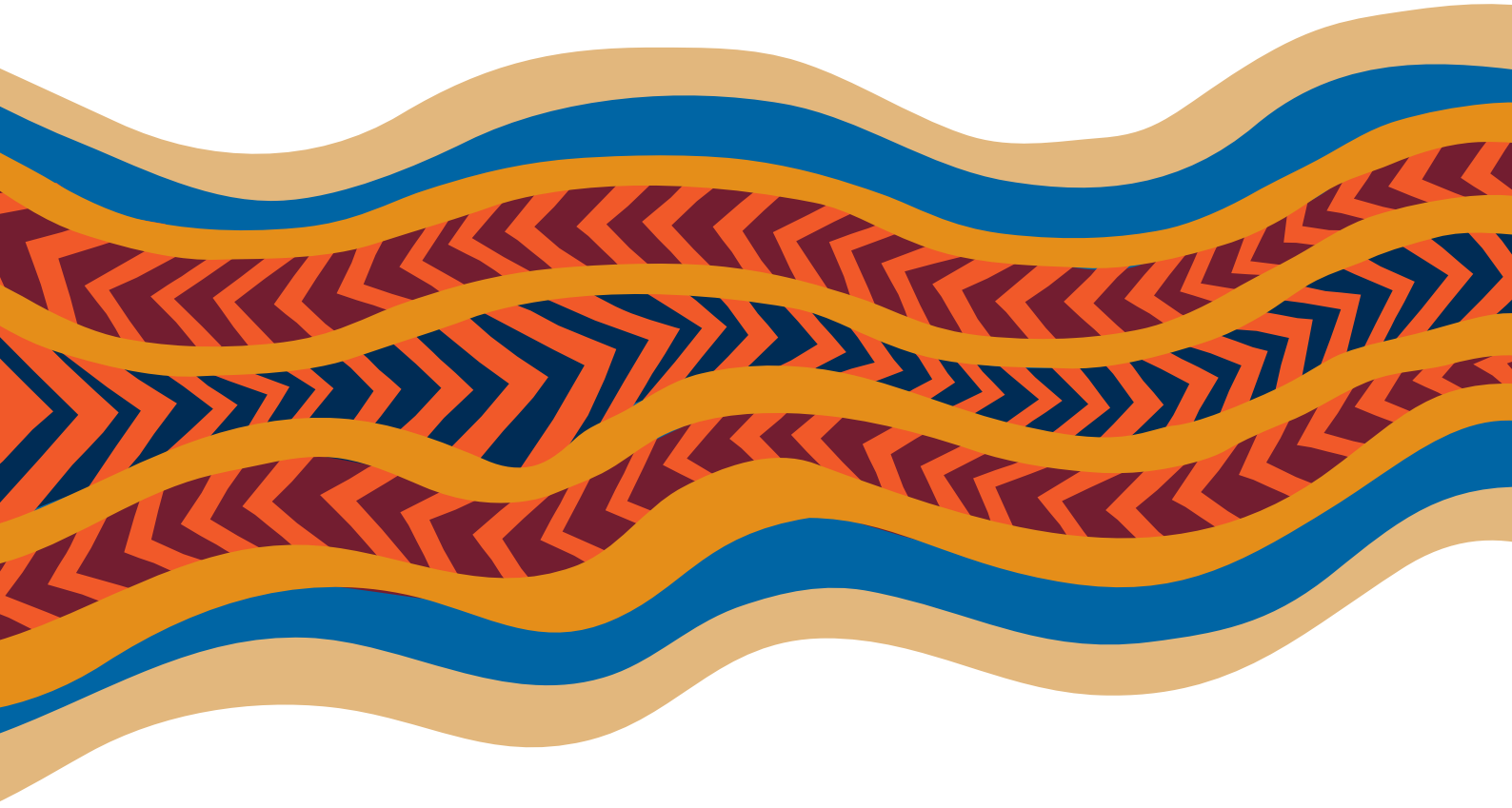

Aboriginal and Torres Strait Islander adolescent sexual health guideline

Queensland Government

Acknowledgment

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Aboriginal and Torres Strait Islander adolescent sexual health guideline

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For more information contact:
Cultural Capability Statewide Team
PO Box 48
Brisbane QLD 4000
(07) 3646 4048
Cultural-Capability@health.qld.gov.au

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Background

Understanding how culture, traditions, customs and history can influence health is integral to providing effective and culturally competent healthcare for young Aboriginal and Torres Strait Islander people. The provision of sexual health services must include careful consideration of physical, spiritual, cultural, emotional and social well-being, community capacity, and strong governance.

Aim

The aim of the Aboriginal and Torres Strait Islander adolescent sexual health guideline is to provide health professionals with relevant insight into Aboriginal and Torres Strait Islander cultural and historical influences, and to guide their practice so that they can deliver culturally competent sexual healthcare to Aboriginal and Torres Strait Islander adolescents. Intended users include medical officers, nurses and Aboriginal and Torres Strait Islander health workers who deliver and manage primary and sexual health services.

It must be acknowledged that individual adolescents will have significant differences in culture, beliefs, perspectives and behaviours. This guideline is therefore not intended to be prescriptive, but to provide general guidance for those providing healthcare to Aboriginal and Torres Strait Islander adolescents.

About this guideline

The guideline was developed by an Indigenous sexual health clinical nurse consultant through literature research, consultation with stakeholders including Aboriginal and Torres Strait Islander adolescents and providers of sexual healthcare to Aboriginal and Torres Strait Islander adolescents, in a range of settings in Queensland. Many informative quotes that illustrate challenges and advice are included throughout the guideline. The authors are grateful for the time, insight and wisdom provided by those who generously participated.

Section 1 provides guidance on providing culturally capable sexual healthcare for Aboriginal and Torres Strait Islander adolescents. Section 2 provides additional background information which enables greater cultural and historical understanding. It is highly recommended that Section 2 be read, in particular by clinicians new to this area of work. Further resources are included in the Appendices.

Section 1: Culturally capable adolescent sexual healthcare

In seeking sexual healthcare, feeling protected, empowered and culturally safe is important for the Aboriginal and Torres Strait Islander young person. How you present yourself and interact will have a significant impact on how they respond to you, how the consultation will go, their health outcomes, and whether they return to see you for future healthcare. The benefits of a culturally safe and respectful health service include:

- improved attendance, participation and satisfaction in treatment
- increased level of confidence and ownership/self empowerment for the patient due to their capacity to understand information, prevention, diagnosis, treatment, and management of their own health
- reduced likelihood of misunderstandings and errors related to diagnosis, treatment, and overall healthcare
- high levels of respect and reputation (personal and professional) between the patient, health practitioner, community and service
- improved health outcomes.

Barriers to adolescent sexual healthcare

Reasons that adolescents may delay seeking sexual healthcare include:

- not knowing who to talk to or what services to access for assistance
- lack of knowledge and understanding of sexually transmitted infections, their symptoms and the serious consequence to their health
- uninformed and/or unsupportive family members and friends
- believing that the symptoms will subside on their own (self treating or seeking advice elsewhere, for example from friends or the internet)
- sexual assault
- culturally unresponsive or incompetent health service and staff
- previous bad experience with health services
- location of services and costs of services, medications and transport
- shame of having to discuss their problem with a health worker
- shame of having to have an examination
- fear of treatment when presenting to a health service
- fear that others will be aware of their problem and people in the community will talk about them, or breach of confidentiality.

In particular, ‘shame’ may be a powerful barrier. The concept of ‘shame’ is more than just a feeling of embarrassment for Aboriginal and Torres Strait Islander people. It is associated with deep-seated feelings of inadequacy and disempowerment. Feeling shame is a reflection of how the young person feels about themselves and their associated feelings of self doubt. Shame also may involve feeling outcast and ostracised from friends and family, which is particularly relevant to the high value of group belonging in Aboriginal and Torres Strait Islander cultures.

Shame can impact on an adolescent's level of knowledge. Sexual behaviour is not openly discussed in Aboriginal and Torres Strait Islander cultures; therefore a young person may lack the knowledge or may have some misunderstanding or stigma attached to sexually transmitted infections. Consequently, disclosing and discussing sexual health matters may be viewed as breaching cultural practices and can evoke feelings of 'shame' or internal disharmony.

Disclosure may take some time and when information is shared it may not be provided with clarity. The adolescent may be 'shame' to describe symptoms or be examined. Sexual health workers will need to be patient and use alternative strategies such as story telling, diagrams and/or examples to try and extract the information. Once information is shared, it is critical that the sexual health worker avoids causing further shame. If the adolescent feels that they are being judged for being promiscuous or perceived as being unintelligent for catching a sexually transmitted infection (STI), this can also cause feelings of shame and may result in the adolescent not returning or accessing any service.

If an adolescent perceives, or is aware of, breaches of their privacy, this will also cause shame. Sexual health workers must take the necessary steps to ensure that the adolescent understands confidentiality policies and procedures and is confident that their privacy will be respected.

There is also shame attached to paying for a service (for example on their mother's healthcare card) or getting a prescription filled at the local pharmacy because of the shame attached to the chemist knowing 'what you have'. This is particularly more acute in rural and/or remote communities where family members or relatives could work in the service or pharmacy.

Summary of key factors for effective services

The effective provision of sexual healthcare to Aboriginal and Torres Strait Islander adolescents is dependent on a number of key factors. These are summarised and further described under the four principles of the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033.

Cultural respect and recognition

- Recognise your own cultural perspectives, attitudes and beliefs.
- Recognise that cultures vary significantly across Australia.
- Learn about the Aboriginal and/or Torres Strait Islander community that is accessing your service.
- Acknowledge, accept and take into account each young person's identity, personal and cultural beliefs and practices.
- Be careful not to inappropriately impose your own values and biases, or make assumptions or judgements.
- Ensure confidentiality and privacy.
- Create a culturally safe and age appropriate/identifiable environment.
- Use culturally appropriate health promotion resources.
- Include sexual health services discretely within a broader range of services.

Relationships and partnerships

- Relationships first—introduce yourself and tell them about yourself.
- Ask the young person about themselves.
- Avoid causing the young person to feel shame.
- Be non-judgemental.
- Be aware that they may say they have something unrelated to sexual health concerns.
- Build connections.

Communication

- Ask their preferred language to speak.
- Ask if the young person would prefer to speak with someone of the same sex.
- Provide the option for an Aboriginal and Torres Strait Islander health worker to join in the health consultation.
- Ask them if they would like to have a friend or family member with them.
- Try to use the young person's name when speaking with them.
- Ask permission prior to discussing sensitive topics.
- Listen carefully, especially about cultural differences.
- Speak clearly, avoiding lengthy explanations, big words and medical jargon.
- Respect long silences to allow adequate consideration of the issue.
- Use visual aids when possible.
- Avoid making eye contact when asking questions, if you are advised to do so or if you note their discomfort with eye contact.
- Avoid sitting too close, touching or asking too many questions.
- Become familiar with local language words.

Capacity building

- Include the adolescent in the planning of their healthcare and decision-making.
- Share information about the prevention, diagnosis, treatment, and management of their own health.
- Build and maintain partnerships with Aboriginal and Torres Strait Islander communities, organisations and individuals.
- Reflect on your own level of cultural knowledge and practice and actively seek opportunities for personal development.
- Establish culturally appropriate policies and practices within your service.

Planning and providing a service

When planning and providing sexual health services, consider the factors that will influence Aboriginal and Torres Strait Islander adolescents accessing them. Build relationships and partnerships with the local Aboriginal and Torres Strait Islander communities, organisations and staff to understand the barriers and enablers for the most effective services.

'When I have to look after a patient, I reassure them of their confidentiality. Because of "carry yarn" (gossip), I know that they will be wary at first, unsure when it is my family that I am caring for. I explain that even though we are family, I won't talk about them to anyone, but those who are going to help with providing their care.'

Senior Indigenous health worker

Privacy and confidentiality are crucial to young people. Services that are obviously sexual health services will be poorly attended. Participation will be enhanced if sexual health services are part of a broader range of services, which could include more general health or youth services.

People in the community talk to each other about their experiences with the health services. If it is known that a staff member cannot be trusted or there is a breach of confidentiality, the community will know and people will not access the service. This can be particularly challenging for Aboriginal and Torres Strait Islander staff working within their own communities. In some cases there may be conflict involving community families, and this will influence a young person's decision to access healthcare.

The experience of going to see a clinician can be frightening and intimidating. Adolescents may not feel relaxed in a clinical environment, particularly if the consultation is formal. Instead, create a friendly, comfortable, culturally safe, age appropriate and identifiable environment. Display health promotion resources with Aboriginal and/or Torres Strait Islander artwork and language as guided by the local community. Use posters, brochures and information that a young person can identify with for example, comic books such as Condoman, Wis Wei, Friendz, and Choices by Inception Strategies (refer to Web Resources).

In some communities it is considered taboo for men and women to discuss sexual behaviour with each other. A young male adolescent may not want to disclose sexual matters with a female sexual health worker (and vice versa). A mix of male and female clinicians is recommended.

Behaviours of healthcare staff will also impact on future access. Ensure that staff are culturally capable, and that they avoid imposing their own values or biases. Cultural capability of the services may also be improved through employing Aboriginal and Torres Strait Islander staff in clinical and non-clinical roles.

Services and prescriptions that are free of cost, bulk billed or at reduced cost will encourage attendance. Wherever possible, to avoid shame of accessing the local pharmacy, consider stocking free supplies of medications.

'There is nothing more unequal than the equal treatment of unequal people.'

Thomas Jefferson

Cultural capability—before you start

Aboriginal and Torres Strait Islander cultures vary significantly across Australia. Participate in your health service's Aboriginal and Torres Strait Islander Cultural Practice Program before you start. Learn about the community in which you are working, or that is accessing your service. For example, learn about local language, cultures and protocols, decision-makers, Elders, history, demographics, social and cultural events, geographical and physical environments and community organisations. Talk with local health workers to become familiar with local language words for genitals, sex, sexual behaviours and sexually transmitted infections.

Each of us has our own cultural perspectives, attitudes and beliefs, which, if not recognised, could lead to inaccurate assumptions or judgement. Understanding your own beliefs will help you not to inappropriately impose your own values and biases on your clients. Effective communication is vital for building a clinician – client relationship, developing rapport and establishing trust. Cross cultural communication skills are critical to the provision of culturally competent healthcare.

> *'You can't stereotype...not all will be the same. Some will be shy some upfront. I try and build a relationship with them. I take the time and not push too hard...it takes time to build a relationship. You can't pressure them. Their cultural behaviours are very complex.'*
>
> Visiting medical officer

Relationships first

It is critical to establish a rapport with the young person when first meeting. Ensure that you allow enough time to develop an initial connection with the young person. Introduce yourself and tell them about yourself. Do not make any assumptions about how the young person may be feeling or behaving. Ask the young person about themselves, where they are from, what country or nation they belong to, who they are living with, and their relationships with family.

Making these connections with your Aboriginal or Torres Strait Islander young person will have positive benefits to the development of your therapeutic relationship. Helping a young person to feel that you are genuinely interested in them as a person, that you are non-judgemental, and that you are acknowledging and accepting of their identity and culture is essential to providing healthcare that is culturally safe.

Reinforce holistic care, and reassure them that sexual health is part of the bigger health picture. Encourage them to see the connection between sexual health and possible reproductive health outcomes, normalising it as much as possible.

Understanding the context in which the young person lives will assist in communicating and the development of an appropriate health management plan. Learning about each client's cultural and family background, health beliefs, and religious practices will help to establish trust and rapport. Acknowledge, accept and take into account each young person's identity, personal and cultural beliefs and practices.

Effective communication in the consultation

> *'English is different. (Aboriginal) people think two ways, interpreted in two ways.'*
>
> Senior Indigenous health worker

Two-way communication between Aboriginal and Torres Strait Islander and non-Indigenous people, and between the patient and the clinician, is just as important in the provision of healthcare as understanding the culture and history of the patient.

There are many different languages spoken by Aboriginal and Torres Strait people throughout Queensland. English may be a second or third language for some young people. Due to a lack of confidence in speaking English fluently, some may struggle to explain the purpose of their visit. Some may feel embarrassed when trying to express their thoughts and feelings, or explain the reason for seeking healthcare. Their lack of conversation or openness during a consultation does not mean they are being rude or disrespectful.

In remote communities where English is not commonly the first language, check if the young person has a preferred language. When available, ask them if they would like an Aboriginal and Torres Strait Islander health worker to sit in on the consultation to support them and assist with explanations. This may help address cultural safety in having someone there to interpret; it is however important that the client has a choice, as they may not want to accept this offer in a small community.

> *'I ask questions like, "tell me why they are frightened?" Because of language, it's hard for them to tell a non-Indigenous health worker, how they are feeling. If you know language then they sabe (know) you understand they are more likely to tell you everything.'*
>
> Nurse unit manager

Sex can be a difficult topic, therefore asking questions about sexual behaviours, practices and partners can be very confronting. This may conflict with the behaviours of the young person that you see in front of you. Although they may be sexually active, it is not to be assumed that they are comfortable discussing their sex life openly.

If their parent is present or has brought them in because they are concerned about their sexual behaviour, the young person may not be completely comfortable to openly discuss, or provide information.

Before discussing sensitive topics, ask permission to do so. If you note their discomfort with eye contact, it may be preferable to avoid making eye contact, especially when asking questions about sexual activities and partners as this may cause embarrassment. Also avoid sitting too close, touching or asking too many questions.

'It's important to read body language and have good people skills. If you sit too close, talk the wrong way or too much touching they will feel uncomfortable and they won't come back.'

Nurse unit manager

Aboriginal and Torres Strait Islander people are very astute with the use of non-verbal communication and reading body language. Be conscious of non-verbal communication, through hand signs, facial expressions and body language.

Speak clearly, avoiding lengthy explanations, big words and medical jargon. Use visual aids when possible. Listen carefully, especially when they discuss cultural differences that can have an impact on their health and healthcare.

'Ask an Indigenous health worker what is appropriate and what is not. If they are comfortable they will come back. Eye contact…take from the person how they address me. I try and take my cues from the person…if they look at me I will look at them.

I give them the choice so they feel in control. If a guy is too embarrassed for me to do an examination to do a urethral swab I give them the swab and I show them how to collect it.

I do a HEEADSSS assessment to find out what's going on in the young person's life. There may be issues going on at home that they might not be upfront about and they might not think to ask for help.'

Nurse unit manager

Extended pauses often give Aboriginal and Torres Strait Islander people time to thoroughly consider questions and translate what has been said into their own languages. In moments of silence, avoid interrupting to allow your client time to think. Being patient and allowing them time to tell their story and respond to questions without feeling pressured will help them to discuss their concerns with you. Avoid rushing in to complete their sentences or trying to pre-empt what they are trying to say.

'I explain the process to the patient, where the chart is kept, in a file under lock and key, and who has access. I reassure the patient that their private information is kept confidential. I explain if a referral is needed to be made to the sexual health service and explain the need for the same. I tell the patient that they can challenge me if they want; people own the information and feel empowered.'

Rural and remote area clinical nurse consultant

Ensure the client of their confidentiality. Take the time to explain to the young person the legal and ethical obligations of maintaining confidentiality as well as the process for accessing and storing personal information. This is one strategy to minimise the fear of the 'Murri grapevine' or community knowing someone's personal business.

Include the Aboriginal and Torres Strait adolescent in the planning of their healthcare. Consider their decision-making capability, knowledge and understanding of situation. Sharing information about the prevention, diagnosis, treatment, and management of their own health will encourage Aboriginal and Torres Strait Islander adolescents to feel empowered.

> *'Explanations are really important, explanations on what a procedure entails. A young girl presented to the clinic as she was going to Brisbane to have a procedure. You have to be nice, to have the time to explain. She had her head down; was not listening. She then looked at the clock and said, "I'm hungry". It's like she doesn't understand the importance of what's going on.'*
>
> Clinical nurse—sexual health

Adolescents may experience anxiety, fear and mistrust when asked to undergo an examination. Most Aboriginal and Torres Strait Islander people are modest and bodily exposure is not a cultural practice. Explain the process of a sexual health screen, assessment, questioning, testing and examination to help your client to understand what is involved and to decrease fear and anxiety. Supporting them to make decisions will increase their level of confidence and ownership with their healthcare and outcomes. In turn this can improve the level of respect and reputation between patient, health practitioner and health services, while reducing the likelihood of misunderstandings.

> *'We provide holistic care so the STI screening is part of the health check. We make it friendly and your approach is important…we provide Azithromycin on site and give treatment according to the guidelines. We ask how young people are…we try to get an understanding of what's going on. We explain the implications of dropping out of school and unprotected sex.'*
>
> Medical officer

Contraception

'Some of the girls were telling me that the boys were telling them that they (the boys) could not get them pregnant because they have midthe (pronounced "my-th" - sorcery, black magic). I worked with the students to discuss this belief and talk about it.'

School-based youth nurse

The use of contraception among Aboriginal and Torres Strait Islander adolescents is influenced by social and cultural factors. Access to health services, cost, availability and knowledge and understanding of contraception are also factors that influence its use.

'You will see young people looking after younger family members, so it will strike a chord in them that they will want and have their own children.'

Remote area clinical nurse consultant

It is important to explore Aboriginal and Torres Strait Islander adolescents' beliefs and attitudes about contraception, pregnancy and parenting. The opinions of peers and family members have a significant influence on a young person's decision regarding contraception choice. As an example, some older Aboriginal and Torres Strait Islander women were sterilized without their consent. Young people may be influenced by stories of side effects or if there is a belief that a pregnancy occurred while on a form of contraception. It is important to listen to their concerns and beliefs and explain the mode of action for each type of contraception. Understanding what it means for a young woman to conceive is vital to effective contraception.

Directing efforts toward a broader understanding of these beliefs and their context, together with relationship, peer and partner influences, may assist with the discovery of primary causes of motivation to consistently use contraception. This more holistic perspective coincides with evidence that supports greater investment in a life development approach to alter pathways to teenage pregnancy and childbearing.

'Seeing so many kids underage having kids of their own, most are using contraception and going to school. I find it difficult to draw the line…14 and sexually active. Attitudes that can be difficult to get along with… Look at their home environment… Could be sexual assault. If you don't ask them they won't tell, they may not think to ask for help. Building a rapport is important.'

Clinical nurse—sexual health

The use of contraception may be perceived negatively among community members and peers. There are connotations regarding the used of Implanon, with stigma associated with sexual behaviour, that a girl may be promiscuous.

> *'Some of the young girls tell me that, the boy will feel their arm for the seed (Implanon), to determine if a condom should be used.'*
>
> Clinical nurse consultant

Pregnancy

Aboriginal and Torres Strait Islander people have a young population and a high fertility rate among females in the 20-24 age group (152 births per 1000 females). The teenage fertility rate of Aboriginal and Torres Strait Islander females was six times the non-Indigenous teenage fertility rate (79 births per 1000 females compared with 13 births per 1000 females) between 2005 and 2009.

> *'I find the most needy and dependent clients want to have a baby want to feel loved.'*
>
> Sexual health nurse

Discussions about pregnancy and contraception must include the young woman's personal and cultural beliefs. The discussion should focus on the young woman's feelings about pregnancy, her relationship, social and support network, particularly with family. Establishing a good relationship will help the young woman to feel supported and encourage positive health seeking behaviours.

If there have been issues with conception, a young woman may feel pressure to conceive and be concerned about being labelled with the stigma of being 'barren'. Therefore it is important to explore a young person's thought and feelings about family planning.

It is important to put aside your own judgements and encourage open discussion, in a safe environment. Avoid questions such as, 'Don't you think you are too young to have a baby?' or 'How will you look after a baby?' Instead, explore the young woman's thoughts and feelings about wanting to conceive—her current relationship with her partner, as well as family and peer support.

Education

'When we have our education sessions at one of the local schools, Lorna will get up and speak in language. You can see the kids' faces light up when hearing her speak in their language when talking about sexual health, and they sit there listening to her, taking it all in.'

Senior Indigenous sexual health worker

Sexual health education sessions held outside of the health service, for example at schools, enable accurate information to be provided in a comfortable environment and will help to build understanding and trust with sexual heath staff. The use of diagrams and simple explanations in separate sessions for girls and boys are recommended.

'I would give an education session to a group of girls and talk to them about contraception. The students who were wanting Implanon would be brought together as a group. I check with the girls that it is okay to come together and talk about it. I keep it short but explain all the facts. Using positive peer pressure, the bravest girl who chooses to go first (the most confident who wants the Implanon), they will talk to the other girls in pigeon encouraging and supporting them to have theirs done. I call her my Implanon girl and she supports the young girls through the process and assists with the bandaging at the end. I am very careful with my technique using double anaesthetic so that they don't feel anything. Then that girl will encourage the others to get theirs done, they get up from the table and say "I didn't feel anything".'

Sexual health medical officer

Education sessions cover contraception, safe sex, condom use and health checks. Role plays can be used to discuss topics such as how to get out of difficult situations, with strategies such as encouraging young girls to keep together when at parties and not to leave a friend behind or on their own.

Contact tracing

Contact tracing is an important part of effectively managing sexually transmitted infections. The primary aim is to ensure the effective treatment of contacts and prevent the re-infection of the index case, secondly, to reduce the rate of infections in a population and the associated burden of disease. Young people may be reluctant to provide the names of their sexual contacts or partners to ensure their privacy and continuation of the relationship.

Trading sex for favours, money, drugs and alcohol can also make it difficult to get the names of sexual contacts or partners. The threat of violence, fear, and shame can also influence the disclosure of contacts by the index case.

'I take the blame out of it and focus on their own health; reinforcing that the person that they are intimate with need to be advised, so they can be treated and tested. It is about respect.'

Remote area nurse

Discussions about contact tracing need to be open and honest, and stress its importance. There are however associated issues including the safety and welfare of the adolescent, as there is a risk of violence, abuse and breach of confidentiality. It is therefore essential to assess the risks associated with contact tracing and determine the best possible approach to notification to ensure the safety of the index case, sexual contact or partner and staff members doing contact tracing. Assess the risk of interpersonal violence, as well as the loss of trust in the service provider.

'The doctor referred a young female client to our sexual health service for treatment for chlamydia, and contact tracing. The client was contacted and agreed to come into the clinic. The client became very upset and distressed when I explained the test result and need for treatment and contact tracing. The young woman cried, initially I thought it was because of the test result. When I asked her what has caused her cry, she explained that she had just been to the referring doctor and he did not tell her of her result. The client explained that she had trusted the doctor and asked why he did not tell her; why the doctor had sent her to the sexual health service.'

Sexual health nurse

As there may be a risk of partner violence when notifying contacts, special consideration must be given to each individual contact's situation. Discuss the best approach with the client. They may choose to notify their contacts or give advice as to the best approach based on each individual's situation.

Reassure the client that their confidentiality will be upheld, and advise them of the processes that will be put in place, such as only giving the contact names and not that of the index case to referring staff—such as the Aboriginal and Torres Strait Islander health worker. Advise the client as to who will be doing the contact tracing.

It is critical that the young person feels that they are not being judged regarding the number of sexual contacts or partners. The young person may be feeling shame and therefore reluctant to disclose this information.

Refer to Queensland Health contact tracing websites included in Appendix 3: Online resources section of this document.

Section 2: Cultural background to Aboriginal and Torres Strait Islander adolescent sexual healthcare

Aboriginal and Torres Strait Islander adolescents and culture

For young Aboriginal and Torres Strait Islander people, culture, family and peers have significant influence on their adolescent development. As they are maturing into a young adult, they too are developing their own cultural identity. They face complexities of becoming an individual, while finding their place in their community, culture, family and with peers; and all the while living in and meeting the expectations of Western society. For many, growing up between two cultures is challenging, with very different behavioural and social expectations.

> *'When a young person leaves school they are seen as an adult by their community and family.'*
>
> Senior Indigenous sexual health worker

Connections with family/kinship, culture and land have a significant impact on the development of an Aboriginal and Torres Strait Islander young person. Aboriginal and Torres Strait Islander people have a way of knowing where other Aboriginal and Torres Strait Islander people are from, and who their families are. On meeting other Aboriginal and Torres Strait Islander people, they will ask about these topics. This is very important, it is how connections are made and relationships formed. It creates a sense of belonging with one another, and to culture.

> *'I find it frustrating when I talk to non-Indigenous clinicians about cultural stuff. I try to help them understand young people and issues about sexual health; that culture plays an important part and they need to understand our culture and ways. That is the key to delivering healthcare to our mob. Some will argue, what culture, they got no culture. I tell them, it is not for them to judge by looking at someone, it's their job to ask. If you don't ask, then you don't know.'*
>
> Indigenous sexual health clinician

Aboriginal and Torres Strait Islander people have a strong kinship with family that is inclusive of extended family. These family connections are very strong. It is important to acknowledge the significance of kinship and not to compare to Western values and ideal of family. For instance, the use of first, second cousins, great aunts and uncles, is not used by Aboriginal and Torres Strait Islander people. Instead, cousins are viewed as brothers and sisters, great aunts and uncles as grandmothers and grandfathers. This is a sign of respect to acknowledge family members accordingly.

If the young person is visiting the area, ask if they are on a cultural or family visit. This is a gentle way of finding out the nature of the visit, and if there are issues causing the young person to leave home. Ask if they have regular contact with their family and if they travel back home.

In Aboriginal and Torres Strait Islander families, the caring of young children is the responsibility of all family members, so it is not uncommon for young adolescents to be caring for young infants and children. These cultural experiences nurture family and cultural bonds, with the emphasis on the individual adolescent developing into an adult with their own cultural identity, but also finding their place in their family and community.

Sex, sexuality and Aboriginal and Torres Strait Islander cultures

Generally, Aboriginal and Torres Strait Islander people do not openly discuss matters relating to sex or sexual behaviours, practices, identity, preferences and interests. Sex is a taboo topic for some.

Some Aboriginal and Torres Strait Islander people still maintain their own beliefs and practices about sexual health. For some Aboriginal people, these sexual health practices and beliefs are kept separate as men's and women's business. There are topics that are taboo for each gender. Neither gender would be involved in the practices, have knowledge of, or discuss matters relating to the other gender. Men would not talk about women's business, nor do women talk about men's business.

Aboriginal and Torres Strait Islander cultural values and beliefs, including those around sex, have been influenced by European settlement, cultural and religious ideologies. Many Aboriginal and Torres Strait Islander people were subject to government control and rules for many aspects of their lives. This included the manner in which people could court each other, with permission having to be sought from government officials for marriage. Religion strongly influenced beliefs and values; in particular older generations, where religion was at times enforced. Religious teachings thus influenced relationships, behaviours and people's interactions.

In Torres Strait Islander culture, traditional adoption is a widely accepted practice with a child being adopted by close family members. In some cases the grandparents become the primary care givers, and the mother is still acknowledged as the biological mother. The family may share the responsibilities in caring for the child.

With the religious and cultural influences in some Aboriginal and Torres Strait Islander communities and families, some young people will not choose termination of pregnancy as an option in cases of unwanted pregnancy.

Today, due to the shame associated with sexuality, young girls and boys may place themselves at great risk in exploring their sexuality, including being in a state of intoxication to make them feel okay about it and accepting advances by strangers. Risk behaviours may also include multiple partners, trading and the use of drugs and other substances.

Social networking sites have become open forums for discussions about sex, with both positive and negative impacts (for further information see Appendix 1).

Health seeking behaviours and trans-generational grief and trauma

It is important to acknowledge that Australian history has a significant impact on Aboriginal and Torres Strait Islander people and the current state of health and health seeking behaviours. Experiences of racism, social injustice and inequity have instilled feelings of distrust towards government officials. These feelings have also extended towards health professionals, with hospitals associated with death and dying rather than places of healing.

In Western culture, health professionals are held in high regard by the lay person. Patients will heed the advice of health professionals; however this view of health professionals and health services is not reflected among all Aboriginal and Torres Strait Islander people. For some Aboriginal and Torres Strait Islander people there is much distrust towards health professionals.

> *'Young girl was pregnant, a non-Indigenous nurse was talking about abortion and the young girl got upset... She felt the nurse wasn't listening to her. I was watching the young girl become irritated, rolling her eyes and fidgeting and the nurse thought she was being disrespectful and rude and not listening—it's the way you talk to them. The Indigenous health worker then had to go and calm the girl down. The way the consult went it created more work for the health worker.'*
>
> Nurse unit manager

This continues to impact on the health seeking behaviours of Aboriginal and Torres Strait Islander adolescents. Seeking advice and treatment for issues relating to sexual health is difficult. Often young people will take advice from family members, and friends. Based upon the advice and experiences of their family and friends, they will make decision as to when to access healthcare and who to talk to. If there is trust within the service and with the health professional, a young person will seek their help.

Aboriginal and Torres Strait Islander lesbian, gay, bisexual, transgender and sistergirls

Aboriginal and Torres Strait Islander lesbian, gay, bisexual, transgender and sistergirl adolescents may face further obstacles in seeking sexual healthcare. This important aspect of adolescent sexual healthcare is outside the scope of this guideline. The Queensland Association for Healthy Communities provides specific advice and support for which links are provided in Appendix 3. It is also recommended that clinicians providing sexual healthcare seek advice from local Aboriginal and Torres Strait Islander clinicians and health workers.

Appendix 1: Social media

Social networking sites have become forums where sex is talked about. However, the nature of some of these discussions is about openly disclosing the sexual activities of other people. Several social media sites have dedicated web pages to telling 'yarns', where people are encouraged to post stories or spreading gossip about people. Some of the postings contain explicit details about the sexual experiences of people to their wider social and family network.

> *'A community member advised me that there was a posting on a social media site that listed the full names of seven people who supposedly had HIV. Although the information was false, it has detrimental effect on the persons named and also for the sexual health service.'*
>
> Indigenous sexual health worker

There have been instances where postings on the social media sites have named people who have attended health services and sexual health clinics and stated that they have a sexually transmitted infection.

> *'We had a clinic on with two sexual health doctors visiting our community. In the waiting room were five to six young people who had appointments. One of the clients who came back and saw me the next day told me that not long after he had left the clinic, an anonymous message was posted on a social media site. This site is very popular within the community and is viewed by many. The posting outlined his full name and that he had just been seen leaving the sexual health clinic. He said he was not bothered by it, as he posted a reply, stating, "At least I know I'm clean".'*
>
> Sexual health nurse

There is also the sharing of sexually explicit images and footage sent through mobile phones and via these social media sites, with pornography sites easily accessible to minors through mobile phones.

Some social media sites can however offer anonymity where people can talk about sexual matters without shame and fear. Social media can also be used as a health promotion tool.

Appendix 2: Psychosocial assessment

Adapted from Goldenring and Cohen, 1998, Getting into Adolescents' Heads

Developing rapport and assessing the young person's psychosocial situation are both important elements of holistic sexual healthcare. The HEEADSSS psychosocial interview (now expanded from the original acronym HEADSS) is a tool that can assist with assessment of young people, and can be modified to individual needs including culture and environment. Several versions of this assessment are available. A link to a range of suggested questions is included in Appendix 3.

The assessment includes questions about:

H – Home environment

E – Education and employment

E – Eating

A – Activities (peer related)

D – Drugs

S – Sexuality

S – Suicide and depression

S – Safety from injury and violence

In the beginning of the consultation, rather than asking about the purpose of the visit, introduce yourself, talk about where you are from, how long you have worked at the clinic/service and what your role is. Try sharing some personal information in terms of your own background, language and culture.

Country, land, culture and family are important aspects to Aboriginal and Torres Strait Islander people. Therefore, sharing information about yourself and asking the young person about their family, culture, and language shows that you are interested, and that you acknowledge Aboriginal and Torres Strait Islander people and their cultures. This will help to establish trust and rapport before commencing the assessment.

Appendix 3: Online resources

Aboriginal and Torres Strait Islander lesbian, gay, bisexual, transgender and sistergirls

www.opendoors.net.au/wp-content/uploads/2009/10/LGBTS-ATSI.pdf
www.opendoors.net.au/?page_id=210

Contact tracing

www.health.qld.gov.au/sexhealth/documents/c_tracing_gp_tool.pdf
www.health.qld.gov.au/sexhealth/hp/ctracing.asp
www.health.qld.gov.au/sexhealth/documents/ctso_brochure_sept12.pdf

Djiyadi: Can We Talk?

www.ashm.org.au/images/publications/djiyadi_can_we_talk.pdf

Family Planning Queensland: Working with young people

www.fpq.com.au/youthproject/

Getting into adolescents' heads: An essential update (HEEADSSS)

www2.aap.org/pubserv/PSVpreview/pages/Files/HEADSS.pdf

I Stay Safe: advice for teenagers on sexual health, HIV and hepatitis

www.health.qld.gov.au/istaysafe/

Inception Strategies (posters and comics)

www.inceptionstrategies.com/

Indigenous sexual health

www.health.qld.gov.au/sexhealth/hp/indigenous.asp

Sexual health animated movies

www.health.qld.gov.au/sexhealth/adults/animated_movies.asp