Connecting Without Fear: Clinical Implications of the Consumption of Information and Communication Technologies by Sexual Minority Youth and Young Adults

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Abstract Adolescents are coming of age in a rapidly changing media landscape with the increased integration of online information and communication technologies (ICTs) (e.g., internet, social media, photo/video sharing) into contemporary society. Sexual minority youth and young adults (SMYYA) may be particularly avid users of both offline and online ICTs. Despite the presence of considerable risk factors (e.g., cyber bullying, exploitation, overdose and addiction), ICTs may simultaneously provide substantial benefits for SMYYA, who often experience disproportionate social exclusion and victimization in their homes, schools and communities as a direct result of their sexual minority status. This grounded theory investigation used semi-structured interviews to consider the types of ICTs utilized by a sample (n = 19) of urban SMYYA (ages 18–22), and examined the importance ascribed by participants to their use of these technologies. Participants were selected for their active use of multiple types of ICTs, and considered their engagement with technology to be a critical feature of their daily lives and development. In contrast to their offline existence, online ICTs offered SMYYA significantly safer spaces and vital community support. Many of the participants also indicated the potential of ICTs to enhance face-to-face clinical work to foster SMYYA’s healthy growth and facilitate their connectedness. Specific implications for practice with SMYYA, including strategies to develop knowledge about ICTs, educate youth about the risks and opportunities online, and integrate ICTs into supportive therapeutic settings are described.

Keywords Sexual minority youth · Social media · Gay · lesbian · bisexual · transgender youth · Information and communication technology

Introduction

Contemporary young people have grown up within a swiftly changing information and communication technology (ICT) landscape. The importance of offline ICTs (e.g., television, movies, magazines) may be shifting in youth’s lives with the rapid increase in popularity of new, online ICTs (e.g., internet, social media, photo/video sharing). ICTs provide “access to... whole new forms of more interactive communication” (Brown and Bobkowski 2011, p. 95), and youth are able to connect to a broad range of both online and offline ICT content. Content is also available on far more portable devices (e.g., laptops, smartphones, tablets) (Kaplan and Haenlein 2011; Roberts and Foch 2008). Sexual minority youth and young adults (SMYYA) frequently experience social exclusion in their offline lives, potentially finding comfort online which may contribute to their particularly avid use of ICTs [Craig and McInroy 2014; Gay, Lesbian and Straight Educational...
Network (GLSEN) 2013). This study investigated the consumption of ICTs by SMYYA with a focus on: (1) the opportunities and risks, (2) the importance of ICT use, and (3) the clinical implications of the emerging role of ICTs.

Youth and Media Consumption

Young people in the United States spend more waking hours interacting recreationally with ICTs than engaging in any other activity, with one study indicating more than 7.5 h a day of activity (Rideout et al. 2010; Roberts and Foehr 2008). The simultaneous use of multiple forms of media—for example, watching YouTube while using social media sites—increases daily media exposure to 10.75 h (Brown and Bobkowski 2011). Young people are particularly prevalent users of online ICTs (Veenhof et al. 2008), 95 % of adolescents (12–17) and 94 % of young adults (18–29) in the United States were online in 2011, and are more likely than adults to communicate using ICTs (Lenhart et al. 2011; Pew Internet and American Life Project 2013). Research has indicated that SMYYA may use ICTs at higher rates or for longer durations than their non-SMYYA peers. One study found that SMYYA (ages 13–18) in the United States spend a daily average of 5 h online—three-quarters of an hour more than the average of their non-SMYYA counterparts (GLSEN 2013). However, research in this area remains exploratory and further investigation is required to adequately elucidate the ICT engagement of SMYYA.

The Complexity of Social Media

The rapid emergence of online ICT platforms makes definitive descriptions challenging. Some of the most popular online media is ‘social media’, consisting of a variety of user-driven activities (Kaplan and Haenlein 2011) central in the online experiences of many youth. Of adolescents (12–17) online 80 % use social media sites (Lenhart et al. 2011), often as an alternative to email (Levine 2011), and nearly 60 % participate in creating social media content (Lenhart et al. 2007). Social media involves either passive or active viewing of user-created content with the option to contribute or comment. Different, though overlapping, types of social media include social networking, blogging and micro-blogging. Social networking sites (e.g., Facebook, MySpace, Google+) are online communities fostering social connections with friends, family and peers (Kaplan and Haenlein 2010; Levine 2011). Each site provides a unique assortment of functions “to interact [with other users], such as chat, text messaging, email, video, voice chat, file sharing, blogging, and discussion groups” (Levine 2011, p. 19). Users create personal profiles, have networks of friends, and use various platform-specific methods to communicate and develop relationships (Levine 2011).

Blogs vary in format but are usually run by an individual, with personal text-based blogging being most common. Video blogs (or ‘vlogs’), where video is the medium of communication, are also becoming increasingly common. Video-sharing sites, such as YouTube, permit members to upload digital videos and are used by over 57 % of adolescents, with 39 % actively posting online videos to share with friends and peers (Levine 2011). Blogs offer opportunities for interaction through commenting or ‘following’ the postings of others. An individual’s blog functions similarly to a home page on a social media site (Kaplan and Haenlein 2010). The growth of social media, status-updating focused social networking (e.g., Facebook, Instagram), and micro-blogging (e.g., Twitter, Tumblr) is increasingly taking the place of traditional text-based blogs for young people (Lenhart et al. 2010). Micro-blogging sites (like many status-update social networking sites) generally limit the size of postings, “allow[ing] users to exchange small elements of content such as short sentences, individual images, or video links” (Kaplan and Haenlein 2011, p. 106).

ICTs: Access, Risks and Opportunities

Despite widespread ICT use, controversy exists regarding the influence on youth. Parent advocates express concern that the availability of undesirable adult content online could lead to exploitation of vulnerable young people. Such a perspective has been central in policy development, offline media and the popular consciousness for nearly two decades (Gray 2009; Hillier and Harrison 2007; Pascoe 2011), although questions remain about the actual risks of online participation (Burrow-Sanchez et al. 2011). While these concerns are certainly valid, victimization of youth by adults online may be on the decline. Between 2005 and 2010 there was a decrease in both “unwanted sexual solicitations [and]... unwanted exposure to pornography” (Jones et al. 2012, p. 179) among youth online, due to increased education on online safety, a change in the activities of youth online (e.g., from chat rooms to social networking), and improved computer software programs which block inappropriate content (Guan and Subrahmanyan 2009; Jones et al. 2012). Yet, as ICTs continue to develop they may provide new ways for young people to engage in risk-taking behavior within their peer group. This includes engagement in more “adult” behavior such as sexually suggestive postings or postings about substance use (Hinduja and Patchin 2008), which in turn may heighten risks of sexual harassment and bullying (Pujazon-Zazik and Park 2010).
One area of online victimization—cyber bullying—has undeniably increased. This type of victimization is a prevalent and growing concern (Mishna et al. 2012), yet differs from other forms of online victimization as it is more likely to come the youth’s existing offline peer group (Jones et al. 2012). One recent study found 30% of students in middle and secondary school were engaged in cyber bullying as either a bully or victim (Mishna et al. 2012). Another large-scale study found that while 16% of students reported experiencing cyber bullying, nearly 26% had experienced school-based bullying in the past year. Of those who reported school-based bullying, over 36% had also experienced cyber bullying, indicating that experiencing offline bullying may make youth more vulnerable to online victimization. SMYAA are at notably greater risk of both forms of bullying than their non-SMYAA peers (Schneider et al. 2012). A 2013 report by the GLSEN found SMYAA were three times more likely to be bullied and four times more likely to be sexually harassed while online, with a quarter experiencing cyber bullying specifically about their sexual identity.

While online risks undeniably exist, SMYAA’s offline social environments are also often fraught with risks that prohibit safe disclosure of their sexual and/or gender identity. Compared to their non-SMYAA counterparts, SMYAA are at increased risk of rejection and verbal, physical and sexual victimization at home and school, which contributes to clinical concerns such as substance use, depression, post-traumatic stress and elevated suicidality (Craig and McInroy 2013; Saebye 2011; Wells and Mitchell 2008). In light of these challenges, Veenhof et al. (2008) have emphasized the potential advantages of online ICTs for all youth. These technologies provide crucial learning opportunities, heightened media literacy and increased socialization skills (Pascoe 2011). While online access at home may be more limited for youth who are racialized (particularly Black or Hispanic), have less educated parents, or have lower socioeconomic status (Pascoe 2011; Roberts and Foehr 2008), ICT’s have significant potential to minimize difficulties related to social marginalization and empower at-risk young people (Guan and Subrahmanyam 2009; Hillier and Harrison 2007).

ICT’s may also offer specific opportunities for SMYAA, including chances to access identity-specific resources and engage in crucial identity development, socialization and empowerment activities (Craig et al., accepted; Craig and McInroy 2013). In comparison to their non-SMYAA peers, GLSEN’s (2013) study indicates that SMYAA are far more likely to: seek out information on sexuality, health, and sexual health online; have online friends (particularly identity-supportive friendships); and engage in civic or social issues using ICTs (participating twice the rate of their non-SMYAA peers). Many youth find these online resources and relationships beneficial as they explore their sexual identities and potentially experience conflicts about their sexuality in their offline lives (Craig and McInroy 2014). Importantly these activities are ones that are often risky to access or inaccessible for SMYAA in offline contexts. Such opportunities offline may necessitate disclosure of one’s SMYAA status, and thus exposure to the risks associated with that identification (Craig and McInroy 2014; Craig and Smith 2014). In addition, a quarter of SMYAA stated they were more open about their SMYAA status, or “out”, online than offline (GLSEN 2013). Online SMYAA are able to explore their identities and rehearse their coming out process in the relatively safe and anonymous context (Craig and McInroy 2013). Such a process is considered a normative part of identity development for contemporary youth, and ICTs can promote the resolution of challenges by allowing the SMYAA to compare their experiences with others and receive psycho-social support (Craig et al. 2014).

Social work clinicians are increasingly working with clients who use ICTs, requiring increased awareness of the potential impacts of such technologies (Wells et al. 2006). Although clinicians may have historically focused on the limitations or fears about ICT use, there is increasing awareness that ICTs can contribute to young people’s growth and development. Further, ICTs also offer opportunities for clinical creativity, including the use of technology in sessions with clients (Jones et al. 2012; Rosegrant 2012), particularly when parents are not educating their children about safe ICT use (Meneno et al. 2013). Despite these advances, little is known about how SMYAA experience ICT use relevant to clinical practice. Such research could support the development of evidence-based clinical practice regarding ICT use and foster critical clinical knowledge to support clients’ navigation of online challenges (Wells et al. 2006).

Methods

A grounded theory study design was undertaken with 19 SMYAA in a large Canadian city. Participants were recruited through email inquiries to SMYAA organizations and programs, and screened based upon inclusion criteria: (a) age 18–22, (b) self-identified as SMYAA, and (c) regularly used multiple forms of offline and online ICTs. It was important to focus this pilot study on high frequency media users because of their knowledge and expertise in this emerging area of research. Participant recruitment was sustained throughout data collection (Fall–Winter 2011), and continued until theoretical saturation (Creswell 1998; McCracken 1998). The study adhered to a University of Toronto Research Ethics Board Protocol (#26749).
Participants completed informed consent, as well as a short demographic and media use questionnaire. Interviews were conducted in a university setting by the first and second authors, used a semi-structured protocol, lasted from 1 to 3 h, and were audio-recorded. Questions included: Describe your ICT use? Contrast your experiences online compared to offline? and What is important for adults and other helping professionals working with SMYAA to understand about ICTs? Participants received snacks, gift cards and bus tokens.

Analysis

Grounded theory has been used in previous studies involving SMYAA (Craig et al. 2014), and promotes exploratory inquiry and the rich investigation of complex realities (Charmaz 2006). To ensure rigor, interviews were analysed using ATLAS.ti 6 by seven independent coders (social work and education graduate students); each interview was coded a minimum of three times. A series of four meetings with all coders occurred during the analysis process and disagreements were systematically addressed through active discussion until consensus was achieved in almost all cases. Following the development of initial categories, open and axial coding identified themes (Strauss and Corbin 1998). To facilitate rigor as well as methodological soundness, trustworthiness measures were employed to safeguard credibility, confirmability, dependability and transferability (Lincoln and Guba 1985). These measures included prolonged engagement, peer debriefing, and thick description. In addition, an audit trail was maintained to describe and track the research process.

Participants

The study sample (n = 19) consisted of lesbians (n = 4), gays (n = 6), bisexuals (n = 2), queer (n = 1), polysexuals (n = 1), and those using multiple terms or labels (n = 5). The majority (79%) of participants identified as non-transgender (or cisgender), non-transgender young women (n = 9) and non-transgender young men (n = 6), while 21% were transgender young men (n = 3) or genderqueer (n = 1). The terms by which SMYAA identify their sexual and/or gender identities are complex and impacted by contextual factors, such as: age, race/ethnicity, socioeconomic status, educational attainment, and geographic location. Terms and their meanings may vary, and a single term may be defined multiple ways. For participants in this study, the use of more fluid or individually defined terms (such as pansexual, polysexual, queer, genderqueer, etc.) was common. This complexity of identification could be due in part to participants’ age, education, and the urban location where the study was undertaken. For more information on SMYAA identification and implications for clinicians please see McInroy and Craig (2012).

Participants ranged in age from 18 to 22, with a mean of 19.47 (SD = 1.22). Participants racially identified as white (n = 14), multi-racial (n = 3), black (n = 1), or Asian (n = 1), as well as ethnically Jewish (n = 3) or Hispanic (n = 3). SMYAA were in college/university (n = 15) or high school (n = 4). In terms of socioeconomic status, SMYAA were working class (n = 5), middle class (n = 10), and other (n = 4), primarily students. Income was generated from parents (n = 11), part-time employment (n = 12), governmental loans/scholarships/grants (n = 4), and/or social assistance (n = 1), with most (n = 11) citing a combination of sources. Most participants’ parents (n = 37) had some post-secondary education (n = 28), with only one parent having less than a high school degree.

Frequency and Types of Media Consumption

Participants were avid ICT users, spending more than 6 h a week online. Participants’ consumption of sexual/gender minority content in offline media ranged from 0 (least

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<td>Traditional music (e.g., CDs, records)</td>
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<td>Internet</td>
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<td>Blogs, online journals, forums, message boards</td>
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<td>Video and picture sharing websites (e.g., Youtube, Photobucket, Instagram)</td>
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<td>Music downloads (e.g., iTunes, Frostwire, etc.)</td>
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amount) to 10 (greatest amount), with a mean of 4.63 (SD = 2.79), while online media had a mean of 6.81 (SD = 1.95). As illustrated in Table 1, participants were active in their consumption of offline and online media with the highest amounts of consumption for television, internet and social media.

Participants were also asked about the media devices they used. Participants used: computers (100%), music devices (84%), televisions (74%), cell phones (58%), smart phones (58%), radiois (53%), gaming systems (42%), e-readers (11%), and/or tablets (5%).

Results

Participants articulated three major themes regarding their use of ICTs relevant to clinical practice. SMYYA noted that (1) offline experiences generate more fear than online experiences, (2) ICTs facilitate connection, and (3) ICTs have great usefulness in effective clinical work with this population. SMYYAs voices are highlighted in the form of direct quotes.

Offline Experiences Generate More Fear than Online

Reflections by the participants echoed the findings of Pascoe (2011), who found that the stories continually perpetuated by traditional media sources of risky online behaviour, online predators and cyber bullying were not typical in participants’ lives. In this study, participants rarely mentioned such experiences, and when they did it was often compared to their offline experiences.

“You’re not as likely to get bullied online for being a gay identifying individual than you are in real life, I believe. (Cassie, non-transgender woman, bisexual, 19)

Another transgender participant described his experiences with his peers as he was transitioning from female to male.

I was kind of living a double life for that whole year... I would go home and dress like a guy... One time I was hanging out... and my friends from elementary school, they saw me hanging out and they knew me as [female]. And they told everybody ‘this is a chick’... It’s like, ‘Are you kidding me?’ So that’s when I just didn’t go to school and everything... when I was diagnosed with depression, severe depression. I wouldn’t get out of bed. And it was really bad... I just didn’t want to present myself in a certain way that could get myself killed... I just didn’t want to go out and have to deal with people. I was so fearful. I just thought that I would die if I walked outside my house. Somebody would see me and then they’d know me or whatever, and just kill me. (Darius, transgender man, straight/questioning, 18)

He continued by stating his negative experiences were primarily limited to offline and did not seem to occur online, a space he found positive.

“I haven’t really been cyber bullied or anything. It’s been pretty positive. (Darius, transgender man, straight/questioning, 18)

Another young man identified the need to be very aware of his physicality when offline, particularly in certain areas of the city.

[One time two summers ago we went to McDonald’s and I rolled up my pants because that’s what I did at work and they were pretty high and I was like, ‘whatever’. But then we went to McDonalds...and I’m like, oh [expletive], we’re not downtown, you know what I mean? This is how I have to dress here. So I rolled my pants down... because I thought ‘I don’t want to attract attention to myself’. I threw on a baseball cap [my boyfriend] had in his trunk and I’m like ‘let’s just go and I’m good’, do you know what I mean? (Thomas, non-transgender man, gay, 19)

Our participants felt online ICTs offered greater safety. This is an interesting finding, as online victimization, such as cyber bullying, may be more likely to come from a youth’s existing offline peer group (Jones et al. 2012) and some research has indicated that SMYYA’s experience proportionally greater cyber bullying than their non-SMYYA peers (GLSEN 2013; Schneider et al. 2012). The position which emphasizes only the dangers inherent in ICTs for young people assumes that offline spaces youth inhabit are inherently safer, which may not case for SMYYA who experience increased offline risks such as victimization, violence, and isolation as a result of their sexual and/or gender identities (Hillier and Harrison 2007; Saewyc 2011). The findings of this study are also particularly interesting because they indicate even sexual minority young adults, who are expected to feel more secure both offline and online due to being older and typically more independent and self-sufficient than their adolescent counterparts, were similar to younger participants in feeling substantially safer online.

ICTs Facilitate Connection

Participants noted that using ICTs was a way to engage in activities specific to their sexual and/or gender identities and build supportive relationships and connections.
I feel like part of the LGBT community is the online community, because you have support videos and support blogs, so I feel like the foundations of our society are based there, maybe because of the fear that we have to take it outside and be free as ourselves in the society. I feel like that’s why the online media has played such a huge role... [in] what we are. (Ray, non-transgender man, gay, 19)

Participants’ comments in the interviews reinforced the benefits of ICT use for SMYYA, including safe, open expression and seeking out similar others. Many discussed the sexual minority content available online, particularly through social media. Participants emphasized their ability to express themselves openly, sharing their identities, thoughts, and opinions online, as well as highlighted the potential benefits (including safety and anonymity) implicit in having an online presence prior to being open about one’s sexuality offline.

I don’t have a blog; I’m thinking of starting one though, almost all of my friends have a blog or a Tumblr in which they talk about themselves and their experiences and... There’s a lot more space to talk about what we’re seeing... Also what we’re feeling... In a way that can be anonymous... [That is] really important for queer folks growing up right now... [I] participated online... before I was comfortable in having myself labelled as queer by other people [which] was something that I really valued, that anonymity and ability to put out my opinion and connect with other people without being found out, because of the fear of what would happen had I been found out. (Alisha, non-transgender woman, queer, 22)

Youth specifically noted specific types of ICTs that helped facilitate their safe exploration and community building.

Like, the new blogs, like Tumblr, a lot of people use that and there’s a lot of queer [content]... stuff like that [is] where you just come and openly chat and talk to different people and see their experiences... [It’s] like a co-secret, like people like to discuss gay problems there or gay issues they faced, but they don’t have to put a face to it so they do feel a lot more comfortable sharing... (Cassie, non-transgender woman, bisexual, 19)

I have my own blog, a video blog on YouTube... this week we talked about like queer movies, books and musicians. (Eric, transgender man, queer/pansexual, 19)

Participants also noted the ability to seek out diverse, likeminded people or develop a peer group online, as well as find sexuality-specific support, community and resources.

[I]t’s a really fantastic way for people to express themselves... [and] it’s definitely really great to find an online community because it’s there whereas in real life the community, it’s more an amalgamation of a bunch of different people into one [category]. The gay community, the trans community, those are just representative of one aspect [of me]... It’s very helpful. (Andy, non-transgender man, gay, age 21)

Thus, the online activities of SMYYA may promote a sense of community and connectedness. In contrast, restricting young people from online spaces may reinforce the decreased public space for youth characteristic in contemporary society (Hillier and Harrison 2007), and increase the social exclusion and isolation SMYYA may experience.

Integrate ICT Use into Work with SMYYA

ICTs were indicated to be an important part of the clinical landscape for SMYYA, and it was emphasized that clinicians should be educating themselves on the experiences and needs of this population, as well as actively engaging youth online. This included proactively providing online spaces for youth to access clinical resources.

I feel like any kind of internet presence is probably a good [thing]. Because sometimes... if you’re scared or depressed, you don’t want to have to go physically to the LGBT office on campus. And maybe it’s scary to talk to someone in real life. Maybe you’re not ready to do that. Maybe you want, like, a chat room... (Laura, Emma, non-transgender woman, bisexual/ queer, 22).

Other youth noted that it would be important for clinicians to seek information using both offline and online ICTs in order to learn more about the potential experiences of their clients. Such work could help fill in the information gaps when there may be familial conflict with regard to identity issues and direct assessment of SMYYA concerns might be difficult. The active involvement of SMYYA online provides a rich source of information that can inform clinical work.

A friend of mine has parents who aren’t supportive [about hormone treatment]... so your life is being hindered by the fact that your parents don’t agree [and] the system that can help you is refusing to help you because of your parents. So if there were social media messages that were expressing to parents, expressing to healthcare workers, that some of these
things are like imperative [that would be helpful]... I don’t see my surgery as being cosmetic... it was a necessary surgery, the same... that I would need if I have liver failure. But we don’t see those images... I wouldn’t say that any of the healthcare workers that I’ve worked with sit online all the time watching [transgender youth] blogs right? But they certainly will open a newspaper and read an... article about a trans person... I think people, especially in higher positions could maybe start to empathize a little bit with how it might feel to be someone who is [a sexual minority]. (Eric, transgender man, queer/pansexual, 19)

Discussion

This research demonstrates the varied and active participation of SMYAYA in online ICTs, as well as the particular opportunities for safe exploration and community building. Against the backdrop of the debate over the risks of ICTs for youth, this study focused on the relevance for SMYAYA and clinicians. A crucial benefit of online ICTs for participants was the anonymity, safety and distance that were difficult to find offline. This builds upon scholarship indicating ICTs may be a safe space for SMYAYA (Hillier and Harrison 2007), adding specificity by contrasting it with offline experiences. In keeping with previous literature (Mishna et al. 2012), the results indicate that the potential for risk should be contextualized by experiences of different identity groups, such as sexual minority status. While SMYAYA would likely continue to experience bullying regardless of their ICT use, online ICTs facilitate crucial opportunities for self-expression and connection that may not occur in the absence of ICT participation. The complexity of youth engagement with ICTs is important to work with SMYAYA, and such work should acknowledge youth as active agents within a culturally constructed context, rather than solely passive consumers (Gray 2009).

Impact on Practice with SMYAYA

Professional guidance about clinician responsibility regarding ICT knowledge has existed for nearly two decades. The National Association of Social Workers and Association of Social Work Boards (2005) in the report Technology and Social Work Practice states in Section 9-4: Clinical Competencies that “[s]ocial workers shall strive to become and remain knowledgeable about the dynamics of online relationships, the advantages and drawbacks of non-face-to-face interactions, and the ways in which technology-based social work practice can be safely and appropriately used” (p. 14). Further, Standard 3- Cultural Competence and Vulnerable Populations states that:

[s]ocial workers shall select and develop appropriate online methods, skills, and techniques that are attuned to their clients’ cultural, bicultural, or marginalized experiences in their environments. In striving for cultural competence, social workers shall have the skills to work with a wide range of people who are culturally different or who may be considered a member of a vulnerable population, such as people with disabilities and racial, ethnic, and sexual minority status, and those whose primary language may not be English (p. 6).

Research is somewhat less clear on the role of clinicians in addressing ICT consumption with young people (Burrow-Sanchez et al. 2011). However, it has been suggested that professionals: (1) be knowledgeable regarding the role of ICTs in youths’ lives, (2) be aware of the potential for support as well as victimization online, and (3) educate youth about potential risks through the provision behavioural guidelines (Lusk 2010; Wells and Mitchell 2008). This study considers those directives in the context of service delivery to SMYAYA.

1. Develop knowledge about online ICTs

Clinicians should strive to increase their knowledge about ICTs consumed by young people. Clinicians may not receive training on working with clients using ICTs, or think it is not relevant to their practice—which may be a particular issue for social workers who most frequently interface with a variety of populations. One study found only 15 % of clinicians surveyed had received such training, and that the training may focus disproportionately on negative online experiences such as online pornography addiction and adult victimization of minors (Wells et al. 2006).

Contemporary youth have been raised online in an “environment that has shaped how they think, behave, and act” (Gu et al. 2013, p. 392), and these youth frequently have more knowledge and skill regarding ICTs than the adults with whom they interact. ICTs are rapidly evolving (Lehr 2012); however clinicians might endeavour to learn about the most popular platforms used by their client population and for what purposes, instead of trying to understand all types of online ICTs. This study found that SMYAYA were engaging extensively with both online (e.g., social media, blogging and picture/video sharing) and offline (e.g., television, movies) ICTs, with more SMYAYA content being consumed online. Clinicians working with SMYAYA should be aware that this population is far more likely to seek information on sexuality and/or health as well as connections to the sexual minority community.
online (GLSEN 2013). Our research reinforces that ICT-savvy SMYYA are engaging in a variety of activities related to sexual minority status online, demonstrating that online ICTs offer important opportunities for exploration in a comparatively safe environment.

2. Consider online ICTs as a source of support

Many youth already use ICTs to obtain support and consider these friendships to be as valuable as their offline relationships (Mishna et al. 2009). For SMYYA, it is critical to consider clinical approaches that enhance their resilience (Craig et al., accepted). A comprehensive assessment is crucial to effective practice with SMYYA, and questions regarding ICT activities should be an essential component of such assessments (Craig et al. 2012). Clinicians who encounter clients with negative online ICT experiences frequently do not include questions about constructive internet use during preliminary assessments (Wells et al. 2006). Questions such as: (1) Describe your friendships, both online and offline? (2) Do you find these friendships supportive and if so how? (3) How does being online help you find information and answer questions? and (4) What does your ICT use mean to you?

It is in understanding the benefits of ICT use that we can join with young clients to provide guidance about making healthy online decisions. Recognizing that SMYYA experience high levels of victimization online and, as this study noted, their online participation offers safety not found in other contexts, critical opportunities exist for clinicians to reinforce those benefits in therapy. Clinicians may suggest that SMYYA seek out online information, as well as encourage social opportunities and connections in various youth led forums (GLSEN 2013).

3. Educate youth about risks and opportunities

As contemporary young people are typically more technically adept at navigating ICT environments than adults (Lusk 2010), clinicians and caregivers may feel less equipped to facilitate meaningful guidance. Yet youth may overestimate their expertise (Burrow-Sanchez et al. 2011). Youth whose caregivers discuss online safety and provide oversight experience less harassment (Burrow-Sanchez et al. 2011; Fleming et al. 2006; Lusk 2010). However, accepted methods of ensuring youth safety online may be problematic for SMYYA, whose parents may not be open to discussions of their sexuality. Clinicians may be able to substitute for parents in educating about online safety with SMYYA, though they require a clear understanding about the real possibility of increased youth risk taking online (Pajeran-Zazik and Park 2010) and should strive to inform themselves and their colleagues regarding strategies of prevention and intervention (Feinberg and Robey 2009).

Clinicians should support and encourage youth to be open about their online activities and experiences, assess youths’ knowledge regarding online safety, and proactively educate on how to safely engage with others via ICTs. As this study highlighted, ICTs may provide a context of safety for SMYYA; to participate in a number of exploratory opportunities, engage in identity integration, develop communication skills (such as responding to homophobia), and rehearse developmental tasks (such as coming out) (Craig and McInroy 2014; Alexander and Losh 2010; Hillier and Harrison 2007). Those who may be most effective with educating young people about safety when engaging with online ICTs are those who: (1) are able to reach numerous youth with knowledge regarding safe practices online, (2) have some experience educating about such concerns, and (3) are willing to disseminate their knowledge (Moreno et al. 2013).

Education efforts with SMYYA should be realistic, practical and straightforward, as youth often do not identify with melodramatic case examples (Burrow-Sanchez et al. 2011). In particular, professionals should educate about safe online behaviours and how to negotiate online relationships, discuss the potential short and long-term consequences of particular online behaviours (e.g., disclosing one’s name, sharing inappropriate images), and encourage the development of proactive coping skills (e.g., assertiveness, communication skills) that youth can use when engaging online (Burrow-Sanchez et al. 2011). Helping youth consider their own personal boundaries (e.g., not meeting online friends in person or engaging in bullying) as well as setting expectations and mutually agreed upon guidelines may strengthen self-efficacy.

Ensuring that youth have a “safe person” to discuss questions about their ICTs use with, especially as it relates to the safety of themselves or others, and discussing proactive ways to address incidents that violate their personal boundaries (e.g., timely reporting incidents of bullying or other incidents to supportive adults or website administrators) is critical. For example, as online communication often occurs in chat or posted messages, clinicians can discuss with youth the importance of minimizing others access by ensuring effective use of privacy settings on accounts and profiles (Ybarra and Mitchell 2008). Using a harm reduction approach, clinicians can fully explain the importance of boundaries and partner with youth to create their own ICT safety plan, ensuring that youth will remain safe and respond appropriately to protect themselves if they disclose something potentially risky. Clinicians can offer a safe space for youth to discuss their ICT use and even function in a meditative role to assist in communicating youths’ issues and concerns to their parents, schools or other agencies (Johnson and Branson 2012).
This study has several limitations. For transferability it should be noted that participants were predominantly from educated, relatively well-resourced backgrounds in an urban area, and their experiences may differ from others with different backgrounds. Since participants self-selected for an eligibility screening, selection bias also may have resulted in a sample that was different than those not making contact. This study was intended to be an in-depth examination of frequent ICT users, and was not representative of all SMYYA. Future studies should strive to include SMYYA that differ in their frequency of use, non-SMYYA, and/or youth who represent more rural or suburban areas. This study provides valuable information about the avid ICT consumption of SMYYA and highlights that there is a need for more training and research on the potential clinical impacts of ICTs (Wells et al. 2006). At a time of intense media attention on issues of online safety for youth, it is critical to recognize that SMYYA may consider ICTs to be considerably safer than their offline lives. ICTs may provide opportunities for adolescent growth and development, and clinicians may consider integrating their use into social work practice.

Conclusion

It is no longer possible to overlook the influence of ICTs in young peoples’ lives. Clinicians working with SMYYA should develop knowledge about ICTs consumed by young people (particularly those accessed online by SMYYA) and recognize that, despite the existence of risks, ICTs also offer a critical source of support and community which may be inaccessible to youth in their offline lives. Thus, clinicians should strive to facilitate young peoples’ constructive use of ICTs, while working to educate on the responsible use of such technologies. Such clinical social work efforts should be realistic and practical, ensuring information is relevant to the contemporary experiences of youth who have grown up in an ICT saturated environment.

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References


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