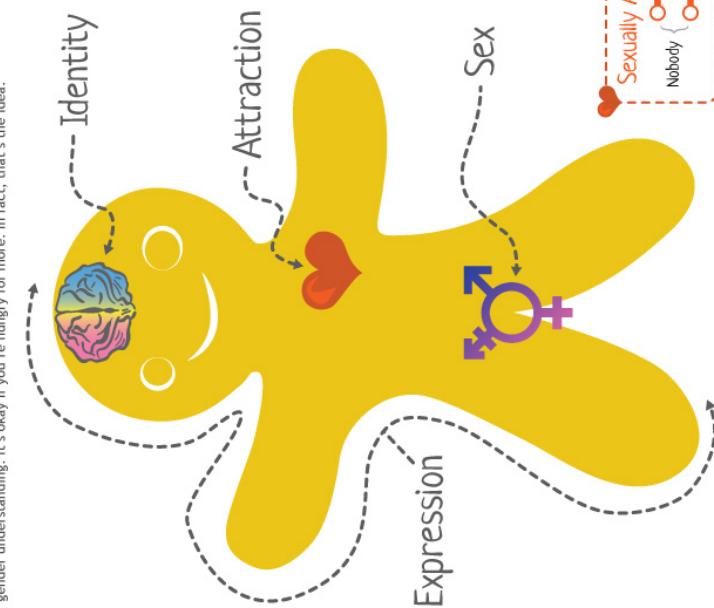
The [Genderbread person](#) (created by [‘It’s Pronounced Metrosexual’](#)) is a handy way of visualising gender identity, gender expression, biological sex, and sexual and romantic orientation. You can read more about it by clicking [here](#). It may be a helpful tool to share with young people or to help them communicate with you or others about their own identity.



The Genderbread Person v3.3

Gender is one of those things everyone thinks they understand, but most people don't. Like Inception. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.

by its pronounced **MEtrōsexual** .com



For a bigger bite, read more at <http://bit.ly/genderbread>

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

References

1. Silenzio, V. M. B., Pena, J. B., Duberstein, P. R., Cerel, J., & Knox, K. L. (2007). Sexual Orientation and Risk Factors for Suicidal Ideation and Suicide Attempts Among Adolescents and Young Adults. *American Journal of Public Health*, 97(11)
2. British Psychological Society (2012). Guidelines and Literature Review for Psychologists Working Therapeutically with Sexual and Gender Minority Clients. BPS Professional Practice Board (web only) http://www.bps.org.uk/sites/default/files/images/rep_92.pdf
3. McDermott, E., Hughes, E. & Rawlings, V. (2016). Queer Futures: Understanding lesbian, gay, bisexual and trans (LGBT) adolescents' suicide, self-harm and help-seeking behaviour. Dept of Health, London. <http://www.queerfutures.co.uk/queer-futures-final-research-report/>
4. Herts1125 Who Not What (2014). Youth Manifesto Priorities for 2015/16. Youth Connexions Hertfordshire (web only) <http://www.youthconnexions-hertfordshire.org/media/703967/Herts-1125-Manifesto-2015-WNW.pdf>
5. NHS England & Equality and Health Inequalities Team (2015). Monitoring Equality and Health Inequalities: A Position Paper. [Author] Leeds, UK. <https://www.england.nhs.uk/wp-content/uploads/2015/03/monitrg-ehi-pos-paper.pdf>
6. NHS England & Patients and Information (2015). SCCI1605 Accessible Information Standard implementation guidance. [Author] Leeds, UK. <https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-implmntn-guid.pdf>
7. M. King, J. Semlyen, S. See Tai, H. Killaspy, D. Osborn, D. Popelyuk and I. Nazareth (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8, 70
8. Nodin, N. and Peel, Elizabeth and Tyler, A. and Rivers, I. (2015) The RaRE Research Report: LGB&T Mental Health – Risk and Resilience Explored. Project Report. PACE (Project for Advocacy Counselling and Education), London. <http://www.queerfutures.co.uk/rare-research-report-lgbt-mental-health-risk-resilience-explored/>
9. South London and Maudsley NHS Trust (2016). Gender and Sexuality Focus Group Summary: Appendix 1.
10. C. Devlin (2014). How you can help us: How adults can help Lesbian, Gay, Bisexual and Trans* youth. LGBT Youth North West (web only) <https://www.the-proudtrust.org/resources/research-and-guidance/how-you-can-help-us/>

11. Royal College of Nurses & Public Health England (2015). Preventing suicide among lesbian, gay and bisexual young people: A toolkit for nurses. PHE https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412427/LGB_Suicide_Prevention_Toolkit_FINAL.pdf
12. Royal College of Nurses & Public Health England (2015). Preventing suicide among trans young people: A toolkit for nurses. PHE https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417707/Trans_suicide_Prevention_Toolkit_Final_26032015.pdf
13. Department of Health (2007). A Guide for Young Trans People in the UK. [Leaflet] <http://www.mermaidsuk.org.uk/assets/media/17-15-02-A-Guide-For-Young-People.pdf>
14. American Psychiatric Association (2013). Gender Dysphoria. Retrieved from: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Gender-Dysphoria.pdf on 16th March 2017
15. Stonewall (n.d). Glossary of Terms. Retrieved from: <http://www.stonewall.org.uk/help-advice/glossary-terms> on 16th March 2017

Acknowledgements

Thank you to the following people and organisations that have contributed their knowledge and guidance:

- Alex Goforth & Charlotte Barrett (London and South East CYP IAPT Learning Collaborative, hosted by Anna Freud National Centre for Children and Families)
- Gendered Intelligence
- James Holland (Hertfordshire Partnership University NHS Foundation Trust)
- Members of Herts1125 Who not What
- Sarah Harper & the young people who attended the Gender and Sexuality Focus Group at Croydon CAMHS (South London and Maudsley NHS Trust)
- Stonewall
- The Hertfordshire Transgender Implementation Steering Group
- Young people at Forest House Adolescent Unit, Hertfordshire

Referencing this guide

Please use the following reference for this guide:

Byrne, N., Slaytor, S., Bond, H., Berkman-Smith, E., Martin, K. & Law, D. (2017). *Sexual Orientation and Gender Identity: A guide for Clinicians working in children & young people's mental health & emotional wellbeing settings*. HPFT and London and South East CYP IAPT Learning Collaborative

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- Hannah Bond (Hertfordshire Partnership University NHS Foundation Trust)
- Emma Berkman-Smith (Lincolnshire Partnership Foundation Trust)
- Kate Martin (Common Room)
- Duncan Law (MindMonkey Associates)

