New South Wales summary report

Writing Themselves In 4

THE HEALTH AND WELLBEING OF LGBTQA+ YOUNG PEOPLE IN AUSTRALIA

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The Australian Research Centre in Sex, Health & Society (ARCSHS) at La Trobe University specialises in social research into sexuality, health and the social dimensions of human relationships. It works collaboratively and in partnership with communities, community-based organisations, government and professionals in relevant fields to produce research that advances knowledge and promotes positive change in policy, practice and people's lives. www.latrobe.edu.au/arcshs

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About this report

This report describes the New South Wales-specific findings from *Writing Themselves In 4*: a national survey of health and wellbeing among LGBTQA+ young people in Australia.

Writing Themselves In 4 involved an online survey of people living in Australia aged between 14 and 21 years who identified as LGBTIQA+. The survey was open for completion between the 2nd September and the 28th October 2019.

In total, there were 6,418 complete and valid responses to the survey. Table 1 displays the numbers and percentages of participants residing in each state or territory.

Table 1 Distribution of participants by state and territory

State/territory (n = 6,418)	**n**	**%**
Australian Capital Territory	300	**4.7**
Queensland	1,008	**15.7**
New South Wales	1,619	**25.2**
Northern Territory	43	**0.7**
South Australia	640	**10.0**
Tasmania	226	**3.5**
Victoria	1,859	**29.0**
Western Australia	723	**11.3**

About this state report

This report summarises key findings from *Writing Themselves In 4* that are specific to participants who were resident in New South Wales (NSW) at the time of completion. It is designed to complement the national report by providing data relating to specific topics broken down at the state level. This report covers issues that can at times represent challenges for LGBTIQA+ young people (such as mental health, discrimination or abuse) as well as aspects of life that can enhance health and wellbeing (such as supportive relationships and community engagement). For a full account of study processes, please refer to the national report.

While the sample of 1,619 LGBTQA+ young people in New South Wales represents the largest-ever survey of this population, it is an insufficient number to break responses down according to gender identity, sexuality or other key demographic characteristics. These are reported on, where possible, in the national report, which also includes a full account of recommendations for policy, practice and future research with and for LGBTQA+ young people in Australia.

Acknowledgements

It is important to acknowledge the generous help of a great many people who supported the design, development, implementation and analysis of this 4th iteration of *Writing Themselves In*.

First thanks go to Lynne Hillier and Anne Mitchell who, as the founders of *Writing Themselves In* back in 1998 had the vision to craft a research study that could get to the heart of experiences and challenges faced by LGBTIQA+ young people. Their drive and determination ensured three rounds of the project, in 1998, 2005 and 2009, the findings from which have contributed to policy and program design across the country. Both Lynne and Anne have been a great source of support and wisdom as we sought to undertake *Writing Themselves In 4* and their contribution to LGBTIQ research in Australia cannot be overstated. We also wish to acknowledge other research assistants and colleagues who worked on these previous iterations, including Deborah Dempsey, Lyn Harrison, Lisa Beale, Lesley Matthews, Doreen Rosenthal, Alina Turner, Tiffany Jones, Marisa Monagle, Naomi Overton, Luke Gahan and Jennifer Blackman.

Writing Themselves In 4 benefitted significantly from the expert advice and guidance of our **Community Advisory Board**. This included the following members:

Tim Bavinton Family Planning ACT (Australian Capital Territory)

Peter Waples-Crowe Thorne Harbour Health, Aboriginal and Torres Strait Island Program (Victoria)

Tracey Hutt SHINE SA (South Australia)

Micah Scott Minus 18 (Victoria)

Starlady Zoe Belle Gender Collective (Victoria)

Terence Humphries Twenty10 (New South Wales)

Bonnie Hart Intersex Peer Support Australia (Queensland)

Sarah Lambert ACON (New South Wales)

Josh Muller Psychologist (Victoria)

Adrian Murdoch Minus 18 (Victoria)

This group, and often their broader organisations, played a vital role in securing funding for the study, shaping the objectives, providing substantial input into the design of survey questions, helping shape and refine the recruitment strategy, providing guidance in priority analyses, and providing feedback on drafts of this report. We are immensely grateful for all their support.

The **Community Advisory Board** was complimented by an additional expert group that convened to consider how best to represent gender diversity among participants in the survey. Members of this **Gender Advisory Board** included Rory Blundell (Zoe Belle Gender Collective), Teddy Cook (ACON), Misty Farquhar (Curtin University), Ivy McGowan (ARCSHS), and Starlady (Zoe Belle Gender Collective). This group gave invaluable advice regarding conceptualisation of gender categories in the survey and provided input into many aspects of the data analysis. We greatly appreciate the time they gave so generously to this project.

A large number of other individuals contributed to the conception and design of this study. These include Ro Allen, Vera Babida, Amy Peacock, Margherita Coppolino, Nathan Despott, David Momcilovic, Miranda Coffee, Rachel Cecilio, Susan Ditter, James Gray, Rebecca Reynolds, Brenda Appleton, Craig Comrie, Holley Skene, Bryan Stewart, Derm Ryan, Paul Tobias, Erik Denison, Susanne Prosser, Matt Dixon, Jax Jacki Brown, Adrian Murdoch, Rebecca Mery, Lesley Champion and Elizabeth Smith.

A great many organisations supported promotion of the survey to LGBTIQA+ young people via their online networks. These include HEY partners in Victoria and members of the Rainbow Network as well as those working in support of young people with an intersex variation, or their parents. To all those organisations or individuals who also contributed to the promotion of the survey but whose efforts and names we were not able to document, please accept our very sincere thanks for your help with this research and for your ongoing efforts to improve the lives of LGBTIQA+ young people.

In addition to this remarkable group of professional stakeholders, *Writing Themselves In 4* was supported by passionate and enthusiastic **Youth Advisory Groups** of young people in both Victoria and South Australia. Group members played a pivotal role in ensuring that the questions we asked were meaningful to young people and were asked in the most appropriate way. Without their involvement we would not have successfully engaged such a large number of LGBTQA+ young people from all across the country. Members of the group who feel comfortable in us sharing their names include Rory Blundell, Lachlan Houen, Freya Corlis-Richards, Rose Simonsen, Sunny Baek, Jamil Nabole, Max Taylor and Claire Bostock.

Many staff and students at the Australian Research Centre in Sex, Health and Society at La Trobe University provided support to the project, by making referrals, inputting into survey design, shaping communications and in assisting in project management. Thanks go to Jen Sykes, Steven Angelides, William Leonard, Claire Farrugia, Renae Fomiatti, Jackson Fairchild, Andrea Waling, Shamini Joseph, Duane Duncan, Suzanne Fraser, Adrian Farrugia, Christopher Fisher, Graham Brown, Kate Seear, David O'Keeffe, Jayne Lucke, Delsi Moleta, James Dunn, Nikos Lexis Dacanay, Tim Krulic, Tom Rozbroj, Bonnie McKenzie, Lucille Kerr, Jake Franklin and Thanh Ly An. Extra special thanks to Gene Lim for expert advice in conceptualisation of ethnicity for analysis and to the formative stages of the survey development and community engagement.

Finally, our thanks go to LGBTQA+ young people themselves. We asked you to tell us your story and you did, in your thousands. We hope this report does justice to your experience and that the findings will be used to affirm and support LGBTQA+ young people everywhere.

Dr Adam Bourne
Associate Professor and
Lead Investigator on behalf
of all study authors
a.bourne@latrobe.edu.au

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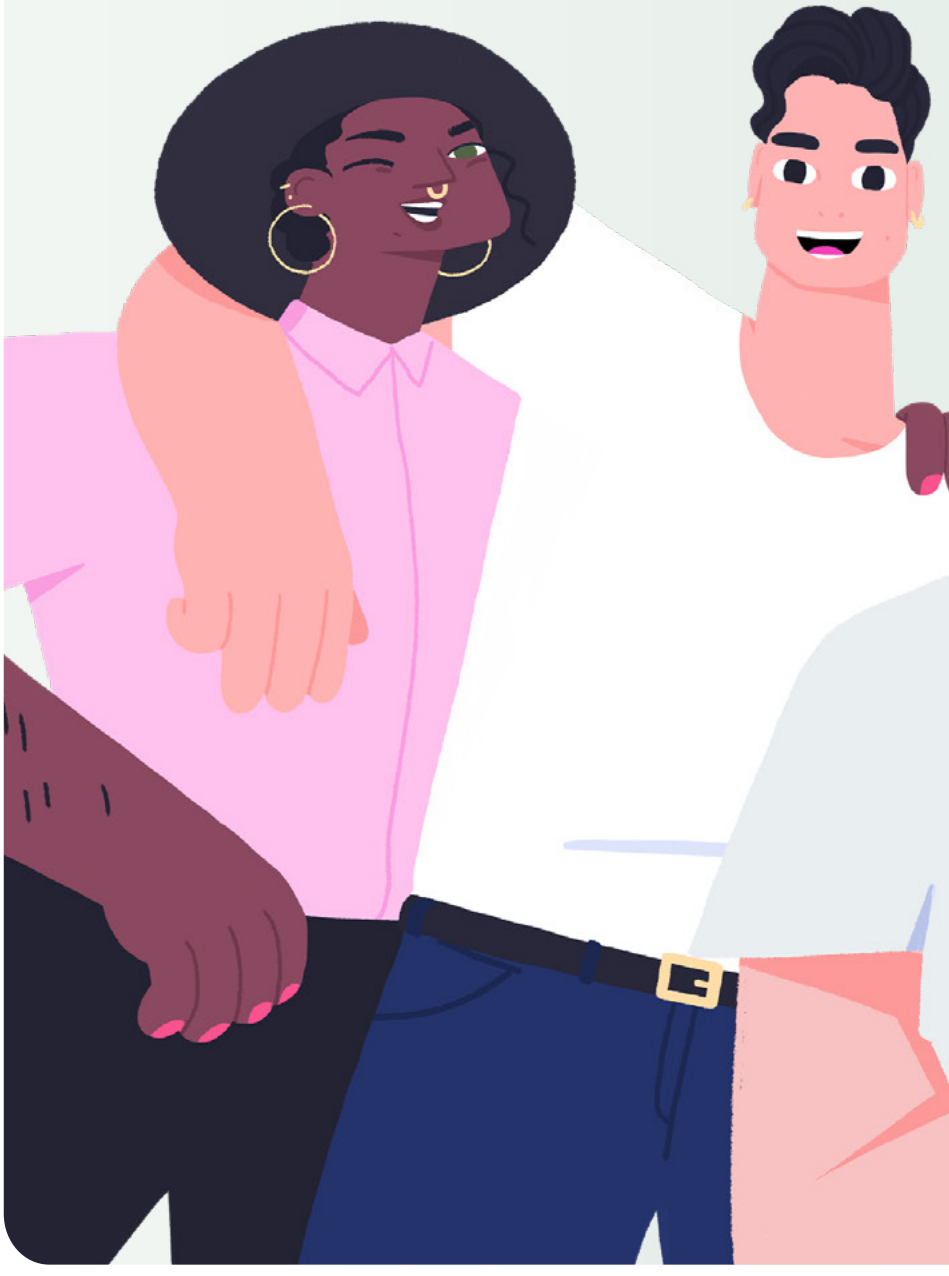
- The Victorian Department of Premier and Cabinet
- The Australian Capital Territory Government Office for LGBTIQ+ Affairs
- The New South Wales Department of Health
- SHINE SA, with support from the Office of the Chief Psychiatrist in South Australia.

Terminology

LGBTQA+

Within this report we use the term LGBTQA+ to refer to people who identify as lesbian, gay, bisexual, trans, queer or asexual. The '+' reflects our engagement with others who identify as same or multigender attracted or gender diverse but who use a wide range of different identity terms.

As discussed in further detail in chapter 2.6, we were unfortunately not able to recruit a sufficient number of young people with an intersex variation/s to enable analysis and disaggregation of the data to reflect their experiences. As such, and after close consultation with a leading representative of the intersex community on our **Community Advisory Board**, the difficult decision was made to refer only to LGBTQA+ young people. To do otherwise would risk



suggesting that the findings speak for young people with an intersex variation/s when this is not the case. Where we refer to our efforts to ensure inclusion in the survey (such as in the methods section) we use the term 'LGBTIQA+'. Similarly, numerous questions within the survey used the term 'LGBTIQA+' and the original wording is retained for accuracy where responses to these are reported in later chapters.

In a variety of places throughout this report we make comparisons to other relevant literature, the authors of which may not have used the same terminology or who may have focussed only on specific communities (e.g. lesbian, gay or bisexual young people). We have reflected this in the report, which means in several sections we use terms such as LGB, LGBT, or LGBTQ, depending upon the original terms used. The language used in relation to gender and sexuality in *Writing Themselves In* has itself developed over the past 22 years; in 1998 the term 'same-sex attracted' was used, while 'gender-questioning' was used to reflect gender diversity in 2010. While we do not promote the use of such terms now, we retain reference to them where relevant in this report to reflect the populations who were included at the time.

Executive summary

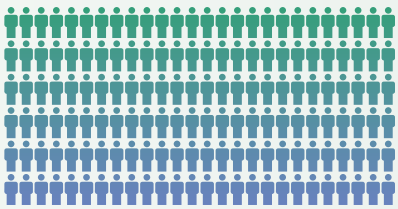
In 1998, the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University conducted *Writing Themselves In* (1), the first-ever national survey of same sex attracted1 young people in Australia. The research highlighted the marginalisation of same-sex attracted young people and identified very high levels of stigma and discrimination. Some of the first specific services and supports for sexually-diverse young people in Australia were launched in response to this iteration of *Writing Themselves In*. The survey was repeated in 2004 (2) and 2010 (3) and the series was expanded to include a survey targeting trans and gender diverse young people, From Blues to Rainbows, in 2014 (4). Each new iteration of the study provided additional insights into the identities and lives of these young people as well as further evidence of the importance of, impact and effective approaches for services that meet the needs of young people. We hope that this 4th iteration of the survey makes a similarly positive impact on the lives of young people by improving understanding of the diversity of their lived experiences, advancing advocacy, informing government policy for programs and services and assisting health and community organisations to work effectively, empowering LGBTIQA+ young people and improving health and wellbeing.

Writing Themselves In 4 was developed in consultation with a **Community Advisory Board** (CAB), which included expert representatives from all states and territories that had contributed funding for the study. Their work was complemented by the support of two **Youth Advisory Groups**, one each in Melbourne and Adelaide. Questions were drawn from a variety of sources, including previous iterations of *Writing Themselves In*, the Australian Bureau of Statistics and the Victorian Population Health Survey. Further items were developed specifically for the purpose of understanding the needs of LGBTIQA+ young people and were subject to extensive consultation with the **Community Advisory Board** and **Youth Advisory Groups**. The survey was specifically designed for online completion and as such included multiple question routes that were contingent on prior responses. The survey was provided in English and was restricted to participants who resided in Australia at the time of the survey, were 14-21 years of age, and identified as LGBTIQA+ (or used a synonymous term). The survey was promoted througha mixture of still images and a short video distributed via paid advertising on Facebook and Instagram, online networks of community organisations working with and for LGBTIQA+ young people, and promotional posters provided to community organisations.

About the young people who participated

- In total, 1,619 participants who completed the Writing Themselves In 4 survey were living in New South Wales.
- The mean age of New South Wales participants was 17.2 years (SD = 2.0), with ages ranging from 14 to 21 years. Writing Themselves In 4 obtained a diverse sample of LGBTQA+ people in New South Wales, including 5.6% of participants who identified as Aboriginal and/or Torres Strait Islander, 10.0% who were born overseas, and 38.5% who identified as having disability or long-term health condition.
- Almost half (48.9%) of participants were cisgender women, 24.7% were cisgender men, 18.6% were non-binary, 6.7% were trans men, and 1.2% were trans women.
- Over one-third (35.1%) of participants identified as bisexual, 16.9% as gay, 11.9% as lesbian, 11.1% as pansexual, 7.8% as queer, 4.3% as asexual, and 12.9% reported 'something else' with regard to their sexual orientation.
- The vast majority (95.1%) of Writing Themselves in 4 participants in New South Wales reported attending an educational setting in the past 12 months. Almost two thirds (64.8%) of participants attended a secondary school, one-fifth (20.0%) university, 6.6% TAFE, 1.4% an alternative education program, 1.1% a private college, and 0.9% a different educational setting.

PARTICIPANTS



1,619

IN NEW SOUTH WALES

17.2

MEAN AGE

10.0%

BORN OVERSEAS

5.6%

ABORIGINAL/TORRES STRAIT ISLANDER

38.5%

IDENTIFIED AS HAVING A DISABILITY OR LONG-TERM HEALTH CONDITION

1 *This is the terminology used at the time of this study, although this does not represent the way in which gender identity and sexuality are reflected in Writing Themselves In 4.*

Disclosure and support from others

- Most participants (95.2%) had come out to or talked about their sexual identity or gender identity with at least some of their friends, followed by 72.6% to some of their classmates, and 70.7% to some of their family. However, less than half of participants had come out to any co-workers (43.3%), teachers (37.2%), or sports teammates (29.1%).
- Almost nine-tenths (88.1%) of participants who had disclosed reported feeling supported about their sexuality or gender identity by their friends, almost two-thirds by their sports teammates (63.8%), co-workers (63.0%) and teachers (62.3%) (although the number of participants who were out to teachers, co-workers and teammates was very low), and almost three-fifths (58.6%) by family. Less than half of participants (40.3%) reported their classmates as supportive about their sexuality or gender identity.

Educational settings: Supportive structures and practices

- Almost five times the number of participants attending university (74.7%) reported being aware of an LGBTIQA+ alliance at their educational setting than participants attending secondary school (15.6%).
- One-eighth (12.7%) of secondary school participants in New South Wales reported that LGBTIQA+ people received attention or discussion in a supportive or inclusive way and over one-quarter (27.1%) reported never having any aspect of LGBTIQA+ people mentioned in a supportive or inclusive way during their schooling.

Educational settings: Discriminatory and affirming experiences

- More than half (57.7%) of participants at secondary school felt unsafe or uncomfortable due to their sexuality or gender identity in the past 12 months.
- One-third (33.0%) of participants at university felt unsafe or uncomfortable due to their sexuality or gender identity in the past 12 months.
- Less than three-tenths (27.7%) of participants felt that they could safely engage in public affection with other LGBTIQA+ people at secondary school, one-third (33.5%) felt that they could safely attend a school dance with someone of the same gender, half (51.6%) felt that they could openly identify as LGBTIQA+, and two-fifths (43.7%) felt that they could safely celebrate 'Wear It Purple Day', IDAHOBIT, or Transgender Day of Visibility or another LGBTIQA+ day of significance.
- Less than two-fifths (39.4%) of participants felt that they could safely engage in public affection with other LGBTIQA+ people at university, over seven-tenths (71.6%) felt that they could openly identify as LGBTIQA+, and over three-fifths (63.1%) felt that they could safely celebrate 'Wear It Purple Day', IDAHOBIT, or Transgender Day of Visibility or another LGBTIQA+ day of significance.
- Less than one-third (30.4%) of trans and gender diverse participants felt that they could safely use bathrooms and around one-quarter (24.3%) that they could safely use the changing rooms that match their gender identity at secondary school. Almost three-fifths (55.3%) of trans and gender diverse participants felt that they could safely use bathrooms and less than one-third (31.6%) that they could safely use the changing rooms that match their gender identity at university.
- Over one-third of secondary school students (36.9%) of reported missing day/s at their educational setting in the past 12 months because they felt unsafe or uncomfortable. One-sixth (15.5%) of university students reported missing day/s at their educational setting in the past 12 months because they felt unsafe or uncomfortable.
- Almost two-thirds (64.9%) of participants at secondary school reported that they frequently heard negative remarks regarding sexuality at their educational setting during the past 12 months. One-fifth (20.1%) of participants at university reported that they frequently heard negative remarks regarding sexuality during the past 12 months at their educational setting.

48.9% CISGENDER WOMEN

6.7% TRANS MEN

24.7% CISGENDER MEN

18.6% NON-BINARY

1.2% TRANS WOMEN

16.9% GAY

11.9% LESBIAN

11.1% PANSEXUAL

7.8% QUEER

4.3% ASEXUAL

12.9% SOMETHING ELSE

35.1% IDENTIFIED AS BISEXUAL

- Over two-thirds (67.6%) of secondary school participants reported hearing negative language about gender identity or gender expression in the past 12 months at their educational setting.
- Over two-fifths (47.6%) of university students reported hearing negative language about gender identity or gender expression sometimes or frequently in the past 12 months at their educational setting.

Experiences of homelessness

- Over one-fifth (21.8%) of participants had experienced one or more forms of homelessness in their lifetime, including one-tenth (10.5%) in the last 12 months.
- One-sixth (17.4%) of participants had run away from home or the place they lived at some point in their lives, and almost one-tenth (8.7%) had ever left home or the place they live because they were asked or made to leave.
- Over one-quarter (27.2%) of participants reported that their experience/s of homelessness in their lifetimes were related to being LGBTIQA+.

Experiences of harassment and assault

- Two-fifths (39.3%) of participants reported experiencing verbal harassment, one-fifth (20.8%) sexual harassment, and almost one-tenth (8.2%) physical harassment based on their sexuality or gender identity in the past 12 months.
- Almost three-fifths (57.7%) of participants had experienced verbal harassment, over one-quarter (27.5%) sexual harassment, and 14.3% physical harassment based on their sexuality or gender identity at some point in their lives.
- Verbal and physical harassment were most commonly reported at educational settings and in public.

Mental health and wellbeing

- Over four-fifths (81.5%) of all participants had experienced high or very high levels of psychological distress during the past four weeks.
- Over four-fifths (84.3%) of participants aged 16–17 reported high or very high levels of psychological distress, more than three times the level reported among studies of 16–17-year-olds in the general population (5).
- Almost half (49.2%) of all participants reported having ever being diagnosed with generalised anxiety disorder and 48.8% with depression.
- Almost three-fifths (58.9%) of all participants had seriously considered attempting suicide in the previous 12 months, and 59.9% of those aged 16-17. This is more than five times that observed within studies of the general population aged 16–17 (11.2%) (5).
- One-tenth (10.2%) of all participants and 12.4% of those aged 16-17 had attempted suicide in the past 12 months, more than three times the 3.8% observed in studies of the general population aged 16–17 (5).
- Over one-quarter (26.2%) of all participants and 27.1% of those aged 16-17 had attempted suicide in their lifetimes. This is more than five times the proportion observed in studies of the among the general population aged 16–17 (5).
- Two fifths (39.9%) of all participants reported self-harming in the past 12 months, and over three-fifths (62.4%) reported having ever self-harmed. The rates among those aged 16-17 were more than five times the proportion observed in studies of the general population aged 16–17 (5).
- Among participants who had experienced either suicidal ideation, planning, attempts, or self-harm ideation or attempts, over two-fifths (46.7%) had accessed an in-person professional counselling or support service, one-eighth (12.5%) a professional text or webchat support service, and less than one-tenth (9.1%) a professional telephone support service ever in their lifetime.

EDUCATION

57.7%

HAD FELT UNSAFE AT SCHOOL DUE TO THEIR SEXUALITY OR GENDER IDENTITY IN THE LAST 12 MONTHS

HOMELESSNESS

10.5%

HAD EXPERIENCED HOMELESSNESS IN THE LAST 12 MONTHS

27.2%

REPORTED THAT THEIR EXPERIENCE/S OF HOMELESSNESS WERE RELATED TO BEING LGBTIQA+

HARASSMENT OR ASSAULT

39.3%

EXPERIENCED VERBAL HARASSMENT IN THE LAST 12 MONTHS

Alcohol, tobacco and other drug use

- Approximately one in twelve (7.8%) participants aged 14–17 years, and over one in eight (16.3%) aged 18-21 years were current tobacco smokers.
- More than two-fifths (45.5%) of participants aged 14–17 years, and almost nine-tenths (88.5%) of participants aged 18–21 years reported ever drinking alcohol.
- Over one-quarter (26.1%) of participants aged 14-17 and 44.2% of participants aged 18-21 reported using any drug for non-medical purposes in the past six months. The most commonly used drugs were cannabis (27.9%), ecstasy/MDMA (6.7%) and amyl nitrite/alkyl nitrite (5.4%).
- Among participants who reported using any drug for non-medical purposes in the past six months, almost one-quarter (23.6%) had been concerned about their drug use at some point in the past, and 28.9% reported their family or friends had expressed some concern about their drug use.

LGBTIQA+ community participation

- Over one-third (34.2%) of participants had stood up for the rights of LGBTIQA+ people at school or work in the past 12 months.
- Approximately one-fifth (20.8%) had attended a rally or protest about LGBTIQA+ rights, and 7.0% had volunteered for an LGBTIQA+ organisation or cause in the past 12 months.
- Over one-tenth (14.4%) of participants attending school/university had attended a school/university LGBTIQA+ youth group in the past 12 months, 7.5% of trans and gender diverse participants a trans and gender diverse youth group, and one-eighth (12.6%) of all participants an LGBTIQA+ youth event.

Feeling good as LGBTIQA+ young people

- Towards the end of the survey, *Writing Themselves In 4* asked participants, 'What makes you feel good about yourself?' A number of themes emerged that speak to the creativity and confidence of LGBTQA+ young people, as well as some of the challenges they are still seeking to overcome.
- Key themes that emerged from participants in New South Wales include: social connectivity to friends and family; romantic connection and partnerships; creativity and achieving; affirmation from within (how I feel about myself); being affirmed by others (how I am seen and treated in my social world); and having an influence on others and effecting positive change within their community. These findings offer valuable insight into the activities and practices valued by young people, including those that affirm their sexuality and gender identity, which could form the inspiration for LGBTQA+ supportive interventions moving forwards.

Recommendations

Despite legal advancements and social changes, a great many LGBTQA+ young people experience challenges in their everyday life, often a consequence of – or connected to - experiences of stigma, discrimination and violence.In chapter 13 we outline a series of recommendations aimed at addressing inclusion and ensuring adequate service provision

in mental health settings, educational environments and in other health and social care settings. We also propose new efforts to tackle upstream drivers of stigma and violence, encourage community inclusion initiatives and make recommendations for future research with and for LGBTIQ young people.

MENTAL HEALTH & WELLBEING

10.2%

HAD ATTEMPTED SUICIDE IN THE LAST 12 MONTHS

26.2%

HAD ATTEMPTED SUICIDE IN THEIR LIFETIME

ALCHOL, TOBACCO & OTHER DRUG USE

26.1%

OF 14-17 YEAR OLDS AND 44.2% OF 18-21 YEAR OLDS REPORTED ILLICIT DRUG USE IN THE LAST 6 MONTHS

LGBTIQA+ COMMUNITY PARTICIPATION

34.2%

HAD STOOD UP FOR LGBTIQA+ RIGHTS IN THE LAST 12 MONTHS

1 Background

In 1998, the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University conducted *Writing Themselves In (1)*, the first-ever national survey of same-sex attracted young people in Australia. The research highlighted the marginalisation of same-sex attracted young people and identified the shocking levels of stigma and discrimination that they had experienced.

The survey was repeated in 2004 (2), documenting similarly high levels of hostility directed towards them, but also the impact that such stigma and discrimination had on their health and wellbeing. This survey showed that young people who had experienced homophobic abuse were more likely to report self-harm and feel less safe at school. A third iteration of the survey in 2010 (3) retained core questions about the nature of stigma, discrimination and harm but also sought to better understand where homophobic abuse took place and who same-sex attracted young people turned to when in need. This showed that a high number of young people were experiencing homophobic bullying and discrimination in schools. The second and third iterations included questions about gender diversity, and in 2004 nine transgender people took part, while 91 'gender-questioning' young people did so in 2010 (see p.6 for discussion of historic use of sex, gender and sexuality-related terminology).

Given the limited engagement of trans and gender diverse young people in earlier surveys, in 2013 ARCSHS conducted a specific study with this population, 'From Blues to Rainbows' (4). This project examined the mental health and wellbeing of gender diverse and transgender young people in Australia and observed that almost half the young people had been diagnosed with depression by a health professional, while more than a third had recent thoughts of suicide. The study also found that people reporting supportive parents were more likely to report better mental health outcomes, while many participants spoke of feeling better when engaging in community activism.

Some of the first LGBTIQ+-specific services and supports for young people in Australia were launched in response to the first iteration of *Writing Themselves In*. In the years since, findings have informed a variety of policies and programs within New South Wales, and at a national level, including initiatives by the Australian Human Rights Commission, the Commonwealth Department of Health and Suicide Prevention Australia. Each iteration of the study has provided new insights into the identities and lives of these young people as well as further evidence of the importance of, impact and effective approaches for services that meet the needs of LGBTIQA+ young people. In turn, we have seen the growth of targeted services, affirmative support and dedicated funding for the health and wellbeing of LGBTIQA+ young people. We hope that this 4th iteration of the survey makes a similarly positive impact on the lives of young people by letting their voices be heard, and in doing so, advancing advocacy, informing government policies, and assisting health and community organisations to work effectively. All of this is important in both empowering LGBTIQA+ young people and ultimately improving their health and wellbeing.

2 Methods

2.1 Community and youth consultation

A great many social, cultural and technological changes have come about in the 10 years since the last iteration of *Writing Themselves In*. As a consequence, a significant revision of the survey was required to take account of the world that LGBTIQA+ young people inhabit and to better reflect their experiences. This revision was guided by in-depth consultation with a wide variety of stakeholders from across Australia who provide specialist programs to support LGBTIQA+ young people (outlined in the opening Acknowledgements section). We were fortunate to work with an incredibly passionate and knowledgeable **Community Advisory Board**, which included expert representatives from all states and territories that had contributed funding for the study. The **Community Advisory Board** played a vital role in helping to devise new lines of questions, refining possible answers and prioritising areas of investigation.

Their work was complemented by the support of two **Youth Advisory Groups**, one each in Victoria (consisting of members aged 16–23 years) and South Australia (consisting of members aged 14–21 years). The Victoria-based committee met throughout the life of the project to inform key areas of inquiry, to shape and refine questions, their wording and sequence, gave valuable input into the promotional materials to ensure they were engaging for fellow young people, and offered advice as to the areas that required particular attention in the written outputs of the study (including this report). The South Australia-based group was more focussed in its activities and primarily contributed to the survey design and promotion but was absolutely vital in ensuring that the voices of young people in different parts of the country could be heard by this study.

Writing Themselves In 4 promotional material

The **Youth Advisory Groups** were an important part of making sure that the survey accounted for the needs and concerns of LGBTIQA+ young people and that it accurately reflected their everyday experiences. Care was taken to ensure participant diversity in gender, sexuality and expression of sex characteristics within both groups. The groups were comprised of young people with various lived experiences, including diversity in relation to culture, ethnic background religious upbringing and geographical location in cities and regional or rural areas.

2.2 Survey development

Questions ultimately used in *Writing Themselves In 4* were drawn from a variety of sources, including previous iterations of *Writing Themselves In* as well as questions used by the Australian Bureau of Statistics and the *Second Australian Child and Adolescent Survey of Mental Health and Wellbeing* (5) in order to allow comparisons. Further items were developed specifically for the purpose of understanding the needs of LGBTIQA+ young people and were subject to extensive consultation with the **Community Advisory Board** and **Youth Advisory Groups**. A full draft of the survey underwent repeated pilot testing with young people to ensure comprehension and sufficiency of response options.

The survey was specifically designed for online completion and as such included multiple question routes that were contingent on prior responses. Numerous studies have demonstrated how online surveys provide an effective means of reaching populations that have historically been harder to reach via face-to-face recruitment methods (6,7).

2.3 Recruitment

To be eligible to participate in *Writing Themselves In 4*, participants needed to be aged between 14 and 21 years, be resident in Australia at the time of completing the survey and identify as LGBTIQA+ (or use a synonymous term). The survey was launched on the 2nd September and closed on the 28th October 2019. It was promoted in a variety of ways:

- Through paid advertising on Facebook and Instagram
- Via the online networks of community organisations working with and for LGBTIQA+ young people
- Through promotional posters provided to community organisations, which carried website information for participation

As with previous iterations of *Writing Themselves In*, a recruitment brand was developed to facilitate engagement. This emerged and was refined through consultation with the **Community Advisory Board** and, in particular, the **Youth Advisory Groups**. The resulting theme, 'this is Me', aimed to capture a sense of celebration and affirmation of LGBTIQA+ identities. Through a mixture of still images and a short video, young people were encouraged to 'tell their story' through their participation in the survey. In an effort to increase

participation among historically underrepresented groups, specific versions were created to enhance recruitment effort with Aboriginal and Torres Strait Islander communities, people with an intersex variation/s and trans women.

Unique URLs were used with each recruitment platform to allow analysis of how many participants engaged with the study through different approaches. This, along with close monitoring of the survey via the hosting software (Qualtrics), allowed for targeting and tailoring of recruitment efforts in real time to try to ensure adequate participation from different sections of the LGBTIQA+ community. Many community organisations promoted the survey and those we were able to identify are duly noted in the acknowledgements section of this report. We are immensely grateful for their support.

After reading a detailed description of the study and providing informed consent, young people were taken through a series of largely fixed response (quantitative) questions pertaining to their health and wellbeing. Care was taken to ensure a balance of questions that could be considered more challenging to answer (such as those about mental health or experiences of stigma or discrimination) as well as those that allowed space for young people to affirm their LGBTIQA+ identities and share experiences of what makes them feel good about themselves and how they envision their futures. Young people who participated were free to leave any question unanswered, which is reflected in the following chapters where the total sample size for each question may vary slightly.

Writing Themselves In 4 received approval from the Human Ethics Committee of La Trobe University. It was also endorsed by the ACON Research Ethics Review Committee.

Writing Themselves In 4 promotional material

2.4 Analysis and categorisation of data

Descriptive and comparative data analyses were undertaken using STATA SE16. Where possible, these have been descriptively compared to *Writing Themselves In 3*or general population data sources.

2.4.1 Gender identity

Young people were first asked, 'Which options best describe your gender?' Response options were male, female, non-binary, 'I use a different term', and 'gender questioning/ unsure'. Participants could choose more than one response. Those who responded with 'non-binary', 'something different', or identified with a gender that was different to that assigned at birth were subsequently asked, 'Which of the following additional options best describes your gender?' Response options included 19 gender identities (developed through consideration of existing literature and close consultation with the **Community Advisory Board** and **Youth Advisory Groups**). Participants could choose more than one response and those who did were invited to answer a third question, 'We understand it may be difficult to choose but if you feel comfortable, which of the following options to describe your gender do you have the strongest attachment to?' They could select from the same list of 19 options displayed in the previous question or select 'I don't find it possible to choose one term'. This was done to ensure the fullest possible picture of participant identities, while also allowing for later analysis through grouping of responses.

A broad range of identities were reflected in the findings. While it is important to acknowledge all identities reported by participants, for the purpose of statistical analysis it was necessary to merge some categories. We endeavoured to do so in an ethical and transparent manner and convened a Gender Advisory Board specifically to help us examine these issues and devise suggestions for analysis categories. This was subject to further consultation with the full **Community Advisory Board**.

The process of consultation resulted in five gender categories to be used in analysis: cisgender man; cisgender woman; trans man; trans woman; and non-binary. A full account of how such categories were determined is provided in the national report. For the purposes of this New South Wales summary report, only whole LGBTQA+ population figures are reported. Disaggregation by gender is provided in the national report, where a sufficient sample size enables this form of analysis.

2.4.2 Sexuality

Young people were first asked, 'Which option best describes your sexuality?' and were presented with 10 possible response options plus the opportunity to type in another term. Participants could select more than one option, but those who did so were subsequently asked, 'We understand it may be difficult to choose. If you feel comfortable, which of the following options to describe your sexuality do you have the strongest attachment to?' They were then presented with the same list of 10 options and could also indicate that they were unable to select only one term. Following a similar process to that for gender identity, described above, these responses were merged into seven sexuality categories: lesbian, gay, bisexual, pansexual, queer, asexual and 'something different'. The 'something different' category was made up of participants who identified as 'homosexual', 'prefer not to have a label', and 'cannot choose only one sexuality'. This category also included trans men, trans women and non-binary people who identified as heterosexual. Similar to gender diversity, for the purposes of this New South Wales summary report, only whole LGBTQA+ population figures are reported. Disaggregation by sexuality is provided in the national report , where a sufficient sample size enables this form of analysis.

2.4.3 Intersectionality

LGBTIQA+ young people are as diverse as any other section of the population and hold numerous intersecting identities and social positions relating to their ethnicity, Aboriginal or Torres Strait Islander identity and heritage, ableness, age, migration status and area of residence (amongst others). Prior public health research would suggest that these identities have relevance to, and impact upon, health related behaviours and outcomes, although there is less existing research about how this plays out for LGBTIQA+ young people.

Within the national report we provide a breakdown of data relating to experiences of having disability, area of residence (e.g. a metropolitan or rural area) and ethnic background. Data relating to the experience of Aboriginal and Torres Strait Islanders LGBTIQA+ young people will be analysed separately subsequent to this report, in collaboration with colleagues and peers from Aboriginal and Torres Strait Islander communities as we seek to make sense and find meaning in these experiences. These interpretations will be the subject of a dedicated output to be published in the future.

With a significant number of overlapping identities and experiences included within the data, it is not possible to analyseall of them in one report. Therefore, in addition to the national and state level reports, the investigator team will be undertaking a range of analyses in the coming months to further understand and give voice to the experiences of LGBTQA+ young people who hold such intersecting identities. These will be the subject of additional reports and academic journal articles, all of which will be detailed on the *Writing Themselves In* pages of the ARCSHS website.

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2.5 Interpreting the data

Writing Themselves In 4 uses convenience sampling, meaning that participants are drawn from a range of community-based recruitment efforts. As such, it is not considered a 'representative' survey of LGBTIQA+ young people and cannot be used to determine, for example, the prevalence of certain identities within the many communities. Larger or smaller proportions of participants in various states or territories may reflect greater levels of engagement from local community groups or stakeholders. It also means that care must be taken when considering the population-prevalence of the health outcomes reported in later chapters. A truly representative sample can only be accomplished by random sampling, which aims to reflect the population as a whole. At the time of writing, gender diversity and sexuality are not likely to be captured within the national census of Australia, which complicates efforts to achieve truly representative samples of LGBTIQA+ communities. In September of 2020, *Writing Themselves In 4* represents the largest sample of LGBTIQA+ young people ever recruited in Australia and confidence can be found in the weight and volume of their responses. Data from this sample provide a robust understanding of experience and need to inform policy and programming.

Wherever possible, we include comparisons to the same experiences and outcomes documented within surveys of the general population in Australia. For example, in comparisons of mental health experiences for *Writing Themselves In 4* participants we draw comparisons with the *Second Australian Child and Adolescent Survey of Mental Health and Wellbeing* (5). While such comparisons are illustrative of disparity that exists in health and social experiences for LGBTQA+ young people and their age-matched counterparts, these are imperfect and cannot fully account for differences in study designs and recruitment methods that can influence findings. At present, and in the absence of sufficient attention to gender diversity and sexuality within most general population health and social surveys in Australia, these remain the best available means of comparing experiences of LGBTQA+ young people with their cisgender and/or heterosexual counterparts.

2.6 Young people with an intersex variation/s

In the development of *Writing Themselves In* 4, the study team made a concerted effort to ensure inclusion of people with an intersex variation/s and attendance to issues that are of central importance to them. Prior to the study being funded, we worked with a leading intersex community advocate to ensure that the proposal for the study was inclusively framed and at every stage of the survey design process we worked collaboratively to ensure questions were sensitive to the needs and unique experience of young people with an intersex variation. Outcomes included appropriate response options in the main body of the survey (e.g. in the experience of stigma or discrimination specifically directed towards people with an intersex variation) as well as a targeted module of questions that were seen only by participants who indicated that they had an intersex variation/s. This module aimed to examine experiences that are unique to people with an intersex variation/s, including medical interventions, perceptions of bodily autonomy and access to appropriate and supportive therapeutic interventions, if required.

In the promotion of the survey, we worked with intersex rights advocates to ensure that people with intersex variations were represented in the marketing materials, including within the promotional video, which facilitated the highest number of click throughs to the survey. In addition, with help from intersex rights advocates we created a survey promotions pack that used intersex-inclusive language, which was distributed to intersex community and support organisations, including those in support of parents of children with an intersex variation/s.

Despite these extensive efforts, and our close community collaboration, only 20 participants of *Writing Themselves In 4* reported an intersex variation/s. Six of these were living in New South Wales at the time of completion. Of the 20 in the national sample, eight went on to complete the supplementary section of questions that asked about experiences specific to people with an intersex variation/s. All authors and others connected with the project share a deep sense of sadness that we were not able to engage a larger cohort of young people with an intersex variation and remain committed to better understanding, and giving voice to, their experiences. The reasons for the limited engagement are likely multifaceted and are explored in considerable detail in the national report. Also within the national report are specific recommendations regarding how research could better account for, and give voice to, experiences of young people with an intersex variation in the future.

Nineteen of the 20 young people who initially reported that they had an intersex variation/s also identified as lesbian, gay, bisexual, pansexual, queer or asexual, or as trans or gender diverse. As such, their responses are still included within analyses for *Writing Themselves In* 4. However, it would be wrong to suggest that the reports arising from this project can in any meaningful way reflect the needs and experiences of people with an intersex variation/s and doing so may serve to render invisible some of their unique strengths and challenges. As a consequence, and after careful consultation with the Community Advisory Board, the difficult decision was made to refer to *Writing Themselves In 4* as a survey of LGBTQA+ young people only.

3 Demographics

3.1 Age of participants

Writing Themselves In 4 involved participants of a diverse age-range in New South Wales, meaning that experiences in a number of educational settings were captured.

Table 2 Age of participants

Age (n = 1,619)	n	%
14	150	9.3
15	207	12.8
16	298	18.4
17	356	22.0
18	170	10.5
19	162	10.0
20	156	9.6
21	120	7.4

The mean age of participants was 17.2 years in New South Wales (SD = 2.0), with ages ranging from 14 to 21 years. This mean age was the same as the national sample of *Writing Themselves In 3*(17 years), and a year older than *Writing Themselves In 2* (16 years). Of the total sample, 62.5% (n = 1,011) of participants were aged between 14 and 17 years, and 37.5% (n = 608) were aged between 18 and 21 years.

3.2 Area of residence

Writing Themselves In 4 participants were asked 'How would you describe the area in which you live?' Responses are displayed in Table 3.

Table 3 Area of residence

Area of residence (n = 1,617)	n	%
Capital city (city centre)	106	6.6
Capital city (suburbs)	796	49.2
Regional city or town	545	33.7
Rural (countryside)	164	10.1
Remote (countryside and far from any towns or cities)	6	0.4

Half of participants resided in capital city suburbs (49.2%; n = 796), followed by one-third (33.7%; n = 545) in regional cities or towns, one-tenth (10.1%; n = 164) in rural areas, 6.6% (n = 106) in capital city centres, and 0.4% (n = 6) in remote areas.

Chapter 18 of the national report provides a breakdown of key experiences and needs of LGBTQA+ young people according whether they live in city centre, suburban, regional, rural or remote locations.

3.3 Gender identity and sexuality

Participants in *Writing Themselves In 4* were provided a series of questions to establish their gender identity and whether this differed from the sex they were assigned at birth. As described in detail in Section 2.4.1, participants were provided with 19 gender identity terms from which they could select and could also type in different terms they use. To enable comparison of data, responses were grouped into a smaller number of gender identity categories. These categories, and identities they comprise, were designed in careful consultation with our Community Advisory Board and a reference group of gender identity specialists. A full account of this process can be found in section 2.4.1 of the national report. Gender identities falling within each of these categories are outlined below

Table 4 Gender of participants, grouped by category

Gender (n = 1,577)	n	%
Cisgender man	389	24.7
Cisgender woman	771	48.9
Trans man	105	6.7
Trans woman	19	1.2
Non-binary	293	18.6

Almost half (48.9%; n = 771) of participants were cisgender women, lower than the 57% reported in the national *Writing Themselves In 3* report (3). Over one-quarter (26.5%) of participants in New South Wales identified as trans or non-binary, compared to 3.0% in *Writing Themselves In* 3. In fact, the 417 trans men, trans women and non-binary participants in New South Wales was more than four times the number of trans men, trans women and non-binary participants in the entire national sample of *Writing Themselves In 3* (n = 90). While this is an insufficient number to enable a breakdown of experiences between cisgender and trans and gender diverse participants in New South Wales, such differences are reported in the national report. Also included in the national report (section 2.7) is a discussion of the factors that may have contributed to a smaller number of trans women engaging in *Writing Themselves In 4.*

Similar to gender identity, participants were presented with a list of nine terms to describe their sexuality or could enter a different preferred term. To enable analysis and comparison, these were grouped into a smaller number of categories following careful consultation with our **Community Advisory Board**. A full account of this process can be found in section 2.4.2 of the national report.

Table 5 Sexuality of participants, grouped by category

Sexuality (n = 1,618)	n	%
Lesbian	193	11.9
Gay	274	16.9
Bisexual	568	35.1
Pansexual	179	11.1
Queer	127	7.8
Asexual	69	4.3
Something else	208	12.9

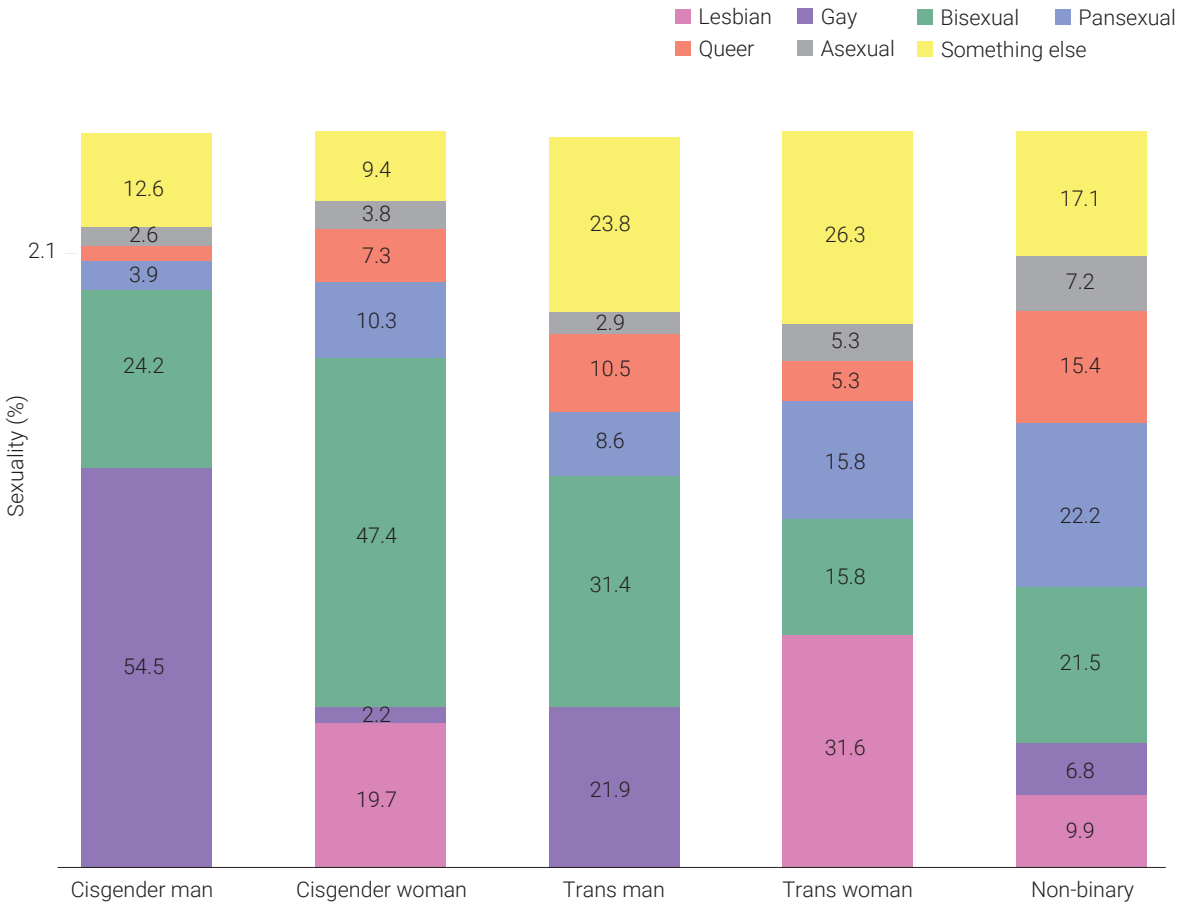
Almost half (46.2%; n = 747) of *Writing Themselves In 4* participants in New South Wales identified as multigender attracted. 'Queer' and 'asexual' were not presented as sexuality categories in *Writing Themselves In* 3. However, they made up 7.8% (n = 127) and 4.3% (n = 69) respectively of the total sample in New South Wales in *Writing Themselves In* 4. Approximately one-eighth (12.9%; n = 208) of participants in *Writing Themselves In 4* were categorised using the 'something else' response category. The 'something else' category was made up of participants who identified as 'homosexual' (n = 21), 'something else' (n = 43), 'prefer not to have a label' (n = 50), 'cannot choose only one sexuality' (n = 56), 'don't know my sexuality' (n = 32), and trans men (n = 4), trans women (n = 1), and non-binary (n = 1) participants who identified as 'heterosexual'. Participants who choose 'prefer not to answer' questions are not included in table 5 but are included in the total sample.

3.4 Intersections of gender and sexuality

LGBTQA+ young people have multiple, intersecting identities. For example, an LGBTQA+ person may identify their sexuality as bisexual and have a gender identity that is categorised as 'cisgender man', 'cisgender woman', trans man, trans woman, or non-binary. Similarly, an LGBTQA+ person whose gender identity is non-binary may identify their sexuality as lesbian, gay, bisexual, pansexual, queer, asexual, or 'something else'. Figure 1 displays how sexual orientation and gender identity intersect among participants in New South Wales among participants who responded to both sexuality and gender questions (n = 1,576).

Figure 1 shows that just over half of cisgender men (54.5%; n = 212) identified as gay compared to 21.9% (n = 23) of trans men, 6.8% (n = 20) of non-binary participants, 2.2% (n = 17) of cisgender women, and no trans women. Almost twice as many cisgender women identified as bisexual (47.4%; n = 365) as cisgender men (24.2%; n = 94). Over twice as many cisgender women identified as pansexual (10.3%; n = 79) than cisgender men (3.9%; n = 15). This is consistent with *Writing Themselves In 3*and previous studies in Australia and internationally (3,8). Non-binary participants were most likely to identify as 'queer' (15.4%; n = 45).

Figure 1 Intersections of sexual orientation and gender identity



3.5 Ethnic background and country of birth

The majority of participants were born in Australia (90.0%, n = 1,456), while 10.0% (n = 162) were born overseas. This is the same as the national *Writing Themselves In 3* report (10% born overseas), and is lower than the figure for the general population of New South Wales where an estimated 30.5% of children and young people (aged 0-24) were born overseas (9). Among the 162 New South Wales participants born overseas, 159 reported their country of birth. The most common countries of birth were the United Kingdom (n = 40), New Zealand (n = 20), Philippines (n = 13), United States (n = 10), China (n = 7), Hong Kong (n = 7), Vietnam (n = 7), Indonesia (n = 6), India (n = 5), South Africa (n = 5), South Korea (n = 4), Singapore (n = 4), and Germany (n = 3).

Approximately one in fifteen (6.2%; n = 99) participants spoke a language other than English at home. It is of note that this survey was only accessible in English and may have therefore been less likely to engage with young people who were not native English speakers.

Table 6 shows that the majority of participants identified as Anglo-Celtic or European, similarly to national and general population data (10). The national report contains a breakdown of key health and social experiences according to ethnic background.

Table 6 Ethnic background of participants

Ethnic background (n = 1,559)	n	%
Anglo-Celtic	1,003	64.3
Other European	247	15.8
Eastern European	198	12.7
Southern European	174	11.2
Chinese	88	5.6
South East Asian	72	4.6
Other Asian	68	4.4
Middle Eastern	43	2.8
Maori/Pacific Islander	41	2.6
Indian	34	2.2
Latin American	29	1.9
African	17	1.1
Other	102	6.5

3.6 Aboriginal and Torres Strait Islanders

Overall, 5.6% (n = 92) of participants identified as Aboriginal or Torres Strait Islander, higher than the estimated population of Aboriginal or Torres Strait Islander young people in New South Wales (4.5%) (9). At a national level, Writing Themselves 4 heard from a large number of LGBTQA+ Aboriginal or Torres Strait Islanders (n = 246). At the time of publication, we are working with colleagues from Aboriginal and Torres Strait Islander communities to make sense of their experiences, which will be the subject of a focussed publication in the future. The inclusion of Aboriginal and Torres Strait Islanders within the survey, and ongoing efforts to make sense of the arising data, is discussed further in the national report (section 2.8).

3.7 Religious or spiritual identity

Participants were asked how they identified with regards to religion or spirituality, and if their family or household was religious. Table 7 displays these results.

Table 7 Religious or spiritual identity

Religion (n = 1,615)	n	%
No religion	1,149	71.1
Catholic	127	7.9
Anglican (Church of England)	62	3.8
Judaism	23	1.4
Buddhism	19	1.2
Greek Orthodox	14	0.9
Islam	14	0.9
Uniting Church	8	0.5
Presbyterian	7	0.4
Aboriginal and Torres Strait Islander Spirituality	7	0.4
Hinduism	6	0.4
Sikhism	179	11.1
Other	217	11.7

Almost three-quarters (71.1%; n = 1,149) of participants reported having no current religion or spirituality, higher than the 52% among people aged 13-18 years in the general Australian population (11). Religious or spiritual affiliation was not recorded in *Writing Themselves In* 3. Of participants reporting a religious or spiritual identity, 27.2% (n = 127) were Catholic, 13.3% (n = 62) Anglican, 4.9% (n = 23) Uniting Church, and 4.1% (n = 19) Buddhist. Almost one-third (31.3%; n = 506) of participants reported having a religious family or household.

3.8 Disability or long-term health condition

The approach to defining disability or long-term health conditions taken by the ABS is based on asking whether a condition restricts daily living and not about the nature of the condition itself. For example, a person may report loss of sight as a health condition, but if they are able to see and function without limitations by wearing corrective glasses, they are not considered (for the purposes of research) to have disability. In contrast, a person who, even when wearing glasses, who is still restricted in everyday activities by their vision, may still be considered to have disability (12).

The Survey of Disability, Ageing and Carers (SDAC) defines disability as any limitation, restriction or impairment which restricts everyday activities and has lasted or is likely to last for at least six months. In 2018, 17.7% of the general population identified as having disability under this definition (Australian Bureau of Statistics, 2019b).

In the survey development of *Writing Themselves In* 4, a more inclusive instrument for measuring disability was developed in consultation with the youth disability advocacy service (YDAS), and an LGBTIQA+ disability advisory board of experts in the field. As such, the broader definition of disability used in *Writing Themselves In 4* is not directly comparable to national, ABS data.

Disability was defined in *Writing Themselves In 4* as follows:

> *'Do you identify as having a disability, being neurodiverse/ autistic, or having a long-term physical or mental health condition? Long-term health conditions could include things like epilepsy, mental health conditions, speech or sensory impairments. A disability could include things like the loss of – or difficulty using – a body part, or difficulty managing everyday activities.'*

Almost four in ten (38.5%; n = 623) participants reported having disability or long-term health condition, 7.6% (n = 123) reported they 'did not know', and 1.4% (n = 22) 'preferred not to say'. Over four-fifths (85.9%; n = 531) of participants with disability or long-term health condition reported acquiring one or more of these conditions later in life (after they were born).

Participants reporting disability or long-term health condition were asked to further describe it. Table 8 displays these results.

Table 8 Type of disability or long-term health condition

Disability/Long-term health condition (n = 1,619)	n	%
Mental illness	555	34.3
Neurodiversity/Autism	226	14.0
Sensory	98	6.1
Physical	92	5.7
Intellectual	88	5.4
Acquired brain injury	3	0.2
Other	42	2.6

When asked to further describe the nature of their disability (if appropriate), 34.3% (n = 555) reported a mental illness, 14.0% (n = 226) neurodiversity/autism, 6.1% (n = 98) physical disability, 5.7% (n = 92) sensory disability, 5.4% (n = 88) intellectual disability, 0.2% (n = 3) an acquired brain injury and 2.6% (n = 42) a different form of disability. These were not mutually-exclusive options and participants could indicate more than one type of disability. Data pertaining to disability were not captured in *Writing Themselves In* 3. It is notable that the relatively high proportion of people reporting disability in this study is likely to arise due to inclusion of mental illness: less than one-quarter (22.9%; n = 370) of the total New South Wales sample reported disability or long-term health condition other than a mental illness.

3.9 Current or recent engagement with education

Participants were asked if they were currently attending a school or other educational setting or if they had attended one in the past 12 months. Table 9 displays these results.

Table 9 Educational setting attended in past 12 months

Education (n = 1,618)	n	%
Not currently/recently engaged in education	80	4.9
Secondary school (high school)	1,048	64.8
University	324	20.0
TAFE	106	6.6
Alternative education program (e.g. FLO, home-schooling)	23	1.4
Private college (private provider)	18	1.1
Special needs school	4	0.2
Other	15	0.9

The vast majority (95.1%; n = 1,538) of *Writing Themselves In 4* participants in New South Wales reported attending an educational institution in the past 12 months. Of participants at secondary school, 64.1% (n = 670) reported attending a government school, 25.8% (n = 270) a religious school, and 9.9% (n = 104) a non-religious private school; 0.2% (n = 2) participants reported, 'not sure'. Of participants who reported attending religious schools, two-thirds (66.9%; n = 180) reported attending a Catholic school, 30.9% (n = 83) a non-Catholic Christian school, and 2.2% (n = 6) a school with a non-Christian religious or spiritual affiliation.

3.10 Employment status

Three-fifths (60.1%; n = 971) of participants reported being engaged in paid employment in the past 12 months.

Table 10 Employment status in last 12 months

Employment (n = 1,617)	n	%
No employment	646	40.0
Work (casual)	561	34.7
Work (part-time)	313	19.4
Work (full-time)	57	3.5
Apprenticeship	18	1.1
Other	22	1.4

In total, 97.8% (n = 1,580) of participants were engaged in full-time or part-time employment or study in the past 12 months. Among participants who were not engaged in full-time or part-time employment or study in the past 12 months (n = 36), 19 participants reported engaging in casual work, one participant reported being engaged in 'other' work, and 16 participants reported no work or study in the past 12 months.

64.8%

of participants were at secondary school, 6.6% at TAFE and 20.0% at university

3.11 Housing and household

Participants were asked where they live most of the time. Table 11 displays the results.

Table 11 Housing situation

Housing (n = 1,619)	n	%
House	1,397	86.3
Rooming house/ Shared house	128	7.9
Apartment	57	3.5
Somewhere else	37	2.3

The majority of participants (86.3%; n = 1,397) reported living in a house, followed by 7.9% (n = 128) in an apartment, and 3.5% (n = 57) in a shared or rooming house.

Participants were then asked who they lived with (multiple responses were permitted). Table 12 displays the results.

Table 12 Household membership

Household (n = 1,615)	n	%
My family	1,452	89.9
Friends	72	4.5
Partner(s)	64	4.0
Live alone	28	1.7
Others	53	3.3

The majority of participants (89.9%; n = 1,452) reported living with their family, followed by friends (4.5%; n = 72) and partner(s) (4.0%; n = 64). Almost three-quarters of participants attending university reported living with their family (73.5%; n = 238), one-eighth with friends (12.7%; n = 41), and 4.0% (n = 13) alone. In comparison, 97.8% (n = 1,022) of participants attending secondary school reported living with family.

Three-tenths (30.5%; n = 494) of participants reported having a family member that was LGBTIQA+.

4 Experiences of disclosing sexuality or gender identity

4.1 Disclosing sexuality or gender identity

Disclosure comes in many forms and is not always encompassed by the term 'coming out'. Disclosure can also involve being 'invited in' by a young person to a discussion about sexuality or gender identity. Participants were asked, 'Have you come out to or talked with any of the following people about your sexual identity or gender identity?' The range of possible people shown were contingent upon answers to previous questions. For example, only those who reported playing sport were shown the option regarding sports teammates. Sample sizes for each option were, therefore, as follows:

- Family (n = 1,585)
- Friends (n = 1,601)
- Co-workers (n = 961)
- Classmates (n = 1,471)
- Teachers (n = 1,432)
- Sports teammates (n = 711)

The vast majority of participants (95.2%; n = 1,524) had come out to some friends, followed by over seven-tenths (72.6%; n = 1,068) to some classmates, and 70.7% (n = 1,120) to some family. However, less than half of participants had come out to any co-workers (43.3%; n = 417), teachers (37.2%; n = 532), or sports teammates (29.1%; n = 207).

40.3%

reported their classmates as supportive of their sexuality or gender identity

4.2 Feelings of support about sexuality or gender identity

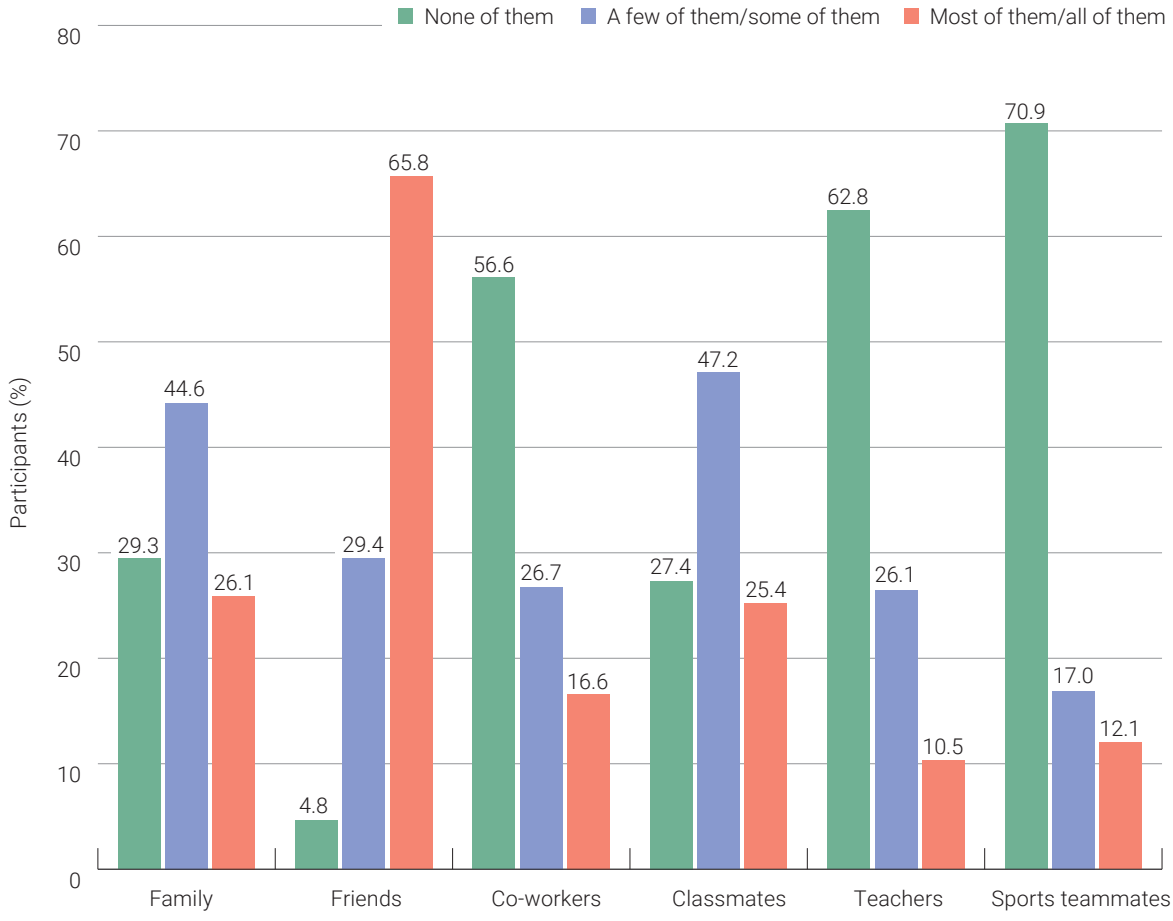
Participants who responded they had come out to or talked with people about their sexual identity or gender identity were asked, 'Overall, how supported do you feel about your sexual identity or gender identity?' The question was asked in relation to all those they previously stated they had disclosed to. For example, only participants who indicated that they had come out to or talked with family were asked how supported they felt by family. Sample sizes for each option are, therefore, included in Table 13 below.

Table 13 Proportion of participants who feel supported about their sexuality or gender identity

	n	%
Family support (n = 1,118)		
Not Supportive	463	41.4
Supportive/Very Supportive	655	58.6
Friends support (n = 1,518)		
Not Supportive	180	11.9
Supportive/Very Supportive	1,338	88.1
Co-workers support (n = 414)		
Not Supportive	153	37.0
Supportive/Very Supportive	261	63.0
Classmates support (n = 802)		
Not Supportive	479	59.7
Supportive/Very Supportive	323	40.3
Teachers support (n = 531)		
Not Supportive	200	37.7
Supportive/Very Supportive	331	62.3
Sports teammates support (n = 207)		
Not Supportive	75	36.2
Supportive/Very Supportive	132	63.8

Almost nine-tenths (88.1%; n = 1,338) of participants who had disclosed reported feeling supported about their sexuality or gender identity by their friends, almost two-thirds (63.8%; n = 132) by their sports teammates, co-workers (63.0%; n = 261) and teachers (62.3%; n = 331), and almost three-fifths (58.6%; n = 655) by family. Less than half of participants (40.3%; n = 323) reported their classmates as supportive about their sexuality or gender identity. It is of note that 35.6% (n = 186) of secondary school participants reported their classmates as supportive about their sexuality or gender identity compared to 57.6% (n = 106) of participants at university.

Figure 2 **Disclosure of sexuality or gender identity to different groups**



5 Educational settings: Supportive structures and practices

Writing Themselves In 4 asked numerous questions about the experiences of LGBTIQA+ young people in their educational settings. This included questions about their awareness of structures or practices that work to support of LGBTIQA+ young people, such as policies or positive inclusion of LGBTIQA+-related issues within curricula. Within New South Wales, there were enough responses to break down these responses according to whether the participants were in school or at university. The total column within tables showing this school/university breakdown still include the responses of those young people who were in different educational contexts (e.g. TAFE or alternative education program).

5.1 Visual images demonstrating support for LGBTIQA+ young people

In total, over half (55.5%; n = 853) of participants had seen a flag, sticker, or poster that they felt was supportive of LGBTIQA+ people in their educational setting in the past 12 months. Almost nine-tenths (87.7%; n = 284) of participants attending university reported seeing a flag, sticker, or poster supportive of LGBTIQA+ compared to less than half (47.4%; n = 497) at a secondary school.

5.2 LGBTIQA+ supportive alliance

Of the full New South Wales sample, over one-quarter (27.1%; n = 417) of participants reported being aware of an LGBTIQA+ alliance in their educational setting. Almost five times the number of participants attending university (74.7%; n = 242) reported being aware of an LGBTIQA+ alliance at their educational setting than participants attending secondary school (15.6%; n = 163).

5.3 Awareness of bullying policies at educational setting

Participants attending an educational setting were asked if they knew whether it had a bullying policy, and if this covered LGBTIQA+ people. Table 14 represents the responses.

Table 14 Awareness of educational setting bullying policy

Knowledge of any bullying policy (n = 1,535)	n	%
No	153	10.0
Yes	959	62.5
Don't know	423	27.6

More than one-quarter (27.6%; n = 423) of participants reported not knowing whether their educational setting had a bullying policy. A comparable proportion of participants attending high school (75.3%; n = 788) and university (70.6%; n = 228) reported knowing whether their educational setting had a bullying policy.

Participants who reported their educational setting had a bullying policy were asked if they knew whether the bullying policy specifically mentioned particular issues of importance to LGBTIQA+ young people. Responses are displayed in Table 15.

Table 15 Awareness of the contents of educational setting bullying policy

Bullying Policy Areas (n = 952)	n	%
Sexuality	105	11.0
Gender identity	73	7.7
Intersex variation/s	6	0.6
All aspects of LGBTIQA+	225	23.6
No aspects of LGBTIQA+	230	24.2
Don't know	388	40.8

Among participants who reported that their educational setting had a bullying policy, almost half (47.8%; n = 455) responded that they did not know or that it did not cover any issues of importance to LGBTIQA+ young people and less than one-quarter (23.6%; n = 225) responded that it covered all issues of importance to LGBTIQA+ young people.

5.4 An education supportive or inclusive of LGBTIQA+ people

Participants were asked, 'To what extent are aspects of your current educational setting (textbooks, assignments, sex education) supportive or inclusive of LGBTIQA+ people?' Not all participants responded to each of these statements, hence the differing sample sizes for analyses are shown in brackets below in Table 16.

Table 16 Extent to which aspects of education are supportive or inclusive of LGBTIQA+ people

	Secondary School		TAFE		University		Total	
	n	%	n	%	n	%	n	%
Lesbian people (n = 1,517)								
Never mentioned	461	44.2	62	60.8	112	35.7	659	43.4
Mentioned in passing	501	48.1	32	31.4	140	44.6	698	46.0
A lot of attention or discussion	80	7.7	8	7.8	62	19.7	160	10.5
Gay people (n = 1,515)								
Never mentioned	334	32.1	49	48.0	89	28.3	491	32.4
Mentioned in passing	604	58.1	44	43.1	142	45.2	819	54.1
A lot of attention or discussion	102	9.8	9	8.8	83	26.4	205	13.5
Bisexual people (n = 1,515)								
Never mentioned	648	62.2	68	67.3	154	49.2	897	59.2
Mentioned in passing	344	33.0	26	25.7	111	35.5	503	33.2
A lot of attention or discussion	50	4.8	7	6.9	48	15.3	115	7.6
Queer people (n = 1,508)								
Never mentioned	705	68.1	72	70.6	124	39.6	931	61.7
Mentioned in passing	277	26.8	23	22.5	120	38.3	441	29.2
A lot of attention or discussion	53	5.1	7	6.9	69	22.0	136	9.0
Pansexual people (n = 1,511)								
Never mentioned	882	85.0	83	81.4	215	68.7	1,218	80.6
Mentioned in passing	130	12.5	13	12.7	67	21.4	224	14.8
A lot of attention or discussion	26	2.5	6	5.9	31	9.9	69	4.6
Trans and gender diverse people (n = 1,514)								
Never mentioned	559	53.8	61	59.8	114	36.3	759	50.1
Mentioned in passing	410	39.5	30	29.4	144	45.9	609	40.2
A lot of attention or discussion	70	6.7	11	10.8	56	17.8	146	9.6
People with intersex variation/s (n = 1,509)								
Never mentioned	852	82.2	80	78.4	194	62.2	1,167	77.3
Mentioned in passing	157	15.1	15	14.7	87	27.9	275	18.2
A lot of attention or discussion	28	2.7	7	6.9	31	9.9	67	4.4
Asexual people (n = 1,507)								
Never mentioned	890	86.1	87	85.3	234	74.8	1,255	83.3
Mentioned in passing	124	12.0	11	10.8	58	18.5	206	13.7
A lot of attention or discussion	20	1.9	4	3.9	21	6.7	46	3.1
Any LGBTIQA+ people (n = 1,517)								
No aspect of LGBTIQA+ people mentioned	282	27.1	46	45.1	72	22.9	418	27.6
One or more aspect of LGBTIQA+	132	12.7	12	11.8	94	29.9	251	16.6

Note: *responses were analysed among participants who reported that a situation was applicable to them, therefore an overall 'n' is not provided.*

27.6%

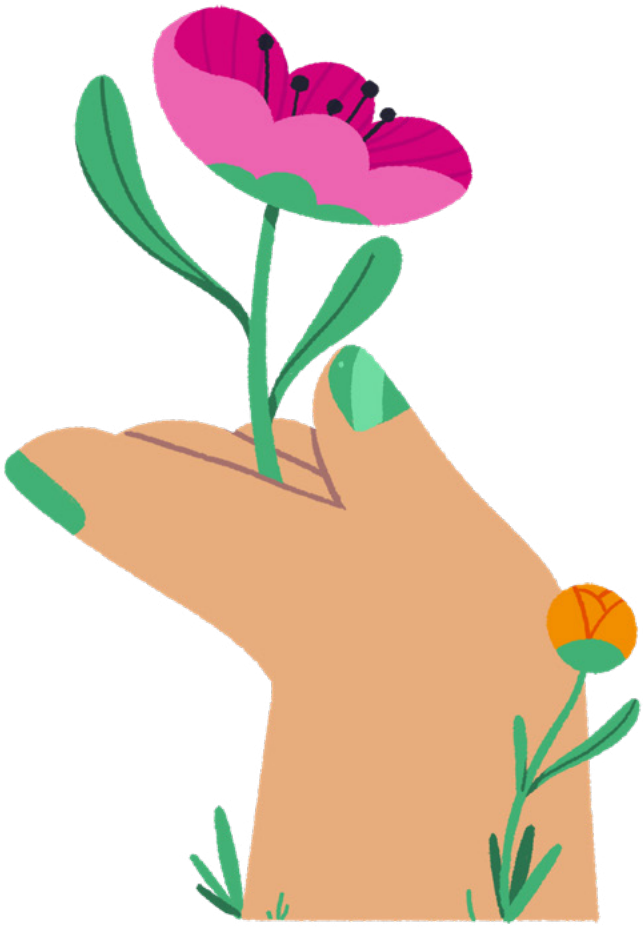
reported never having any aspect of LGBTIQA+ people mentioned in a supportive or inclusive way during their education

Among secondary students, less than one-tenth (9.8%; n = 102) reported receiving 'a lot of attention or discussion' regarding gay people, followed by 7.7% (n = 80) regarding lesbian people, 6.7% (n = 70) regarding trans and gender diverse people, 5.1% (n = 53) regarding queer people, 4.8% (n = 50) regarding bisexual people, 2.7% (n = 28) regarding intersex variations, 2.5% (n = 26) regarding pansexual people, and 1.9% (n = 20) regarding asexual people.

Conversely, asexual people, pansexual people and those with an intersex variation/s appear to receive significantly less attention within school, TAFE, or university-based education. Over four-fifths (86.1%; n = 890) of secondary school participants reported that asexual people were never mentioned in a supportive or inclusive way, followed by 85.0% (n = 882) regarding pansexual people, 82.2% (n = 852) regarding intersex variation/s, almost seven-tenths (68.1%; n = 705) regarding queer people, over three-fifths (62.2%; n = 648) regarding bisexual people, over half (53.8%; n = 559) regarding trans and gender diverse people, over two-fifths (44.2%; n = 461) regarding lesbian people, and almost one-third (32.1%; n = 334) regarding gay people.

Despite previous research showing an overwhelming majority (86%) of Australian young people aged 13-18 years supported secondary school students' right to learn about LGBTIQA+ people as part of their schooling (11), only 12.7% (n = 132) of secondary school participants in New South Wales reported that, in their schooling, LGBTIQA+ people discussed in a supportive or inclusive way, and over one-quarter (27.1%; n = 282) reported never having any aspect of LGBTIQA+ people mentioned in a supportive or inclusive way.

6 Educational settings: Discriminatory and affirming experiences



In addition to questions pertaining to awareness of supportive structures or processes in educational settings (see preceding chapter), *Writing Themselves In 4* included numerous questions about how comfortable or safe LGBTQA+ young people felt at school or university, including whether they felt able to engage in gender or sexuality-affirming practices in these spaces. Also included were questions regarding negative comments that may have been heard about LGBTIQA+ people in these settings and an indicator of how such experiences may have impacted their studies.

Within New South Wales, there were enough responses to break down these responses according to whether the participants were in school or at university. The total column within tables showing this school/university breakdown still include the responses of those young people who were in different educational contexts (e.g. TAFE or alternative education program).

6.1 Experiences of feeling safe or unsafe at school or university

More than half (57.7%; n = 605) of participants said that they felt unsafe or uncomfortable at secondary school due to their sexuality or gender identity in the past 12 months compared to approximately one-third (33.0% n = 107) of participants at university.

Participants were asked to respond to a series of statements about feelings of safety, preceded with the statement, 'During the past 12 months, at your educational setting have you felt that you could safely…' Responses are displayed in Table 17.

Table 17 Perceived safety when engaging in LGBTIQ-affirming practices

	Secondary School		TAFE		University		Total	
During the past 12 months at your education setting have you felt that you could safely… (n = 1,523)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
engage in public affection (PDA) with LGBTIQA+ people	288	27.7	42	40.8	126	39.4	474	31.1
attend a school dance with someone of the same gender	348	33.5	N/A	N/A	N/A	N/A	N/A	N/A
openly identify as LGBTIQA+	537	51.6	71	68.9	229	71.6	873	57.3
celebrate 'Wear It Purple Day' IDAHOBIT, or Transgender Day of Visibility or another LGBTIQA+ day of significance	454	43.7	51	49.5	202	63.1	735	48.3
None of the above	349	33.6	25	24.3	54	16.9	449	29.5

** This question was only asked to participants who indicated their educational setting as 'secondary school'.*

Overall, a greater proportion of participants at university reported feeling that they could safely engage in public affection with other LGBTIQA+ people, openly identify as LGBTIQA+, or celebrate an LGBTIQA+ day of significance safely than was the case for those at secondary school.

Less than three-tenths (27.7%; n = 288) of participants felt that they could safely engage in public affection with other LGBTIQA+ people at secondary school, one-third (33.5%; n = 348) felt that they could safely attend a school dance with someone of the same gender, one-half (51.6%; n = 537) felt that they could openly identify as LGBTIQA+, and over two-fifths (43.7%; n = 454) felt that they could safely celebrate 'Wear It Purple Day', IDAHOBIT, or Transgender Day of Visibility or another LGBTIQA+ day of significance.

Two-fifths (40.8%; n = 42) of participants felt that they could safely engage in public affection with other LGBTIQA+ people at TAFE, over two-thirds (68.9%; n = 71) felt that they could openly identify as LGBTIQA+, and less than half (49.5%; n = 51) felt that they could safely celebrate 'Wear It Purple Day', IDAHOBIT, or Transgender Day of Visibility or another LGBTIQA+ day of significance.

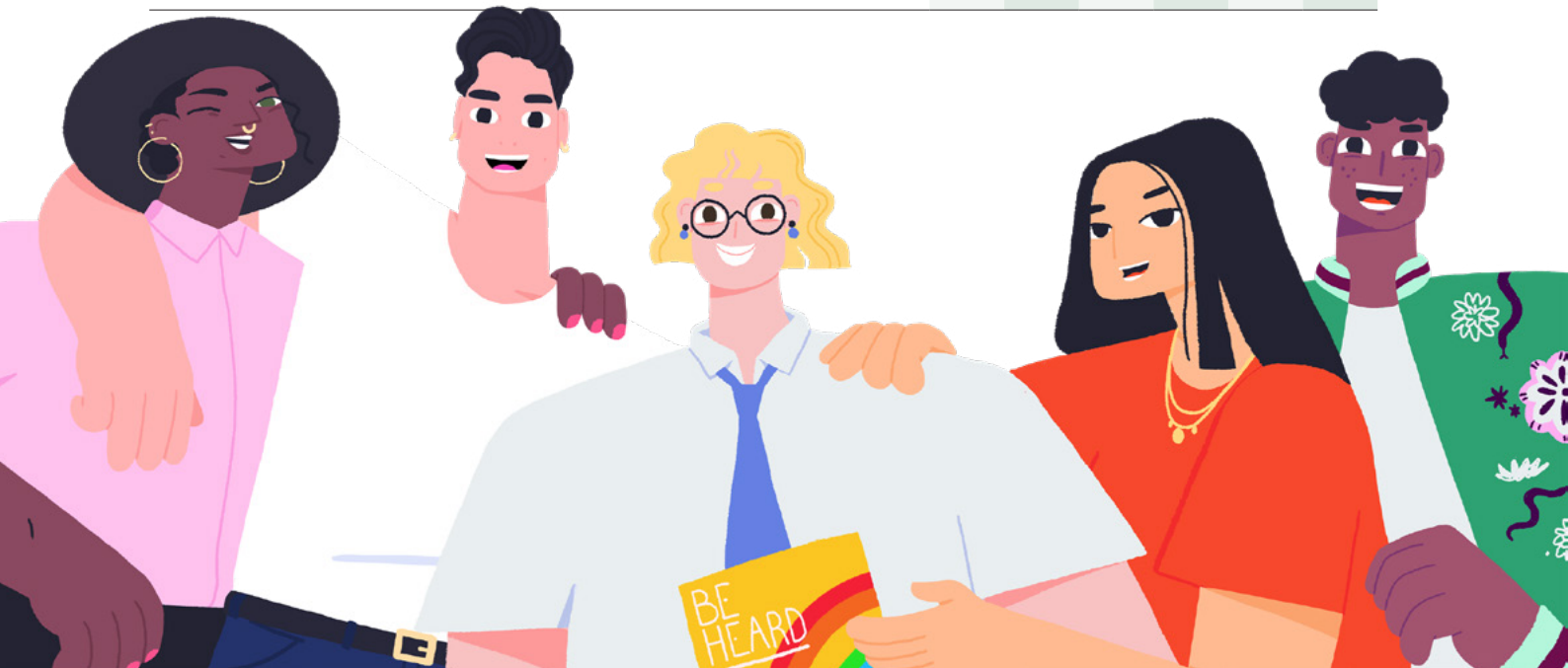
Approximately two-fifths (39.4%; n = 126) of participants felt that they could safely engage in public affection with other LGBTIQA+ people at university, over seven-tenths (71.6%; n = 229) felt that they could openly identify as LGBTIQA+, and over three-fifths (63.1%; n = 202) felt that they could safely celebrate 'Wear It Purple Day', IDAHOBIT, or Transgender Day of Visibility or another LGBTIQA+ day of significance.

Trans and gender diverse participants were then asked if they had felt able to safely engage in certain behaviours in their educational setting during the past 12 months. Responses are displayed in Table 18.

More participants felt that they could safely use bathrooms and changing rooms at university than at secondary school: for example, almost three-fifths (55.3%; n = 42) of participants felt that they could safely use the bathrooms that match their gender identity at university, compared to under one-third (30.4%; n = 75) of participants at secondary school; almost one-third (31.6%; n = 31) of participants at university felt that they could safely use the changing rooms that match their gender identity compared to one-quarter (24.3%; n = 60) of participants at secondary school. More participants felt that they could safely use their chosen name or pronouns at university (68.4%; n = 52) or wear clothes that match their gender identity (84.2%; n = 64) than participants at secondary school (40.1%; n = 99 and 47.4%; n = 117 respectively). It is of further note that more than one-third (37.3%; n = 92) of participants at secondary school felt that they could not do any of these things safely, compared to 4.0% (n = 3) of participants at university.

Table 18 Perceived safety engaging in gender-affirming practices in educational settings among trans and gender diverse participants

	Secondary School		University		Total	
During the past 12 months at your education setting have you felt that you could safely… (n = 384)	**n**	**%**	**n**	**%**	**n**	**%**
use the bathrooms that match my gender identity	75	30.4	42	55.3	147	38.3
use the changing rooms that match my gender identity	60	24.3	24	31.6	102	26.6
use my chosen name or pronouns	99	40.1	52	68.4	192	50.0
wear clothes that match my gender identity	117	47.4	64	84.2	230	59.9
None of the above	92	37.3	3	4.0	103	26.8



6.2 Experiences of hearing negative language at an educational setting

Participants were asked if they had heard any of the following negative language about LGBTIQA+ people at their educational setting, regardless of whether or not it was directed at them. Not all participants responded to each of these statements, hence the differing sample sizes for analyses are shown in brackets below:

- Negative remarks regarding sexuality (e.g. 'that's so gay'; n = 1,047)
- Negative remarks regarding gender identity and/or gender expression (e.g. 'he throws like a girl'; n = 1,005)
- Negative remarks regarding transgender people (e.g. 'trans women aren't real women'; n = 1,006)
- Negative remarks regarding people with intersex variation/s (e.g. 'intersex is a birth defect'; n = 1,026)

Over three-quarters (78.6%; n = 1,207) of participants reported sometimes or frequently hearing negative remarks regarding sexuality compared to over three-fifths (60.9%; n = 888) regarding gender identity or gender expression, 47.0% (n = 688) regarding transgender people, and 13.4% (n = 201) who reported hearing negative remarks regarding people with intersex variation/s. The lower levels of negative language regarding people with intersex variation/s reported likely reflects the lack of awareness among school age populations about this population, and is reflected in Table 16 where over three-quarters (77.3%; n = 1,167) of participants reported that had never received any education about people with intersex variation/s.

Figure 3 Frequency of hearing negative language regarding sexuality, gender identity or gender expression, transgender people, or people with intersex variation/s at an educational setting, in the past 12 months

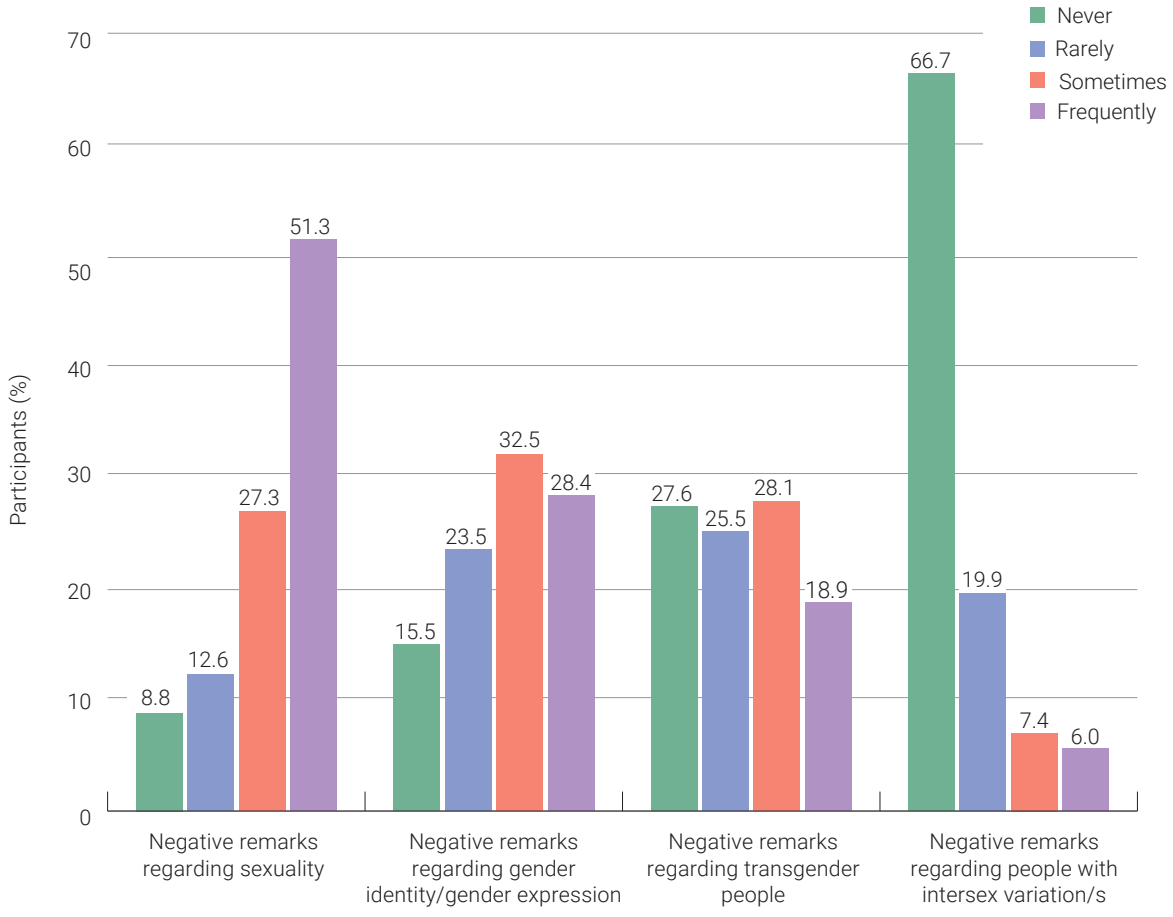
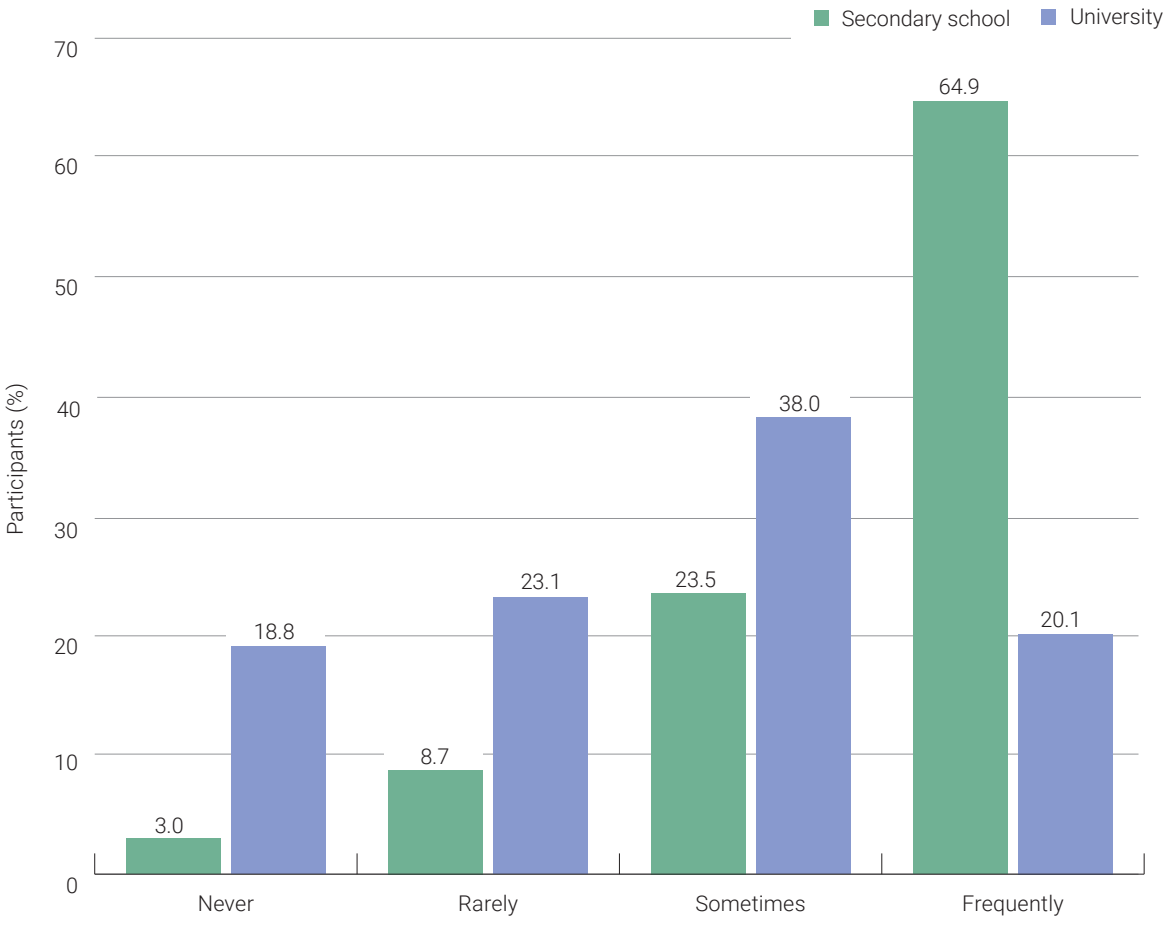


Figure 4 shows a marked difference among the proportion of participants who reported hearing negative remarks regarding sexuality at secondary school and university: Almost two-thirds (64.9%; n = 679) of participants in secondary school reported frequently hearing negative remarks regarding sexuality compared to 20.1% (n = 324) of participants at university. Although not as high as the 88.4% (n = 925) of participants at secondary school, almost three-fifths (58.1%; n = 188) of participants still reported sometimes or frequently hearing negative remarks regarding sexuality at university in the past 12 months.

Figure 4 Frequency of hearing negative remarks regarding sexuality among participants at secondary school and university



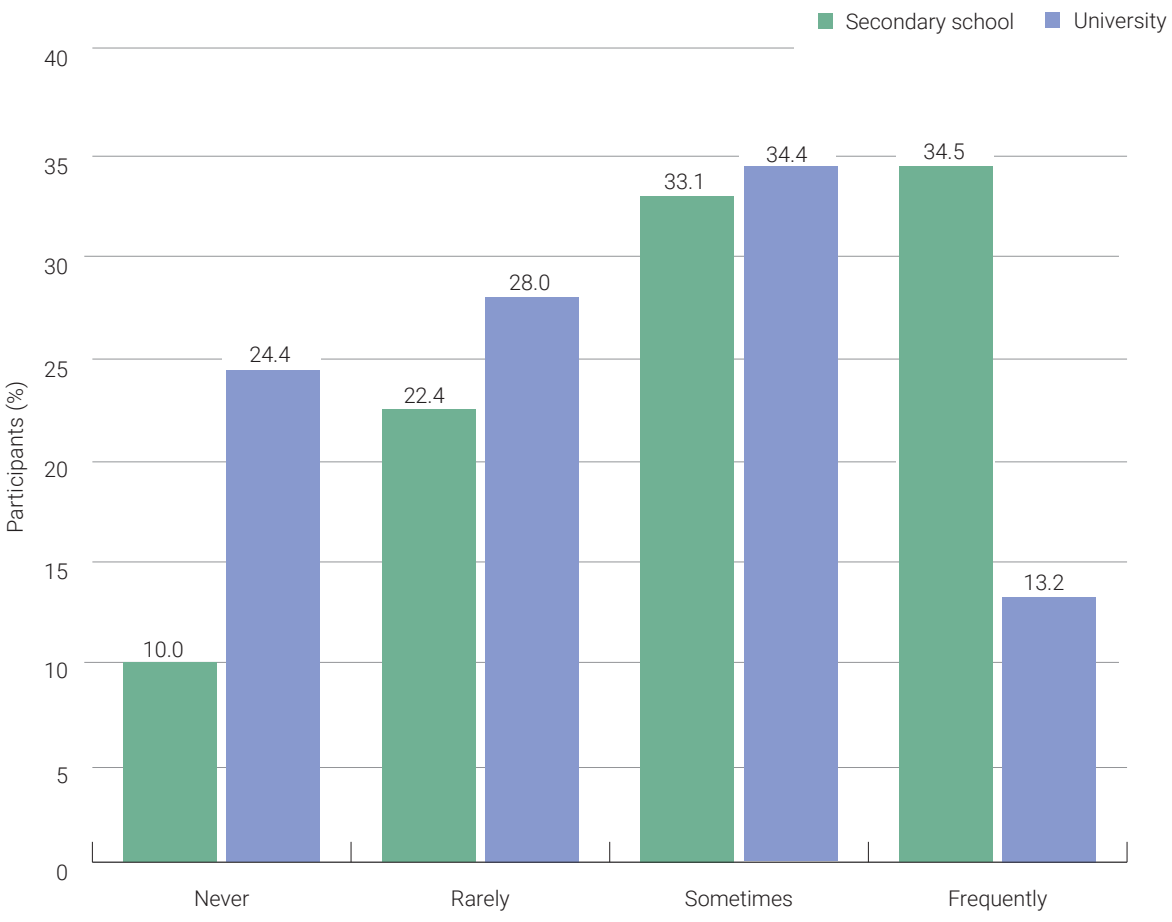
78.6%

of participants reported sometimes or frequently hearing negative remarks regarding sexuality in their educational setting

Figure 5 above displays the frequency of hearing negative remarks regarding gender identity or gender expression among participants at secondary school (n = 1,005) and university (n = 311) in the past 12 months.

Figure 5 shows that participants attending secondary school were more likely to report frequently hearing negative language about gender identity or gender expression than participants attending university. Over two-thirds (67.6%; n = 680) of secondary school participants and 47.6% (n = 148) of university students reported hearing negative language about gender identity or gender expression sometimes or frequently in the past 12 months.

Figure 5 Frequency of hearing negative remarks regarding gender identity or gender expression at secondary school and university

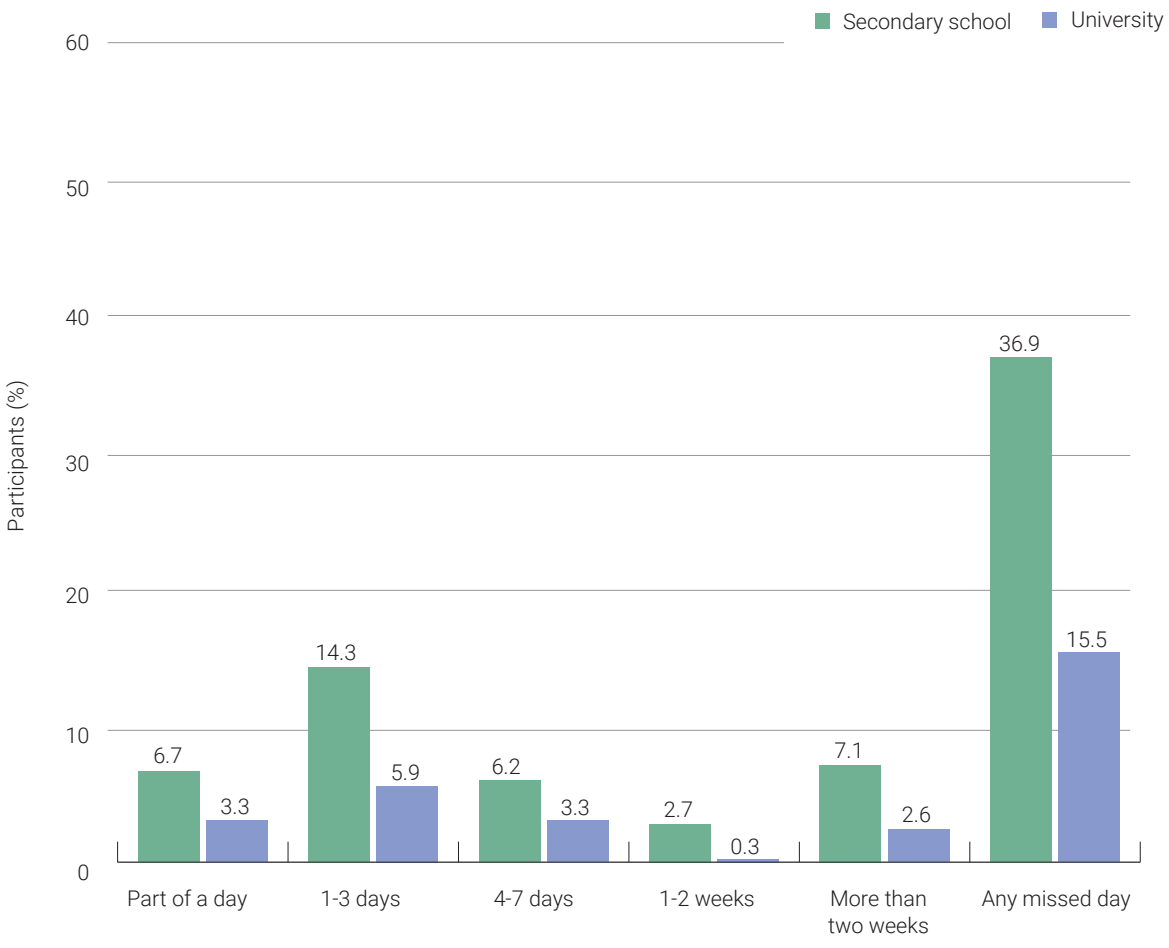


6.3 Frequency of days missed in the past 12 months

Participants were asked how many days of school or university they had missed due to feeling unsafe or uncomfortable in the last 12 months. Figure 6 below displays how many days participants had missed at their educational setting in the past 12 months among those at secondary school (n = 1,003) and university (n = 303).

Over one-third of secondary school students (36.9%; n = 370) and one-sixth of university students (15.5%; n = 47) reported missing day/s at their educational setting in the past 12 months because they felt unsafe or uncomfortable. Students attending secondary school were more than twice as likely to report missing any school because they felt uncomfortable compared to participants attending university in the past 12 months. Less than one-tenth (7.1%; n = 71) of participants at secondary school, and 2.6% (n = 8) at university reported missing more than two weeks in the past 12 months because they felt unsafe or uncomfortable.

Figure 6 Frequency of days missed in the past 12 months due to feeling unsafe or uncomfortable among secondary school and university students




BE
HEARD

7 Experiences of homelessness

Youth homelessness is a serious population health concern, with research showing young people who experience homelessness to be at high risk of mental health problems, including depression, post-traumatic stress disorder, anxiety as well as challenges managing substance use (13,14). Growing evidence suggests that a higher proportion of LGBTI people have experienced homelessness than the general population (15), often due to rejection from family. However, there has been limited systematic research in Australia as many data collections operations with the homelessness sectors do not (or inadequately) record diverse genders, sex characteristics, and sexuality.

A variety of measures and definitions of homelessness exist, with no fixed standard. Under the ABS definition, a person is homeless if they do not have suitable accommodation alternatives and their current living arrangement: is in a dwelling that is inadequate; has no tenure, or if their initial tenure is short and not extendable; or does not allow them to have control of, and access to space for social relations (16). Young people have been found to not identify as homeless when asked directly (17). As such, for *Writing Themselves In 4* a set of questions was used based on a previously successful study of more than twenty-six thousand young people in the United States (18) to capture the broadest aspects of homelessness among young LGBT people.

7.1 Experiences of homelessness

- Participants were first asked if they had ever:
- Run away from home or the place you live
- Left home or the place you live because you were asked/made to leave
- Couch surfed because you had no other place to stay
- Been homeless

Participants who responded yes to any of the above were then asked if they were currently experiencing this, if it was within the past 12 months, or if it was more than 12 months ago for each response. Participants could select as many options as applied (i.e. currently experiencing this and more than 12 months ago).

21.8%

had experienced one or more forms of homelessness in their lifetime, including 10.5% in the last 12 months

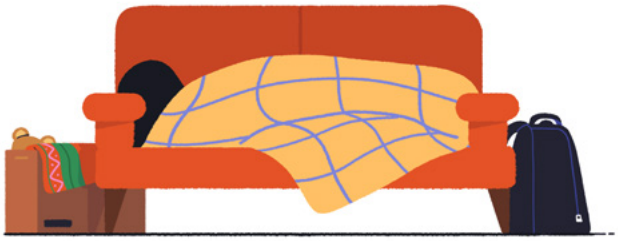


Table 19 shows that over one-fifth (21.8%; n = 350) of participants had experienced one or more forms of homelessness in their lifetime, and 10.5% (n = 169) in the last 12 months. One-sixth (17.4%; n = 279) of participants had ever run away from home or the place they lived, and almost one-tenth (8.7%; n = 139) had ever left home or the place they live because they were asked or made to leave.

Over one-quarter (27.2%; n = 95) of participants reported that their experience/s of homelessness in their lifetimes were related to being LGBTIQA+.

Table 19 Proportion of participants who had experienced homelessness in their lifetime and in the last 12 months

	Ever		Past 12 months	
Homelessness (n = 1,606)	n	%	n	%
Run away from home or the place you live	279	17.4	109	6.8
Left home or the place you live because	139	8.7	70	4.4
Couch surfed because you had no other place to stay	71	4.4	40	2.5
Been homeless	51	3.2	21	1.3
One or more experience of homelessness	350	21.8	169	10.5

8 Experiences of harassment and assault

Previous research in Australia has observed that young LGBTQA+ people frequently experience harassment based on their sexuality or gender identity, and that this occurs most at school (3). Young LGBTQA+ people who experience harassment based on their sexuality or gender identity face higher risk of suicidal ideation and behaviours, and are more likely to miss school to avoid further harassment (3,19).

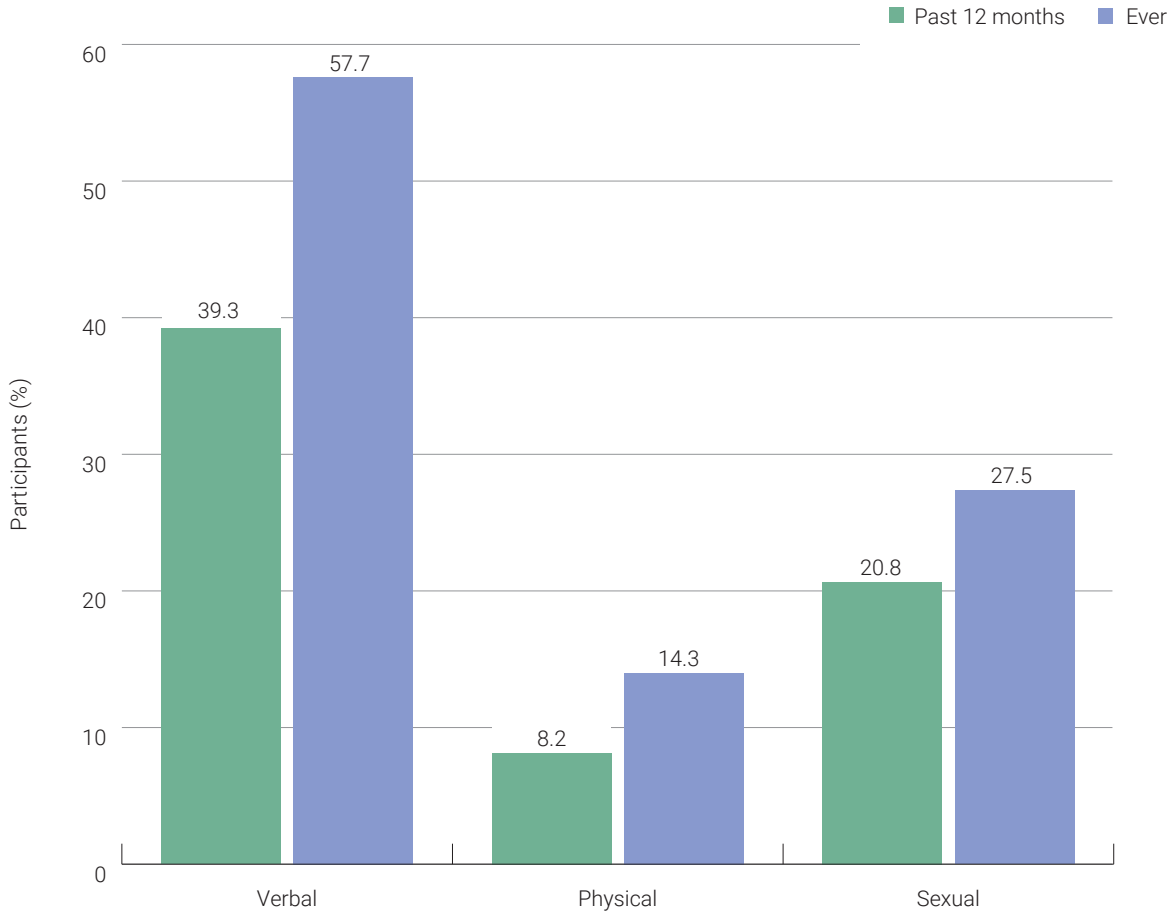
8.1 Experiences of harassment or assault based on sexuality or gender identity

Participants were asked if they had experienced any of the following harassment or assault based on their sexuality or gender identity in the past 12 months or ever in their lifetimes. Not all participants responded to each of these statements, hence the differing sample sizes for analysis are shown in brackets below.

- Verbal (e.g. been called names or threatened; n = 1,569)
- Physical (e.g. being shoved, punched, or injured with a weapon; n = 1,378)
- Sexual (e.g. unwanted touching, sexual remarks, sexual messages or being forced to perform any unwanted sexual act; n = 1,413)

Figure 7 displays their responses.

Figure 7 Experiences of verbal, physical and sexual harassment or assault based on their sexuality or gender identity



Two-fifths (39.3%; n = 616) of participants in New South Wales reported experiencing verbal harassment, one-fifth (20.8%; n = 294) sexual harassment, and almost one-tenth (8.2%; n = 113) physical harassment based on their sexuality or gender identity in the past 12 months.

Writing Themselves In 3(3) included questions about lifetime experiences of verbal and physical harassment due to sexuality, but did not ask participants about experiences of harassment in the past 12 months. Nonetheless, the proportion of participants reporting ever experiencing verbal harassment (57.7%; n = 906) or physical harassment (14.3%; n = 197) based on their sexuality or gender identity were comparable to those in *Writing Themselves In 3*in which 61% reported verbal harassment and 18% reported physical harassment.

8.2 Experiences of harassment or assault based on sexuality or gender identity in the past 12 months, by location

Participants who reported having experienced verbal, physical, or sexual harassment or assault in the past 12 months were asked to indicate where these experiences had occurred. They were presented with the following list of locations and could select all those that applied:

- Educational setting (e.g. school, university, TAFE)
- Home
- Public (e.g. transport, street)
- Sport
- Work
- Somewhere else
- None

Table 20 displays their responses. Note that educational setting was analysed among participants who reported being at an educational setting in the past 12 months, sport was analysed among participants who reported participating in sport in the past 12 months, and work was analysed among participants who reported working in the past 12 months.

39.3%

of participants in New South Wales had experienced verbal harassment, more than a quarter (20.8%) sexual harassment, and nearly one-tenth (8.2%) physical harassment or assault based on their sexuality or gender identity in the past 12 months.

Table 20 Experiences of verbal, physical and sexual harassment or assault based on sexuality or gender identity in the past 12 months, by location

Verbal (n = 1,569)	**n**	**%**
Educational setting (n = 1,491)	308	20.7
Home	142	9.1
Public	281	17.9
Sport (n = 1,009)	22	2.2
Work (n = 938)	45	4.8
Somewhere else	105	6.7
One or more of the above	616	39.3
Physical (n = 1,602)		
Educational setting (n = 1,309)	48	3.7
Home	27	2.0
Public	42	3.1
Sport (n = 881)	6	0.7
Work (n = 835)	2	0.2
Somewhere else	23	1.7
One or more of the above	113	8.2
Sexual (n = 1,627)		
Educational setting (n = 1,341)	77	5.7
Home	24	1.7
Public	109	7.7
Sport (n = 903)	4	0.4
Work (n = 855)	28	3.3
Somewhere else	135	9.6
One or more of the above	294	20.8

Similar to findings in *Writing Themselves In* 3, verbal and physical harassment based on sexuality or gender identity in the past 12 months was most commonly reported at educational settings. Sexual harassment was most commonly reported in public. Responses for work and sports were analysed only among participants reporting participation in sports or work. As with *Writing Themselves In* 3, sport was reported as the place with the lowest levels of harassment. However, this may reflect the very low levels of disclosure to sports teammates (29.1%; n = 207) and invisibility of LGBTIQ people in Australian sports, as described in the study Come Out to Play (20), in which roughly half of participants were 'out' about their sexuality or gender identity when participating in mainstream sport.

8.3 Harassment perpetrators

Among participants who reported having experienced harassment based on their sexuality or gender identity in the past 12 months at an educational setting (n = 336), 82.7% (n = 278) reported the perpetrator as a student/s from their year, 42.3% (n = 142) a student/s from another year, and 8.6% (n = 29) a teacher (multiple responses were permitted).

Among participants who reported experiencing harassment at home (n = 158) in the past 12 months, 51.9% (n = 82) reported the perpetrator as a parent or carer, 36.7% (n = 58) a sibling and 8.9% (n = 14) grandparent/s (multiple responses were permitted).

9 Mental health and wellbeing

There is a substantial body of research observing significant differences between the mental health and wellbeing of LGBT communities and the general population (21–25). Poorer mental health and wellbeing among LGBTIQ+ people has been attributed to stigma, prejudice, and discrimination, which creates a hostile and stressful social environment for LGBT people (26,27). A study of young LGBT people in the United States found that perceived discrimination was associated with increased depressive symptoms, and accounted for an elevated risk of self-harm and suicidal ideation (28). LGBT young people have also been found to be at higher risk of major depression, generalised anxiety disorder, suicidal ideation, and suicide attempts compared to the general population (3,29,30). Furthermore, research suggests that there are distinct differences in types and severity of mental health conditions and suicidality between populations within the LGBT community (31,32). For instance, trans and gender diverse adults and young people consistently report higher levels of psychological distress than cisgender men and women (24,30), and bisexual people tend towards poorer mental health outcomes than single-gender attracted people (21,33–35), possibly due to bisexual invisibility, biphobia, and monosexism in society (36,37).

9.1 Psychological distress (K10)

The Kessler Psychological Distress Scale (K10) is a ten-item standardised scale developed to measure psychosocial distress, based on questions about people's level of nervousness, agitation, psychological fatigue and depression in the past four weeks. Responses to the questionnaire are summed to create a scale ranging from 10 to 50 with a higher score indicating higher levels of psychological distress.

Table 21 Proportion of participants experiencing psychological distress

K10 Score (n = 1,612)	**n**	**%**
Low (10-15)	95	5.9
Moderate (16-21)	204	12.7
High (22-29)	478	29.7
Very high (30-50)	835	51.8

Table 21 shows that over four-fifths (81.5%; n = 1,313) of participants reported high or very high levels of psychological distress

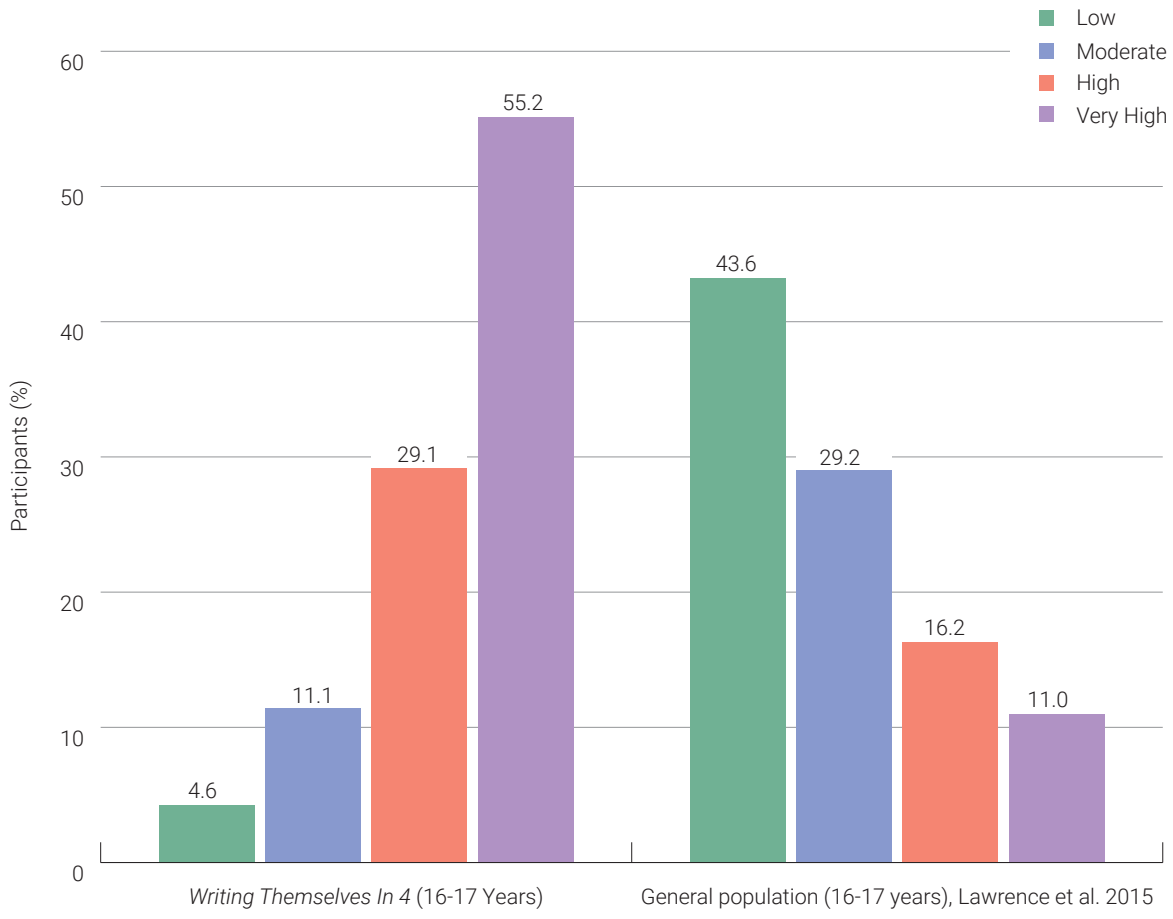
A greater proportion (83.8%; n = 874) of participants at secondary school reported high or very high levels of psychological distress than participants at university (70.4%; n = 228).

Similarly, a greater proportion (84.5%; n = 848) of participants aged 14-17 reported high or very high levels of psychological distress than participants aged 18-21 (76.5%; n = 465).

There is no data source that enables a direct comparison to the *Writing Themselves In 4* sample age range (14-21) with respect to mental health status. However, the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (5), a general population survey, provides a breakdown of responses for 16-17 years (which represents the mid-point of the age range used in the current study).

Compared to this sample, high or very high levels of psychological distress among 16-17-year-old participants of *Writing Themselves In 4* (84.3%; n = 548) were more than three times that of the 27.3% reported among the general population aged 16-17 years. Figure 8 below displays a breakdown of results across the spectrum of K10 scores from *Writing Themselves In 4* participants aged 16-17 years (n = 650) in comparison to responses from the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (5)

Figure 8 K10 scores of *Writing Themselves in 4* participants aged 16–17 years compared to among the general population aged 16–17 years



9.2 Mental health diagnoses

Previous research has observed that LGBTQA+ people are more likely to be diagnosed with depression and anxiety than the general population (29), particularly among bisexual and trans people (32,38).

Participants were asked if they had ever been diagnosed with one or more mental health conditions at some point in their lives. Participants who reported having ever been diagnosed with a mental health condition were then asked if they had received treatment or support in relation to those conditions. Table 22 displays these results.

Table 22 Proportion of participants diagnosed with one or more mental health condition in their lifetimes and who received treatment or support for this in the past 12 months

	Ever received diagnosis		Received treatment or support in past 12 months	
Mental health condition (n = 1,528)	**n**	**%**	**n**	**%**
Generalised anxiety disorder	752	49.2	504	33.0
Depression	745	48.8	509	33.3
Eating disorder	196	12.8	64	4.2
Post-traumatic stress disorder	164	10.7	91	6.0
Social phobia	150	9.8	70	4.6
Obsessive-compulsive disorder	120	7.9	63	4.1
Panic disorder	107	7.0	49	3.2
Bipolar disorder	59	3.9	32	2.1
Agoraphobia	21	1.4	10	0.7
Schizophrenia	14	0.9	4	0.3
Other mental health challenge	152	10.0	100	6.5
Any of the above	978	64.0	681	44.6

Almost two-thirds (64.0%; n = 978) of participants reported having ever been diagnosed with a mental health condition, and over two-fifths (44.6%; n = 681) reported receiving treatment or support for a mental health condition in the past 12 months. Almost half of participants reported ever being diagnosed with generalised anxiety disorder (49.2%; n = 752) or depression (48.8%; n = 745).

Almost seven-tenths (69.6%; n = 681) of participants who reported being diagnosed with a mental health condition in their lifetime had received professional treatment or support in the past 12 months.

9.3 Suicidal ideation, planning and attempts

Suicide is the leading cause of death among people aged between 15 and 44 years in Australia (39). Young LGBTIQ people in Australia reported high levels of suicidal ideation, attempts, and self-harm in Writing Themselves 3 (3) as well as in the 2014 Growing Up Queer study of 1,032 young Australians aged 16–27 (30).

Writing Themselves In 4 asked participants about **suicidal ideation** (defined as 'experiences of thoughts about suicide, wanting to die, or about ending your life'), **suicide plans** (defined as having 'made a plan to attempt suicide or end your own life), **suicide attempts** (defined as having 'attempted suicide or to end your life'), **self-harm ideation** (defined as 'thoughts about harming yourself on purpose'), and **self-harm** (defined as 'injured or harmed yourself on purpose'). These questions used the same wording from the report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (5) for comparison purposes (Lawrence et al., 2015).[2]

Previous research has found that asking people about suicide does not increase the risk of suicide (40). Nonetheless, as a precaution, online and telephone resources were provided for QLIFE and KIDSHELPLINE prior to these questions, as well as the end of the survey. Prior to the questions, participants were given the option to choose 'prefer not to answer these questions' with the bold text 'If you feel uncomfortable answering these questions, please skip them. Skipping this question does not make your other responses any less valuable.' Participants were also given the option of 'prefer not to answer' for each question regarding suicidal ideation, suicide plans, suicide attempts, self-harm ideation, and self-harm.

Figure 9 displays the proportion of all *Writing Themselves In 4* participants who responded to questions about suicidal ideation, planning or attempts, or self-harm. Not all participants responded to each of these statements, hence the differing sample sizes for analysis are shown in brackets below:

- 'Experiences of thoughts about suicide, wanting to die, or about ending your life' (n = 1,613)
- 'Made a plan to attempt suicide or end your own life' (n = 1,587)
- 'Attempted suicide or to end your life' (n = 1,582)
- 'Thoughts about harming yourself on purpose' (n = 1,589)
- 'Injured or harmed yourself on purpose' (n = 1,586)

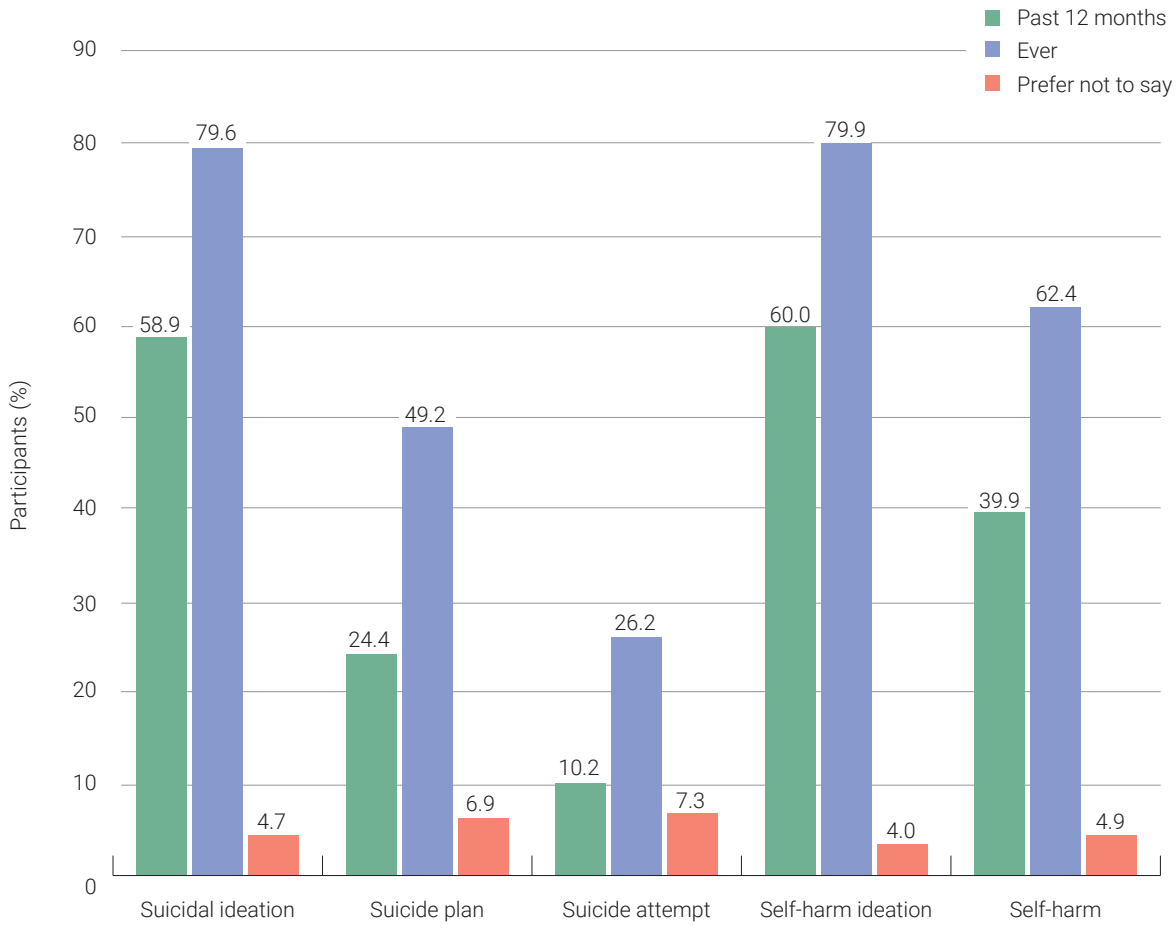
2 This report is based on a convenience sample methodology and is therefore not valid prevalence data. Any comparisons with national prevalence data should be made with caution (see section 2.5).

10.2%

had attempted suicide in the last 12 months and 26.2% had done so at some point in their lifetime

- Almost three-fifths (58.9%; n = 950) of participants had seriously considered attempting suicide in the previous 12 months,
- Almost one-quarter (24.4%; n = 388) had made a suicide plan in the previous 12 months
- One-tenth (10.2%; n = 161) had attempted suicide in the past 12 months while over one-quarter (26.2%; n = 415) had attempted suicide at some point in their lifetime
- Almost two-thirds of participants (62.4%; n = 990) reported having ever self-harmed, and approximately four in ten (39.9%; n = 633) in the past 12 months
- Between 4.0% and 7.3% of participants answered, 'prefer not to say' to the questions. The proportion of young people who have ever experienced suicidal ideation, planning, attempts, or self-harm ideation or attempts may therefore be higher than indicated in these estimates.

Figure 9 **Suicidal ideation, suicide planning, suicide attempt, self-harm ideation and self-harm**



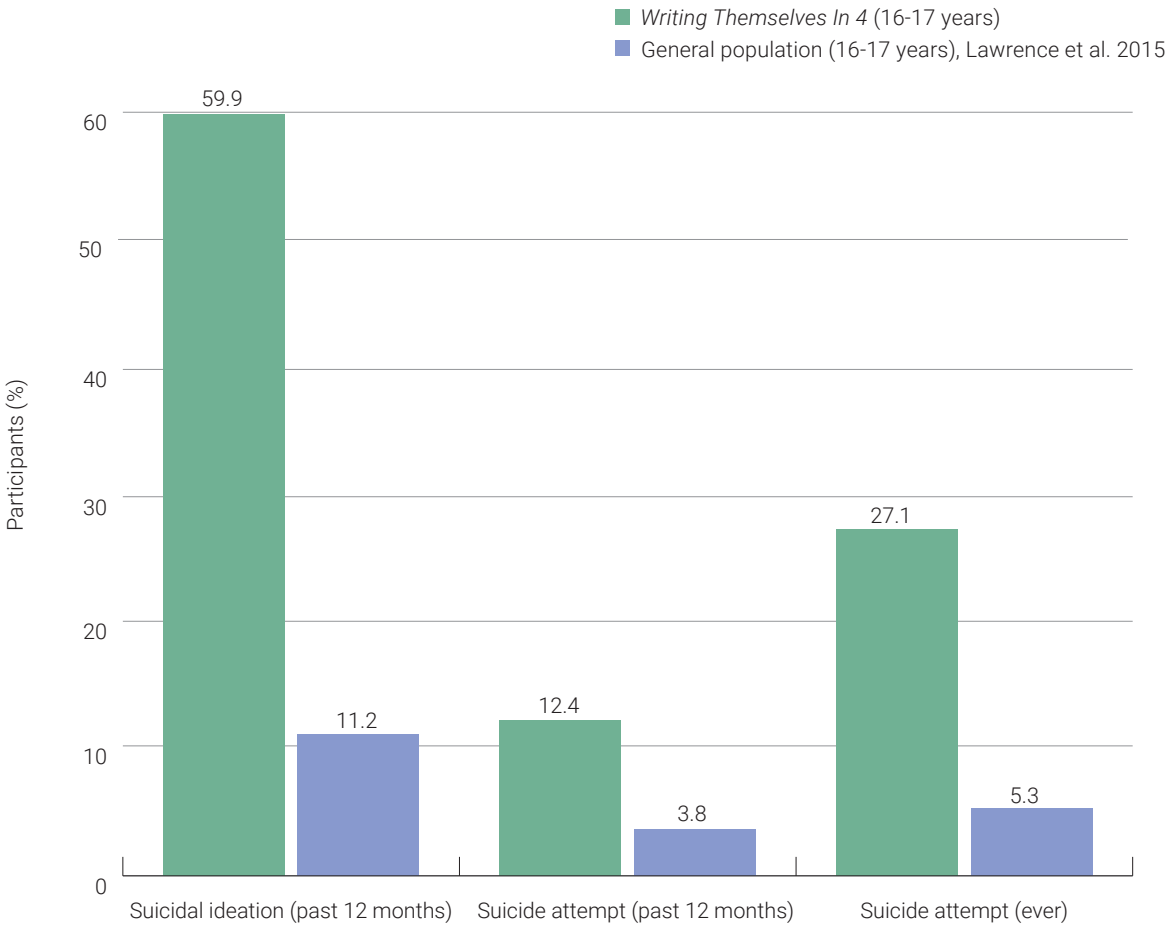
Again, the closest comparable population-based data comes from the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing where data from 16-17-year-olds is the most appropriate reference point. Figure 10 below displays a breakdown of participants aged 16-17 years who responded to questions regarding suicide ideation (n = 653) and attempts (n = 643) in *Writing Themselves In 4* in comparison to responses from those aged 16-17 in the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (5)

- Almost three-fifths (59.9%; n = 391) of participants aged 16–17 years reported suicidal ideation in the previous 12 months, more than five times the figure observed in studies of the general population aged 16–17 (11.2%) (5).
- One-eighth (12.4%; n = 80) of participants aged 16–17 years had attempted suicide in the past 12 months, more than three times the 3.8% observed in studies of the general population aged 16–17 (5).
- Over one-quarter (27.1%; n = 174) of participants aged 16–17 years had attempted suicide in their lifetimes, more than five times the 5.3% reported within studies of the general population aged 16–17 (5).

39.9%

had self-harmed within the past 12 months

Figure 10 Suicidal ideation and suicide attempts among *Writing Themselves In 4* participants compared to the general population aged 16–17 years



9.4 Support for those in distress

Participants who answered that they had experienced suicidal ideation, planning, attempts, or self-harm ideation or attempts (n = 1,613) were asked if they had accessed an in-person professional counselling or support service, a professional telephone support service, or a professional text or webchat support service in relation to suicide or self-harm in their lifetimes and in the past 12 months.

Table 23 Proportion of participants who accessed professional suicide or self-harm support services ever in their lifetime

Suicide support access (n = 1,613)	n	%
In-person professional counselling or support service	639	46.7
Professional text or webchat support service	171	12.5
Professional telephone support service	124	9.1
Any of the above[3]	668	48.8

Among participants who had experienced any suicidal ideation, planning, attempts, or self-harm ideation or attempts, more than two-fifths (46.7%; n = 639) of participants had ever accessed an in-person professional counselling or support service, 12.5% (n = 171) a professional text or webchat support service, and 9.1% (n = 124) a professional telephone support service in relation to suicide or self-harm ever in their lifetime.

In total, approximately half (48.8%; n = 668) of participants who had experienced any suicidal ideation, planning, attempts, or self-harm ideation or attempts in New South Wales had ever accessed a professional support service in relation to suicide or self-harm in their lifetime, and three-tenths (31.6%; n = 433) in the past 12 months.

Participants were then asked if they were to ever need professional help for suicide or self-harm in the future, how they would prefer to receive it. Responses are shown in Table 24.

Table 24 Participant preferences for future access to professional suicide support services

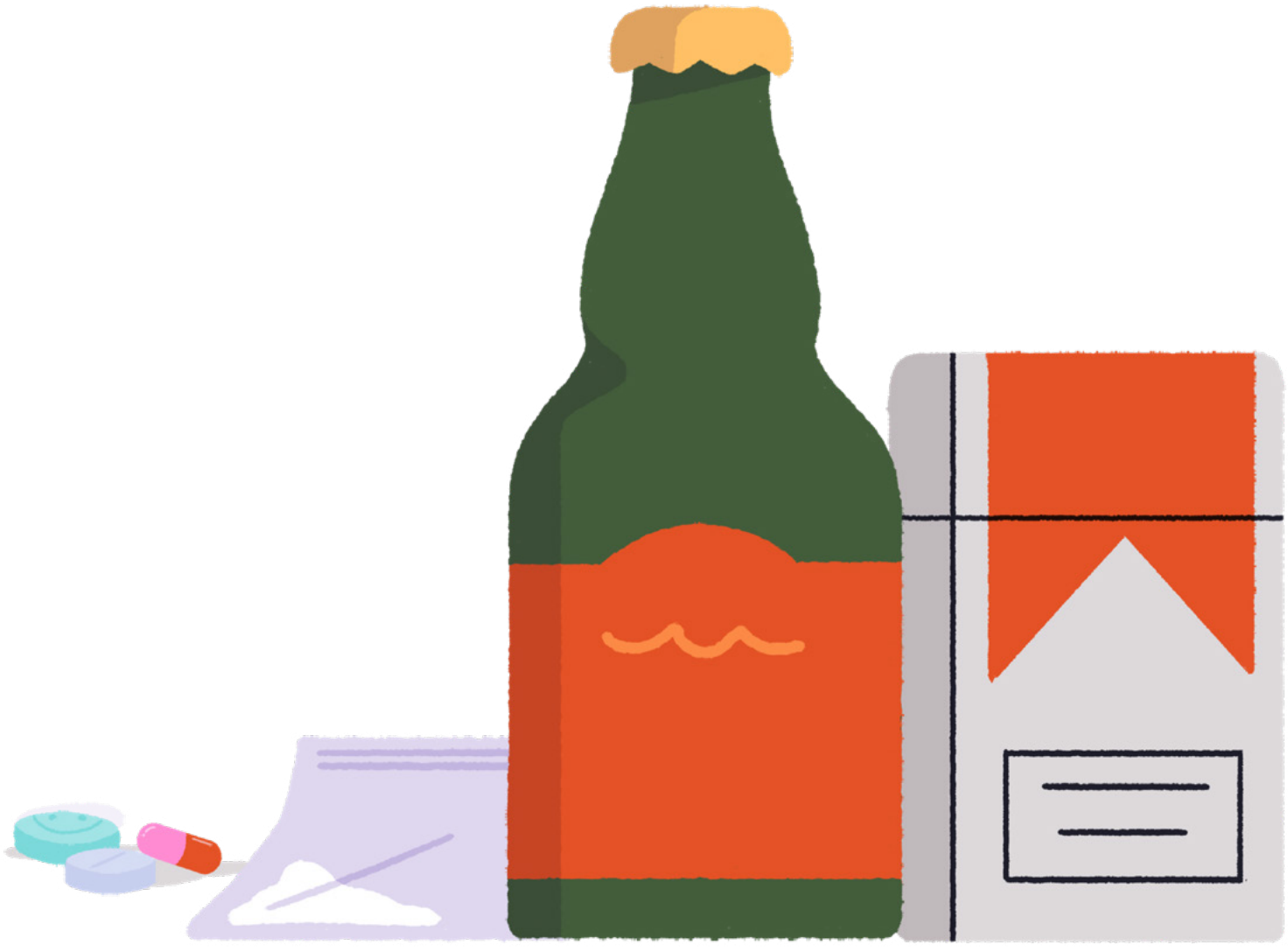
Suicide support access method preference (n = 1,613)	n	%
In-person	968	60.0
By text or webchat	321	19.9
By telephone	66	4.1
Other	9	0.6
Don't know	249	15.4

Three-fifths of participants (60.0%; n = 968) would prefer to access a professional suicide support service in-person, followed by 19.9% (n = 321) via text or webchat and 4.1% (n = 66) via telephone.

3 Any of the above is not equal to the sum of individual services because participants may have used more than one type of service.

10 **Alcohol, tobacco and other drug use**

Australian and international research suggests that LGBT people tend to use alcohol and other drugs more commonly and at higher rates than those observed among heterosexual and cisgender people (24,41–43). In one study, proportions of alcohol and other drug use among LGBT young people were markedly higher than that of their peers in the general population (44). A number of potential explanations have been posed regarding this higher rate of use, including differing social norms relating to alcohol and other drug use among LGBTIQ+ communities, as well as observations that a large part of social and cultural life in many LGBT communities is centred around licensed bars and clubs where alcohol is served and other drugs may be accessible (itself serving to shape social norms around drug use) (45,46). Marginalisation, discrimination and poorer mental health among LGBT people have also been suggested as potential explanations for these disparities (47).



11.0%

of participants were current smokers, including 7.8% of those aged 14-17 years and 16.3% of those aged 18-21 years

10.1 Tobacco use

Participants were asked if they smoked cigarettes or any other tobacco product.

Over one-tenth (11.0%; n = 177) of participants were current smokers, including 7.8% (n = 78) of participants aged 14-17 years, and over one-eighth (16.3%; n = 99) aged 18-21 years. Smoking rates were much lower than reported in the national sample of *Writing Themselves In* 3, in which 23% of participants reported smoking cigarettes daily. Rates of daily smokers observed among LGBTQA+ participants in New South Wales aged 18-21 were lower than those observed in a survey of young people aged 18-24 years in the general population (48).

One in twenty (5.0%; n = 80) participants reported currently using e-cigarettes or vaping. Approximately 4.3% (n = 43) of participants aged 14-17 years, and 6.2% (n = 37) of participants aged 18-21 years reported currently using e-cigarettes or vaping.

10.2 Alcohol use

To assess levels of alcohol consumption, *Writing Themselves In 4* included the three-item AUDIT-C scale. Responses to the first item of this scale, pertaining to frequency of alcohol consumption, are shown in Table 26 below.

More than two-fifths (45.5%; n = 460) of participants aged 14-17 years reported ever drinking alcohol, less than the 66.0% observed in studies of young people aged 12-17 years in the general population (49).

Among those who drank alcohol (n = 998), one-quarter (24.4%; n = 244) reported drinking six or more drinks on one occasion monthly or more frequently.

Similar to cigarette smoking, there was a lower rate of reported drinking than *Writing Themselves In* 3, in which 48% of participants reported weekly drinking (3).

Table 25 Frequency of smoking tobacco

	14-17 years		18-21 years		Total	
Smoking (n = 1,619)	n	%	n	%	n	%
No, I have never smoked	869	86.0	439	72.2	1,308	80.8
No, I used to smoke but I no longer smoke	64	6.3	70	11.5	134	8.3
Yes, I smoke less often than weekly	45	4.5	57	9.4	102	6.3
Yes, I smoke at least weekly (but not daily)	18	1.8	17	2.8	35	2.2
Yes, I smoke daily	15	1.5	25	4.1	40	2.5

Table 26 Frequency of alcohol consumption

	14-17 years		18-21 years		Total	
Alcohol consumption (n = 1,619)	n	%	n	%	n	%
Never	551	54.5	70	11.5	621	38.4
Monthly or less	324	32.0	205	33.7	529	32.7
2-4 times per month	112	11.1	210	34.5	322	19.9
2-3 times per week	21	2.1	96	15.8	117	7.2
4 or more times a week	3	0.3	27	4.4	30	1.9

10.3 Other non-medicinal drug use

Participants were asked if they had used drugs (other than tobacco or alcohol) for non-medicinal purposes in the past six months Approximately one-third (33.2%, n = 470) of participants reported using any drug for non-medicinal purposes in the past six months. When analysed by age, over one-quarter (26.1%; n = 224) of participants aged 14-17 and over two-fifths (44.2%; n = 246) of participants aged 18-21 reported using any drug for non-medicinal purposes in the past six months (compared to the 18% using illicit drugs documented in studies of people aged 12-17 years in the general population (49).

Table 27 Drug use for non-medical purposes in the past six months

Drug use (n = 1,414)	n	%
Cannabis	395	27.9
Ecstasy/MDMA	95	6.7
Antidepressants	76	5.4
Benzodiazepines	72	5.1
LSD	65	4.6
Amyl Nitrite/Alkyl Nitrite	53	3.8
Nitrous Oxide	51	3.6
Ketamine	30	2.1
Natural Hallucinogens	27	1.9
Cocaine	21	1.5
Pharmaceutical Opioids	21	1.5
Meth/Amphetamine	12	0.9
Antipsychotics	11	0.8
Synthetic cannabis	9	0.6
GHB/GBL/1,4-BD	4	0.3
Steroids	1	0.1
Heroin	21	1.5
Mephedrone	470	33.2
Other	27	1.7
Any drug use	546	33.5

Table 27 shows that over one-quarter (27.9%; n = 395) of participants reported using cannabis in the past six months, followed by ecstasy/MDMA (6.7%; n = 95) and amyl nitrite/alkyl nitrite (5.4%; n = 76). Among participants aged 14-17 years, one-fifth (21.3%; n = 183) of participants reported using cannabis in the past six months, followed by antidepressants (5.0%; n = 43), ecstasy/MDMA (2.9%; n = 25) and nitrous oxide (2.5%; n = 21). Among participants aged 18-21 years, 38.1% (n = 212) of participants reported using cannabis in the past six months, followed by ecstasy/MDMA (12.6%; n = 70), amyl nitrite/alkyl nitrite (11.9%; n = 66), and cocaine (8.3%; n = 46).

Participants who reported using drugs (n = 470) in the past six months were asked if they had ever been concerned about their drug use, or if their friends or family had ever expressed concern about their drug use.

- Almost one-quarter (23.6%; n = 111) reported ever being concerned about their drug use,
- Nearly three-tenths (28.9%; n = 136) reported their family or friends ever being concerned about their drug use.

Of participants who reported ever being concerned about their drug use (n = 111), 7.2% (n = 8) reported having sought professional support from a mainstream drug service, 2.7% (n = 3) sought professional support from a mainstream drug service that was LGBTIQA+-inclusive and 0.9% (n = 1) sought professional support from a drug service that is only for LGBTIQA+ people. No participants reported seeking professional support from a drug service that is only for Aboriginal or Torres Strait Islanders.

11 Community connection

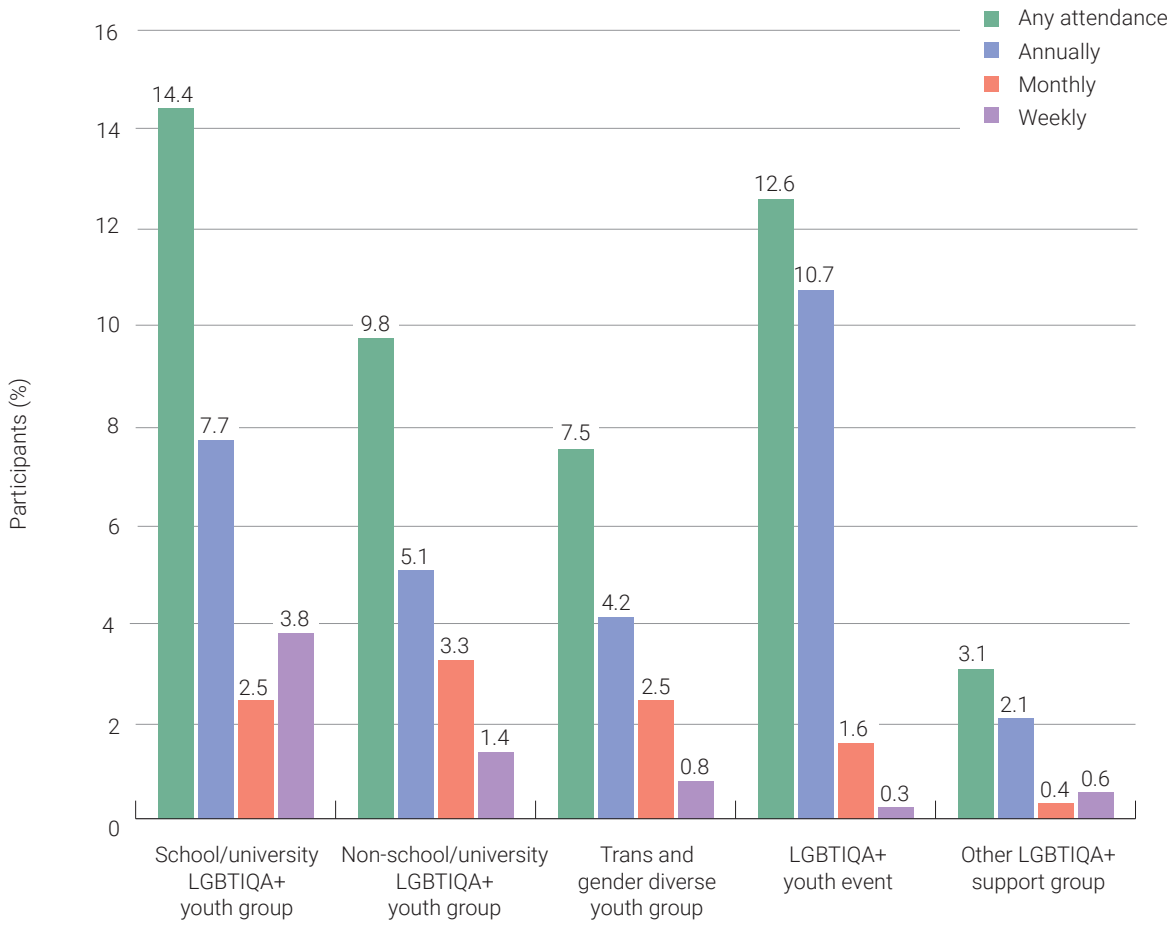
A sense of community connection has repeatedly been established as a key dimension of resilience among lesbian, gay, bisexual, trans and gender diverse people and can foster both social support and companionship (50–52). From Blues to Rainbows (4) found that many trans and gender diverse youth spoke of community activism as a means of feeling better connected to other queer young people and of facilitating gender affirmation. International research has observed that whereas LGBT community connectedness was associated with resilience and wellbeing among LGBQ adults, family support was a strong protective factor against poorer mental health outcomes among LGBT young people (53). These findings indicate that LGBT community connections and supports, working in conjunction with supportive family, friends, educational settings and professional support services, could foster improved wellbeing of LGBTQ young people in Australia.

11.1 Engagement with LGBTIQA+ support groups or organisations

Participants were asked how often they had attended any of the following in the past 12 months. Responses for school/university LGBTIQA+ youth group, and trans and gender diverse youth group were analysed only among participants reporting participation in school/university, or who were trans or gender diverse respectively (hence sample sizes for each vary, as shown below).

- School/university LGBTIQA+ youth group (n = 1,511)
- Non-school/university LGBTIQA+ youth group (n = 1,587)
- Trans and gender diverse youth group (n = 357)
- LGBTIQA+ youth event (n = 1,576)
- Other LGBTIQA+ support group (n = 1,377)

Figure 11 LGBTIQA+ groups/events participation in the past 12 months



Over one-tenth (14.4%; n = 217) of participants attending school/university had attended a school/university LGBTIQA+ youth group in the past 12 months. Approximately one-tenth (9.8%; n = 156) of all participants had attended a non-school/university LGBTIQA+ youth group, 7.5% (n = 27) of trans and gender diverse participants had attended a trans and gender diverse youth group, approximately one in eight (12.6%; n = 197) an LGBTIQA+ youth event, and 3.1% (n = 42) a different LGBTIQA+ support group .

11.2 Community volunteering and engagement

Table 28 Engagement in LGBTIQA+ supportive activities in the past 12 months

LGBTIQA+ supportive activity engagement (n = 1,580)	n	%
Created or posted something online supporting LGBTIQA+	578	36.6
Stood up for the rights of LGBTIQA+ people at school/work	540	34.2
Attended a rally or protest about LGBTIQA+ rights	328	20.8
Volunteered for an LGBTIQA+	111	7.0
Any of the above	905	57.3

Almost two-fifths (36.6%; n = 578) of participants had created or posted something online supporting LGBTIQA+, over one-third (34.2; n = 540) had stood up for the rights of LGBTIQA+ people at school or work, one-fifth (20.8%; n = 328) had attended a rally or protest about LGBTIQA+ rights, and 7.0% (n = 111) had volunteered for an LGBTIQA+ organisation or cause in the past 12 months. Over half (57.3%; n = 905) had engaged in one or more of these activities in the past 12 months.

11.3 Online engagement

Table 29 Use of mobile applications or websites for LGBTIQA+ related purposes in the past 12 months

Mobile app/website use (n = 1,608)	n	%
Become a member or follow any social media groups specifically for LGBTIQA+ people	670	41.7
Make new friendships with LGBTIQA+ people	632	39.3
Access LGBTIQA+-specific sexual health information	378	23.5
Access LGBTIQA+-specific mental health information	310	19.3
Any of the above	1,013	63.0

Almost two-thirds (63.0%; n = 1,013) of participants had used a website or mobile application for LGBTIQA+ purposes in the last 12 months, with over two-fifths (41.7%; n = 670) becoming a member or following any social media groups specifically for LGBTIQA+ people, almost two-fifths (39.3%; n = 632) making new friendships with LGBTIQA+ people, almost one-quarter (23.5%; n = 378) accessing LGBTIQA+-specific sexual health information, and approximately one-fifth (19.3%; n = 310) accessing LGBTIQA+-specific mental health information.

12 **Feeling good as an LGBTIQA+ young person**

Writing Themselves In 4 asked participants, 'What makes you feel good about yourself?' This question was asked towards the end of the survey, in part to walk the young person towards a more positive frame of mind following earlier questions, but also to allow a space for them to affirm their LGBTQA+ identity, if desired. Much previous research among this population has been pathologising in nature and while it is crucial to capture data about the experiences of harm to inform health and social support interventions, it is also essential that data pertaining to what LGBTQA+ young people value or what promotes wellbeing is also captured. Such findings can help to shape health promotion and community interventions seeking to improve health outcomes.

In total, 1,209 young people provided an answer to this question, which ranged in length from a few words to a paragraph or more of text. These responses from young LGBTQA+ people in New South Wales as to what makes them feel good about themselves were both detailed and diverse. They indicated that, for many young people, they are not merely developing resilience strategies to 'cope' with being lesbian, gay, bisexual, pansexual, queer, asexual, trans or gender diverse, but are also finding creative and diverse ways of celebrating their identities. However, it is also important to note that some young people found this question hard or impossible to answer, perhaps representing either a difficulty considering or expressing feelings, or an absence of things in their lives that made them feel good about themselves (or both).

A number of themes emerged following textual analysis of these responses, the most common of which are summarised below and expanded upon in more detail in the national report.

Social connectivity to friends and family

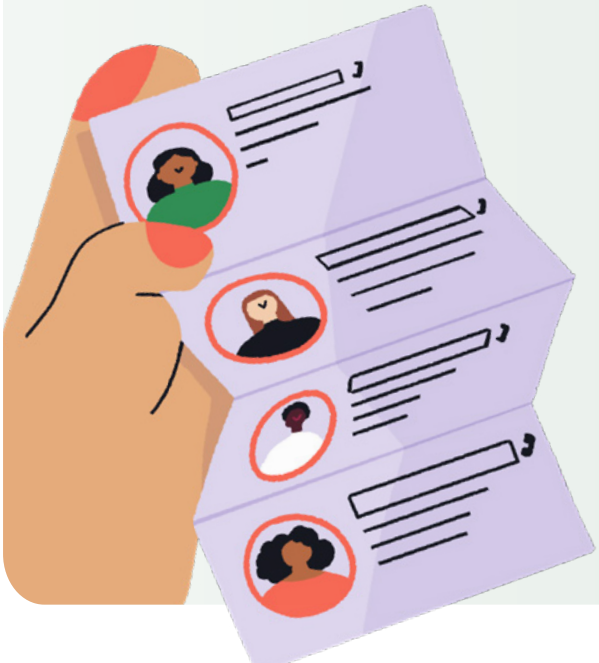
A large proportion of responses reflected the value young people found in their connection to friends and family. Such individuals or groups were frequently described as sources of support, affirmation and facilitators of joy. In some instances, participants described family members or friends who also identified as LGBTQA+ and reported how they could provide important advice and guidance.

'I have a friend group full of LGBT people, and a few close family members who are supportive. I believe that I have no say in my sexuality and it cannot be changed. I am proud of my sexual identity and try not to worry about what people may think of it.'

(Aged 16 years)

'Being around other LGBT people because it makes me feel like less of a freak.'

(Aged 17 years)



Romantic connection

Many young people in New South Wales were clear to reflect the ways in which their romantic partners helped to facilitate happiness in their lives. Participants provided numerous examples as to how they have felt affirmed and valued by partners, especially in cases where they may have felt uncertain or anxious about their bodies or feelings. Feelings of happiness were not limited to experiences of romantic relationships but also extended to 'crushes' and fun found in flirting.

'My boyfriend telling me how masculine I am and pointing out changes from HRT that I don't notice.'

(Aged 20 years)

'When I am with my girlfriend (who treats me as a guy).'

(Aged 18 years)

"My boyfriend of 2 months."

(Aged 14)

Creating and achieving

Creativity and a sense of accomplishment was central to feeling good about oneself for a great many LGBTQA+ young people in New South Wales. A large number of their responses spoke to the importance and value of playing, learning, dancing, and performing, especially in circumstances where such experiences provided opportunities to affirm their sexuality or gender identity.

'Drama/theatre. It makes me feel confident in myself and happy.'

(Aged 15 years)

'Successfully drawing something, people including me in things, achieving something I didn't think I'd be able to.'

(Aged 15 years)

Affirmation from within

This theme speaks to how being 'me' was central to how many participants described what helped them feel good and confident. Such self-affirmation could take many forms, including feel confident about styling their hair, the freedom to wear gender-affirming clothes, or feeling confident in their bodies and their abilities. Often their responses here spoke to a sense of self-growth, which may have emerged over time as they found pride in their identity.

'The fact that I love my body and others do too.'

(Aged 17 years)

'My art, my Instagram, clothes, reading LGBTQ+ fanfiction and watching WLW movies.'

(Aged 14 years)

Being affirmed by others

Participants described feeling good about oneself in ways that were often influenced by the degree, sense or nature of affirmation received from others. This could take many forms, including representation in the media, or compliments or praise from others. Affirmation from others often, but not exclusively, focused on receiving comments that affirmed gender or sexuality (including in relation to clothing or appearance). For some, however, affirmation came in the form of the absence of comment from others as this indicated they were safe from homophobic or transphobic violence or harassment.

'Representation of queer women, people checking on me to see if I'm okay and letting me know they're there.'

(Aged 15 years)

'Hanging out with my friends when they are all affirming and very happy to see me.'

(Aged 19 years)

Having influence on others – making a difference

A great many participants used this opportunity to emphasise how they want to make a positive impact on the world around them and that doing so helps them to feel good about themselves. This could involve volunteering or community activism, sometimes linked to LGBTIQA+ human rights but often encompassing other matters of social justice, such as protecting the environment. Influence on others also included everyday experiences, such as making others laugh or caring for those in need.

'Making people laugh and be happy.'

(Aged 14 years)

'Being able to be who I am with my sexuality and helping my other few LGBTQ+ friends with support.'

(Aged 15 years)

'Knowing that I've helped someone.'

(Aged 16 years)

Not feeling good

Crucially, it is important to recognise that some young people who participated in *Writing Themselves In 4* stated that nothing made them feel good about themselves. Such responses must be understood the context of the very high rates of psychological distress and suicidal ideation reported earlier, as well as the experience of stigma, discrimination, violence and abuse that is so pervasive.

Those who were able to articulate what makes them happy provide valuable insight into the everyday practices and experiences that those working to support LGBTQA+ young people can draw upon to develop programs and interventions to effect meaningful, enduring and positive change for this community.

13 Conclusions and recommendations

Writing Themselves In 4 represents the largest-ever survey of LGBTQA+ young people in Australia. The findings articulated in this report reflect both the strengths of LGBTQA+ young people and challenges they experience.

The results illustrate how young people are connected within their communities, how they draw support from friends and family and what makes them feel good. Findings detailed in Chapter 12 in particular suggest strengths that can be built upon by continuing to focus on affirming young peoples' identities and providing safe spaces in which they can create, develop and learn from one another.

A detailed account of recommendations for policy, practice and future research are included within the *Writing Themselves In 4* national report, which enables disaggregation of data and their implications for people of differing genders, sexualities, place of residence, ethnicity and other key demographic characteristics or intersecting identities. However, a short summary of recommendations is provided below.

The report also details a range of findings that are of significant concern. We observed very high rates of psychological distress, self-harm, suicidal ideation and attempted suicide. These require attention and immediate action. Such significant mental health related challenges should be considered within the context of continuing verbal, physical and sexual harassment or assault experienced by LGBTQA+ young people. This occurred in many areas of their lives, including in the home, at school and in public. In education settings, a significant number of LGBTQA+ young people do not feel safe, do not feel able to engage in gender or sexuality-affirming practices (often as simple as holding hands with a same-sex partner) or do not feel that existing structures or policies take account of their needs. A sizeable proportion of LGBTIQA+ young people had experienced one or more forms of homelessness, often linked to experience of rejection from family or other forms of family violence. A large proportion of LGBTQA+ young people use drugs for non-medicinal purposes and, particularly of note, are the significant number who have been concerned about their drug use (or who have heard such concern expressed by friends or family). These findings will be of interest to many stakeholders across all jurisdictions in Australia (and internationally), including health and social care providers, those working in educational contexts, prevention of violence policy and program specialists, those working to reduce homelessness or harms associated with alcohol and other drug use, as well as many others.

Summary of recommendations

1. **Tackling upstream determinants of poor health and wellbeing** by addressing stigma and violence directed towards LGBTQA+ communities and by embracing and celebrating diversity in all its forms. Experiences of poor mental health within this group must always be understood within a context of prevailing homophobia, biphobia, transphobia and other forms of stigma that are embedded in many parts of society.
2. **Realignment of the mental health sector by:** (i) initiating early intervention programs to recognise and respond to suicidality among LGBTQA+ young people; (ii) providing inclusive, culturally-safe mental health services; (iii) facilitating access to specialist mental health services, such as those provided by LGBTQA+ community-controlled organisations; and (iii) facilitating dialogue between mental health services demonstrating good practice in meeting the unique needs of this population and other organisations who need to develop such capacity.
3. **Ensuring inclusivity for LGBTIQ young people in health and social settings,** including: (i) addressing homelessness through holistic, multi-component programs that recognise the numerous factors contributing to this experience within the community; (ii) by ensuring alcohol and other drug services are attentive to the contexts of use among LGBTQA+ young people and facilitate reflection at times when such alcohol or other drug use may be becoming problematic; and (iii) by facilitating access to trans-affirming care, including safe referral pathways
4. **Fostering support through families, allies and communities,** which can include: (i) enhancing opportunities for community connection; (ii) providing creative spaces for LGBTQA+ young people to affirm their identities and connect with others, and; (iii) by investing in support for families where experiences of sexual or gender affirmation have been challenging.
5. **Shaping educational settings** to ensure both the existence and promotion of LGBTQA+ anti-bullying policies, supporting affirmation and facilitating a sense of safety at school, TAFE or university, and by ensuring LGBTQA+ young people feel seen and heard within the curriculum or other education related activities. Further work is also required to ensure that LGBTQA+ young people can feel safe and are not subject to harassment or assault in any form.
6. **Undertaking new research** that can: (i) qualitatively explore the diverse lived experience of LGBTIQA+ young people and better understand the social and cultural forces that shape health and education related outcomes (including, but not limited to, Aboriginal and Torres Strait Islander LGBTQA+ young people and those from multicultural backgrounds); (ii) meaningfully engage with the experiences of young people with an intersex variation/s; (iii) evaluate the effectiveness of interventions in different contexts that have sought to positively impact the health and wellbeing of LGBTIQA+ young people; and (iv) ongoing, periodic monitoring to track changes in health and education related experiences of LGBTIQA+ young people, particularly in the context of shifting cultural and political practices.

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