National 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 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 2 September and 28 October 2019.

Summaries of the data broken down at the state and territory level are available for the following:

- Australian Capital Territory
- New South Wales
- South Australia
- Victoria

Further outputs relating to *Writing Themselves In 4* can be found at https://www.latrobe.edu.au/arcshs/publications/writing-themselves-in-publications/writing-themselves-in-4

Chapters 3 to 14 of this report provide an overview of key findings across the entire sample of *Writing Themselves In 4* and, where possible, a breakdown of responses by gender and sexuality.

In Chapters 16 to 18, we replicate some of the analyses reported in earlier chapters, to show how responses to certain questions relating to health and wellbeing vary for participants who reported disability, those living in different parts of their state (i.e. metropolitan, rural, and remote locations) and those from ethnically diverse backgrounds. In addition to presenting results to questions that were asked only of trans and gender diverse young people, Chapter 15 also provides a similar breakdown of findings according to whether non-binary participants had been assigned male or female sex at birth.

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)

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.

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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
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Writing Themselves In 4 received generous support from:

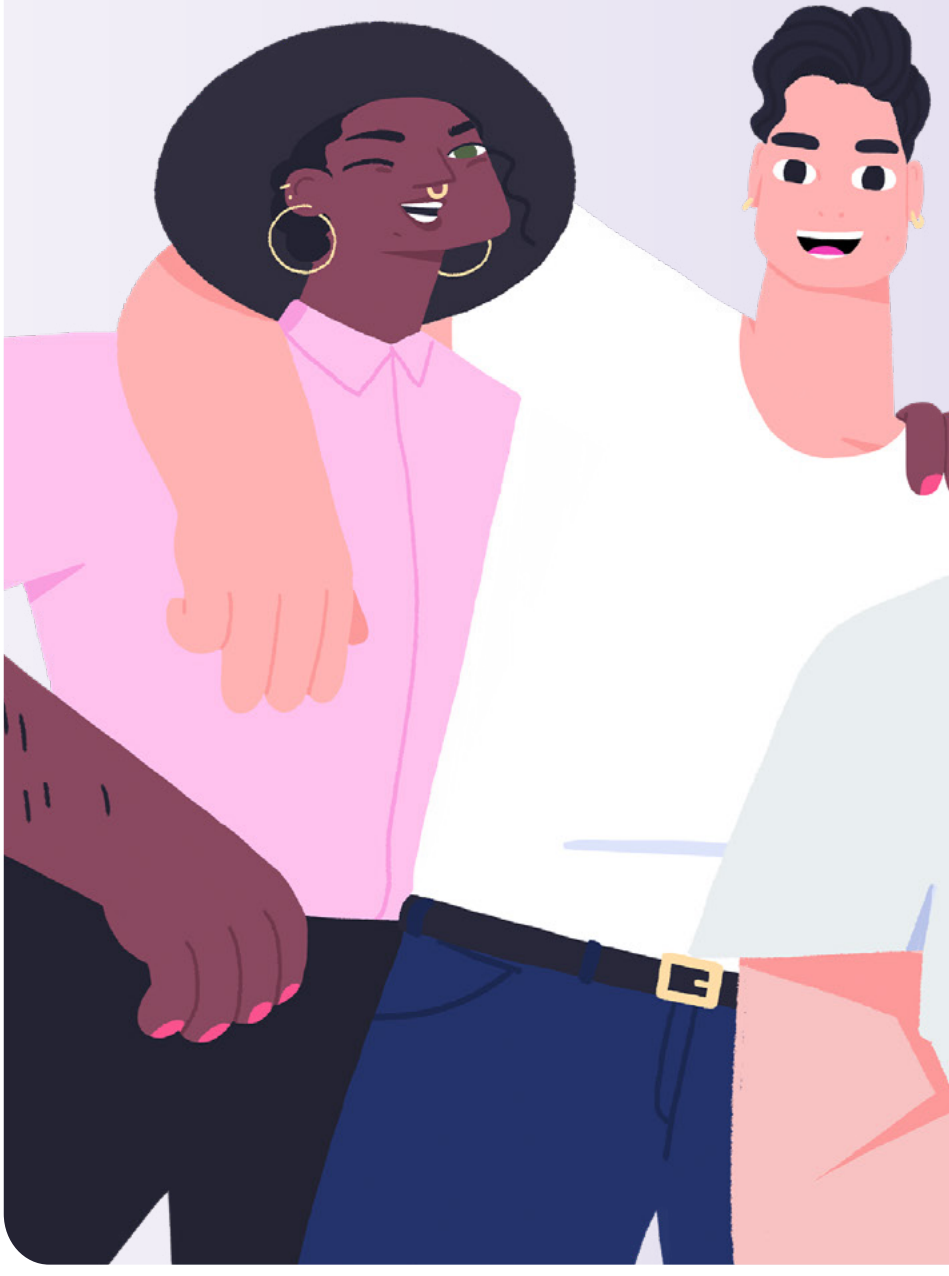
- The Victorian Department of Premier and Cabinet
- The Australian Capital Territory Government Office for LGBTIQ+ Affairs
- The New South Wales Department of Health
- SHINE SA, with support from the Office of the Chief Psychiatrist in South Australia

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 attracted[1] 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 first 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 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 their health and wellbeing.

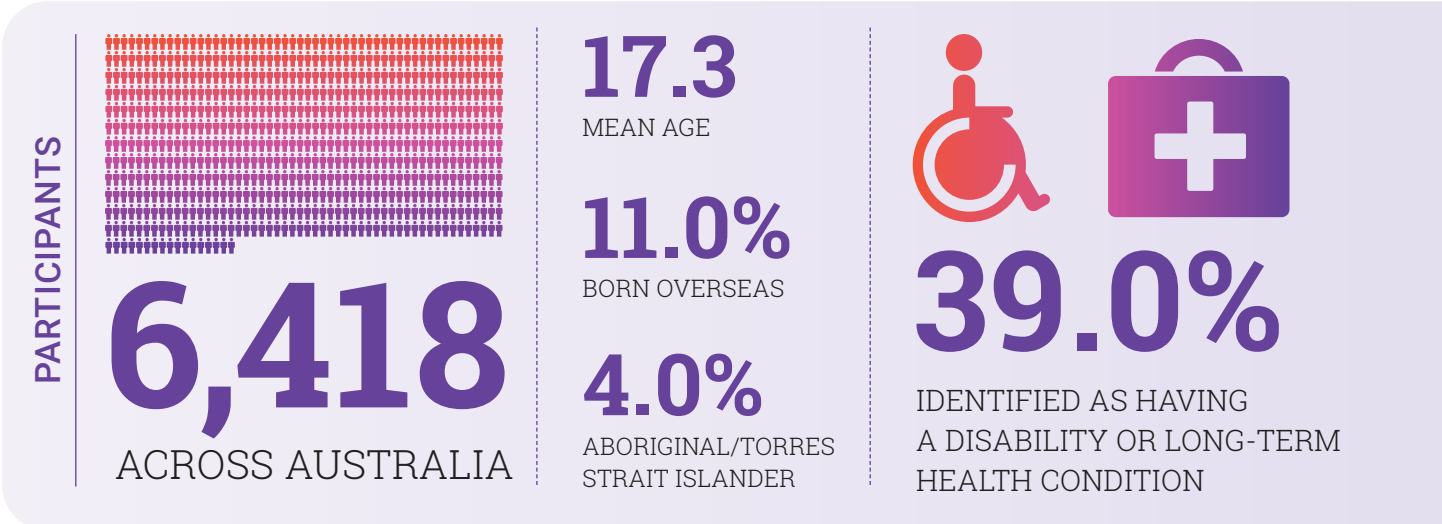
1 *Although this was the terminology used at the time of this study, this does not represent the way in which gender identity and sexuality are reflected in Writing Themselves In 4.*

Writing Themselves In 4 was developed in consultation with a **Community Advisory Board**, 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* (revised where necessary), the Australian Bureau of Statistics and the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Further items were developed specifically for the purpose of understanding the needs of LGBTIQA+ young people and 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 to 21 years of age, and identified as LGBTIQA+ (or used a synonymous term). The survey was promoted through a 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. Despite considerable efforts, we were unable to recruit a sufficient sample of young people with an intersex variation.

For that reason, *Writing Themselves In 4* should be considered a survey of LGBTQA+ young people only.

About the young people who participated

- In total, *Writing Themselves In 4* received 6,418 valid responses. This makes the survey the largest ever of LGBTQA+ young people in Australia.
- *Writing Themselves In 4* heard from a diverse sample of LGBTQA+ people, including 4.0% of participants who identified as Aboriginal and/or Torres Strait Islander, 11.0% who were born overseas, and 39.0% who identified as having disability or a long-term health condition.
- Half (50.6%) of participants were cisgender women, 22.3% cisgender men, 19.5% non-binary, 6.5% trans men, and 1.2% trans women.
- Almost half (45.0%) of participants identified as multi-gender attracted. In total, 33.8% participants identified as bisexual, 16.6% as gay, 12.0% as lesbian, 11.2% as pansexual, 8.4% as queer, 4.6% as asexual, and 13.4% as something else.
- The vast majority (95.3%; n = 6,114) of participants reported attending an educational institution in the past 12 months, with three-fifths (60.0%) attending secondary school, a quarter (24.1%) university, and 5.9% TAFE.



Disclosure and support from others

- More than nine-tenths (95.5%) of participants had disclosed their sexuality or gender identity to friends, followed by seven-tenths to family (71.9%) or some classmates (70.5%). Less than half of participants had come out to co-workers (43.2%) or teachers (36.0%), and less than a third to sports teammates (28.8%).
- Friends were most likely to be supportive when told about the person's sexuality or gender identity (88.3%), followed by teachers (65.2%), teammates (63.6%) and co-workers (60.8%); while family (57.3%) and classmates (42.1%) were reported as the least supportive. (However, the number of participants who are out to teachers, teammates and co-workers is very low.)
- Three-fifths (60.6%) of participants attending university who had disclosed their sexuality or gender identity reported feeling supported by their classmates, compared to one-third (35.3%) at secondary school and 43.2% at TAFE.

Educational settings: Supportive structures and practices

- A greater proportion of participants attending university (77.7%) reported being aware of an LGBTIQA+ gender–sexuality alliance, gay–straight alliance, Stand Out group, or similar supportive club for LGBTIQA+ students at their educational institution, compared to participants attending secondary school (24.8%) or TAFE (11.1%).
- In total, 13.7% of secondary school participants in Australia reported that LGBTIQA+ people received a lot of attention or discussion in a supportive or inclusive way as part of their schooling, while one-quarter (27.3%) reported that LGBTIQA+ people were never mentioned in a supportive or inclusive way.

Educational settings: Discriminatory and affirming experiences

- More than three-fifths (60.2%) of participants said that they had felt unsafe or uncomfortable in the past 12 months at secondary school due to their sexuality or gender identity. This compares to approximately three-tenths (29.2%) of participants at university and one-third (33.8%) of participants at TAFE.
- More than three-quarters of trans men (74.3%) and trans women (67.7%) said that they felt unsafe or uncomfortable at their educational institution, followed by two-thirds (65.8%) of non-binary participants, and more than two-fifths of cisgender men (44.2%) and cisgender women (42.2%).
- Almost two-thirds (63.7%) of participants at secondary school reported frequently hearing negative remarks regarding sexuality at their school, compared to one-fifth (20.2%) at TAFE and 15.0% at university in the past 12 months.
- Over one-third of secondary school (38.4%) and TAFE (34.4%) students and one-sixth of university students (17.2%) reported missing day/s at their educational setting in the past 12 months because they felt unsafe or uncomfortable.

Experiences of affirmation or discrimination in the workplace

- Overall, participants were less likely to report feeling unsafe or uncomfortable due to their sexuality and/or gender identity in the workplace than in educational settings.
- Two-fifths (40.3%) of participants said that they felt unsafe or uncomfortable at full-time work in the past 12 months due to their sexuality or gender identity. This was also true for around one-third of participants who worked part-time (35.6%) and casually (31.0%).
- One-tenth (10.0%) of participants who engaged in full-time work, 8.4% of those who worked part-time, and 6.5% in casual employment reported missing day/s at their work setting in the past 12 months because they felt unsafe or uncomfortable.

50.6% CISGENDER WOMEN

6.5% TRANS MEN

22.3% CISGENDER MEN

19.5% NON-BINARY

1.2% TRANS WOMEN

16.6% GAY

12.0% LESBIAN

11.2% PANSEXUAL

8.4% QUEER

4.6% ASEXUAL

13.4% SOMETHING ELSE

33.8% IDENTIFIED AS BISEXUAL

Experiences of harassment or assault

- Two-fifths (40.8%) of participants reported in the past 12 months experiencing verbal harassment based on their sexuality or gender identity.
- Almost one-quarter (22.8%) of participants reported in the past 12 months experiencing sexual harassment or assault based on their sexuality or gender identity.
- Almost one-tenth (9.7%) of participants reported in the past 12 months experiencing physical harassment or assault based on their sexuality or gender identity.
- The proportions of participants reporting ever experiencing verbal harassment (57.6%) or physical harassment or assault (15.4%) based on their sexuality or gender identity were only slightly lower than those reported in *Writing Themselves In 3* (61% and 18%, respectively).
- Over one-quarter (28.1%) of participants at secondary school experienced verbal harassment relating to their sexuality or gender identity in this setting in the past 12 months. This was approximately three times the 9.5% of participants at TAFE and four times the 7.2% who had this experience at university.

Mental health and wellbeing

Rates of mental ill-health were very high within this sample of LGBTQA+ young people. The best available comparison we can make to the general population is drawn from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing (5). While the report of that survey does not break down responses in the 14- to 21-year-old range, it does do so for those aged 16 to 17, hence the comparison we make here.

- High or very high levels of psychological distress among 16- to 17-year-old participants of *Writing Themselves In 4* (83.3%) were more than three times that of the 27.3% reported among the general population aged 16 to 17 years.
- Almost three-fifths (59.1%) of participants aged 16 to 17 years had experienced suicidal ideation in the past 12 months, more than five times the proportion observed in the general population aged 16 to 17 (11.2%).
- More than one-tenth (11.0%) of participants aged 16 to 17 years had attempted suicide in the past 12 months, almost three times the 3.8% observed in the general population aged 16 to 17.
- Over one-quarter (25.6%) of participants aged 16 to 17 years had attempted suicide in their lifetime, almost five times the 5.3% reported among the general population aged 16 to 17.
- One-fifth (20.0%) of trans women had attempted suicide in the past 12 months, followed by 16.7% of trans men, 13.2% of non-binary participants, 9.1% of cisgender women, and 6.7% of cisgender men.
- Among participants who had experienced suicidal ideation, planning or attempts, or self-harm in the past 12 months, less than two-fifths (38.1%) had accessed a professional counselling or support service in regard to suicide or self-harm in the past 12 months.

Experiences of homelessness

- Almost one-quarter (23.6%) of participants had experienced one or more forms of homelessness in their lifetime, and over one-tenth (11.5%) had this experience in the past 12 months.
- Trans men and trans women were the most likely to have reported experiencing homelessness. Almost one in five trans men (19.5%) and trans women (17.6%) reported experiencing one or more forms of homelessness in the past 12 months, followed by 15.3% of non-binary participants, 9.9% of cisgender men, and 8.4% of cisgender women.
- More than a quarter (26.0%) of participants who had experienced homelessness felt that this experience was related to being LGBTIQA+. This was most common among trans men (45.2%) and trans women (37.9%).

Alcohol, tobacco and other drug use

- Over one-tenth (11.5%) of participants were current smokers, including 8.0%

EDUCATION

60.2%
HAD FELT UNSAFE OR UNCOMFORTABLE AT SECONDARY SCHOOL IN THE PAST 12 MONTHS

27.3%
SAID LGBTIQA+ PEOPLE WERE NEVER MENTIONED IN A SUPPORTIVE OR INCLUSIVE WAY IN THEIR SCHOOLING

AFFIRMATION OR DISCRIMINATION IN THE WORKPLACE

40.3%
OF PARTICIPANTS FELT UNSAFE OR UNCOMFORTABLE AT WORK IN THE PAST 12 MONTHS

HARASSMENT OR ASSAULT

40.8%
HAD EXPERIENCED VERBAL HARASSMENT IN THE PAST 12 MONTHS BASED ON THEIR SEXUALITY OR GENDER IDENTITY

of participants aged 14 to 17 years, and over one-eighth (16.6%) aged 18 to 21 years.

- Less than half (47.7%) of participants aged 14 to 17 years and more than two-fifths (85.8%) of participants aged 18 to 21 reported drinking alcohol.
- Over one-quarter (26.5%) of participants aged 14 to 17 and over two-fifths (42.5%) of participants aged 18 to 21 reported using any drug for non-medical purposes in the past six months.
- Almost one-quarter (23.5%) of participants who reported drug use for non-medical purposes in the past six months reported ever having been concerned about their drug use, 11.8% of whom had sought professional support in relation to this in the past six months.

Engagement with professional support services

- Nearly two-thirds (62.9%) of participants had accessed an in-person professional counselling or support service, over one-fifth (21.2%) a professional text or webchat support service, and over one-tenth (13.2%) a professional telephone support service in their lifetime.
- Overall, almost two-thirds (63.2%) of participants who accessed an LGBTIQA+-specific service the most recent time they accessed a professional support service reported that it had made the situation 'better/ much better', compared to half (50.2%) of those accessing an in-person professional counselling or support service, two fifths (39.6%) of those accessing a professional telephone support service, and one third (34.9%) of those accessing a professional text or webchat support service.
- Two-thirds (67.9%) of participants said they would prefer to access a professional support service in person if they were to need one in future, followed by 19.1% who preferred text or webchat, and 2.1% telephone. It should be noted these data were collected prior to COVID-19, which might influence preferences now.

LGBTIQA+ community connection

- Almost one-fifth (17.2%) of participants had attended a school/ university LGBTIQA+ youth group in the past 12 months.
- Almost one-quarter (22.9%) of participants accessed LGBTIQA+-specific sexual health information, and one-fifth (19.6%) LGBTIQA+-specific mental health information online in the past 12 months.
- A third (33.9%) had stood up for the rights of LGBTIQA+ people at an educational institution or at work in the past 12 months.

Feeling good as LGBTQA+ 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 LGBTIQA+ young people, as well as some of the challenges they are still seeking to overcome. In total, 4,754 participants wrote short answers describing what makes them feel good about themselves as a young LGBTIQA+ person. Key themes that emerged in their responses include:

- The value of social connectivity to friends and family
- Romantic connection and partnerships
- Satisfaction derived from creativity and achieving
- The importance of affirmation from within (how I feel about myself)
- Being affirmed by others (how I am seen and treated by my social world)
- 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 interventions aimed at supporting LGBTQA+ young people moving forwards.

MENTAL HEALTH & WELLBEING

25.6%

ATTEMPTED SUICIDE AT SOME POINT IN THEIR LIFETIME

HOMELESSNESS

11.5%

HAD EXPERIENCED HOMELESSNESS IN THE PAST 12 MONTHS

26.0%

WHO HAD EXPERIENCED HOMELESSNESS FELT THAT THIS EXPERIENCE WAS RELATED TO BEING LGBTIQA+

ALCOHOL, TOBACCO & OTHER DRUG USE

26.5%

OF THOSE AGED 14-17 USED ILLICIT DRUGS IN THE PREVIOUS 6 MONTHS

Trans and gender diverse participants

- Less than three-quarters (74.8%) of trans and gender diverse participants had ever affirmed their gender identity socially, compared to the 97.4% that reported ever wanting to affirm their gender identity socially.
- One-fifth (22.5%) of trans and gender diverse participants had ever affirmed their gender identity legally, compared to the 75.2% that reported ever wanting to affirm their gender identity socially.
- Less than one-quarter (29.4%) of trans and gender diverse participants had ever affirmed their gender identity medically, compared to the 72.3% that reported ever wanting to affirm their gender identity medically.
- Over seven-tenths (71.7%) of all trans and gender diverse participants had faced issues relating to toilet access in the past 12 months, including 93.2% of trans men, 79.2% of trans women, and 62.0% of non-binary participants.
- Over three-fifths (61.4%) of trans and gender diverse participants avoided using the toilets, 59.5% felt uncomfortable or unsafe accessing toilets, and more than one-third (38.5%) had limited how much they ate or drank to avoid having to go to the toilet in the past 12 months.
- The vast majority (86.8%) of trans and gender diverse participants had been misgendered by others in the past 12 months.

In order to better understand and respond to the needs of LGBTQA+ young people from diverse communities, this report breaks down responses to key questions according to whether participants reported having disability or a long-term health condition, by their ethnic or cultural background and by their area of residence. Responses to these key questions for each of these groups are as follows.

Disability or long-term health conditions

- Overall, 39.0% of participants in the sample reported disability or a long-term health condition and approximately one-quarter (22.5%) reported a disability or long-term health condition other than mental illness.
- There was a sufficient sample to disaggregate findings according to whether they reported any disability, intellectual disability, neurodiversity/autism, or physical/sensory disability. It is notable that the definition of disability or long-term health condition used in the survey included mental illness, so to better enable comparison to other studies, participants who indicated only mental illness are not included within the 'any disability' category.
- Over half (56.7%) of participants who reported disability said that they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity. This compares to 45.1% of participants without disability.
- A greater proportion of participants with disability or a long-term health condition reported experiencing high/very high psychological distress (90.9%) than those not reporting disability (70.6%).
- Participants with disability or a long-term health condition reported experiencing in the past 12 months greater levels of verbal (52.7%), physical (15.0%) and sexual (31.7%) harassment or assault based on their sexuality or gender identity than was the case for those without disability or a long-term health condition (verbal 34.7%; physical 7.5%; sexual 18.5%).
- More than twice as many participants with disability (15.0%) reported suicide attempts in the past 12 months, compared to those with no disability (6.0%). The group with the highest proportion reporting suicide attempts in the past 12 months was participants with intellectual disability (21.0%), followed by those with physical/sensory disability (15.9%), and participants experiencing neurodiversity/autism (12.6%).
- Less than one quarter (21.5%) of participants with disability or long-term health condition felt that their LGBTIQA+ identity was supported by the NDIS/disability support providers.

Ethnic and cultural background

- Over half (51.8%) of participants from a multicultural background reported they had felt unsafe or uncomfortable

PROFESSIONAL SUPPORT SERVICES

62.9%

HAD ACCESSED COUNSELLING OR OTHER PROFESSIONAL SUPPORT SERVICE IN THEIR LIFETIME

LGBTIQA+ COMMUNITY CONNECTION

86.8%

OF TRANS AND GENDER DIVERSE PARTICIPANTS HAD BEEN MISGENDERED BY OTHERS IN THE PAST 12 MONTHS

TRANS & GENDER DIVERSE

33.9%

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

at their educational setting in the past 12 months due to their sexuality or gender identity.

- Fewer participants from a multicultural background (53.1%) reported feeling supported by family about their sexual identity, gender identity and/or gender expression than those from an Anglo-Celtic background (62.4%).
- Participants from a multicultural background reported in the past 12 months experiencing higher levels of verbal (41.6%), physical (10.5%) and sexual (23.2%) harassment or assault based on their sexuality or gender identity, compared to those from an Anglo-Celtic background (verbal 38.7%; physical 7.7%; sexual 21.6%).
- A greater proportion of multicultural participants (10.4%) reported experiencing a suicide attempt in the past 12 months, compared to Anglo-Celtic participants (8.4%).

Area of residence

- A majority of participants (57.8%) lived in the suburbs of state or territory capital cities, while 24.9% lived in regional towns or cities, 10.5% in rural or remote locations and 6.8% in the centre of capital cities.
- Almost three-fifths (57.0%) of participants in rural/remote areas reported they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity, followed by 52.7% in regional cities or towns, 50.0% in outer suburban areas, and 40.1% in inner suburban areas.
- A greater proportion of participants in inner suburban areas reported feeling supported by classmates about their sexual identity, gender identity and/or gender expression (52.9%) than was the case for those in outer suburban areas (45.3%), regional cities or towns (36.1%), or rural/remote areas (29.6%).
- More participants in rural/remote areas reported experiencing high/very high psychological distress (87.5%) than those in regional cities or towns (83.3%), outer suburban areas (79.8%), or inner suburban areas (73.2%).
- More participants in rural/remote areas reported in the past 12 months experiencing verbal harassment based on their sexuality or gender identity (45.4%) than those in regional cities or towns (41.0%), outer suburban areas (40.4%), or inner suburban areas (37.0%).
- Almost two-thirds (65.1%) of participants in rural/remote areas reported experiencing suicidal ideation in the past 12 months, followed by three-fifths (60.5%) in regional cities or towns, 57.1% in outer suburban areas, and 49.2% in inner suburban areas.
- Participants in rural/remote areas reported the highest levels of suicide attempts in the past 12 months (14.0%), almost twice that of those in inner suburban areas (7.1%).

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 19 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.

DISABILITY OR LONG-TERM HEALTH CONDITIONS

67.9%

OF PARTICIPANTS WITH A DISABILITY REPORTED VERY HIGH LEVELS OF PSYCHOLOGICAL DISTRESS

56.7%

HAD FELT UNSAFE OR UNCOMFORTABLE IN THE PAST 12 MONTHS AT THEIR EDUCATIONAL SETTING

ETHNIC & CULTURAL BACKGROUND

10.5%

OF PARTICIPANTS FROM MULTICULTURAL BACKGROUNDS REPORTED PHYSICAL HARASSMENT OR ASSAULT IN THE PAST 12 MONTHS

AREA OF RESIDENCE

14.0%

OF PARTICIPANTS FROM RURAL/ REMOTE AREAS REPORTED ATTEMPTING SUICIDE IN THE PAST 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 to whom same-sex attracted young people turned 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 in 2010, 91 'gender-questioning' young people did so (see Terminology on page 12 for discussion of historic use of terminology related to sex, gender and sexuality).

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 experienced 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 LGBTIQA+-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 South Australia 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 of, 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, advances advocacy, informs government policies, and assists health and community organisations to work effectively. All of this is important both in empowering LGBTIQA+ young people and ultimately improving their health and wellbeing.


LOVE WIN

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).

Development of this 4th iteration of *Writing Themselves In* began with a full-day, face-to-face stakeholder meeting held in Melbourne, where LGBTIQA+ youth experts from across the country were brought together to help identify priority issues that required attention and investigation. This initial meeting (funded by a La Trobe University seed grant) was crucial in helping us to focus the scope of enquiry, and in ensuring analysis of the broader cultural and social events that had influenced the lives of LGBTIQA+ young people in the decade since *Writing Themselves In* was last conducted.

Once the project funding was secured, a **Community Advisory Board** of knowledgeable and passionate LGBTIQA+ experts working with young people was established, including representatives from Victoria, New South Wales, South Australia and the Australian Capital Territory (which had each contributed funding to the study). This board played a vital role in helping to devise new lines of questioning, prioritise areas of investigation, provide feedback on recruitment strategies and in the framing of many of the analyses detailed in the following chapters.

Their work was complemented by the support of two **Youth Advisory Groups**, one each in Victoria (consisting of members aged 16 to 23 years) and South Australia (consisting of members aged 14 to 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; to give valuable input into the promotional materials to ensure they were engaging for fellow young people; and to offer advice as to the areas requiring 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 it was vital in ensuring that the voices of young people in different parts of the country could be heard by this study.

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 comprised young people with various lived experiences, including diversity in relation to culture, ethnicity, religious upbringing and geographical location in cities and regional or rural areas.

Writing Themselves In 4 promotional material

2.2 Survey development

Questions ultimately used in *Writing Themselves In 4* were drawn from a variety of sources, including previous iterations of the survey, as well as questions used by the Australian Bureau of Statistics and the second Australian Child and Adolescent Survey (5) of Mental Health and Wellbeing in order to allow comparisons. Where possible, we have utilised standardised measures (such as those examining mental health or perceptions of school connection), which typically comprise validated scales to assess particular health outcomes or experiences and which have been used in many other studies. However, a survey such as *Writing Themselves In 4* also required the development of bespoke questions to understand the nuanced and specific needs and experiences of LGBTIQA+ young people. Questions were finalised following extensive consultation with the **Community Advisory Board**, **Youth Advisory Groups** and individual expert stakeholders in certain domains, such as disability or homelessness. 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 2 September and closed on 28 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 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

Writing Themselves In 4 promotional material

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.

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 where possible. Only questions related to age and informed consent were compulsory, and participants could skip any questions they did not feel comfortable answering. The sample size for each analysis can thus vary slightly and is displayed either within each table or figure or is provided in the immediately preceding text.

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 by 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 facilitate analysis and ensure participant information was not lost in cases where data needed to be groups or collapsed.

A very broad range of identities were reflected in the findings. While it is important not to erase such identities, 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 diversity advisory group specifically to help us examine these issues and devise suggestions for analysis categories. This was subject to further consultation with the Community Advisory Board.

This exercise resulted in five gender categories: cisgender man, cisgender woman, trans man, trans woman, and non-binary; these terms are used throughout the remainder of this report to enable disaggregation of key findings.

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. While they could select more than one option, 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 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, outlined above, these responses were merged into seven core 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', 'cannot choose only one sexuality', as well as the trans men, trans women and non-binary participants who identified as heterosexual. These seven categories are used to disaggregate key findings throughout the remainder of this report.

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 this report we provide a breakdown of data relating to experiences of having a disability, area of residence (e.g. a metropolitan or rural area) and ethnicity. Data relating to the experience of Aboriginal and Torres Strait Islander LGBTIQA+ young people will be analysed separately subsequent to this report, in collaboration with colleagues and peers from Aboriginal 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 analyse all 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

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).

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, questions that fully identify LGBTIQA+ people are not likely to be captured within the national census of Australia, which complicates efforts to achieve truly representative samples of LGBTIQA+ communities. In February of 2021 *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 on 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 intersex variation/s

Intersex is an umbrella term used to describe people born with sex characteristics – including genitals, gonads and chromosome patterns – that do not fit typical binary notions of male or female bodies, and can manifest at birth or in later life.

In the development of *Writing Themselves In* 4, the study team made a concerted effort to ensure inclusion of people with 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 intersex variation/s. 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 intersex variation/s) as well as a targeted module of questions that were seen only by participants who indicated that they had intersex variation/s. This module aimed to examine experiences that are unique to people with 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 Peer Support Australia to ensure that people with intersex variation/s 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 their support, 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 intersex variation/s.

Writing Themselves In 4 included the following question regarding whether young people were born with a variation in their sex characteristics:

> *Intersex is an umbrella term used to describe people born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary ideas of male or female bodies.*
>
> *Were you born with a variation in your sex characteristics? There are many different intersex variations, some of which are associated with a medical diagnosis (e.g. DSD, CAH, AIS, Klinefelter syndrome, Turner syndrome, hypospadias, MRKH etc.)*

Despite extensive recruitment and community engagement efforts, 0.3% (n = 20) participants identified themselves as a person with intersex variation/s, 8.5% (n = 547) reported that they 'don't know', and 91.1% (n = 5,831) reported they did not have intersex variation/s. Twenty young people indicated that they had intersex variation/s in this study, which is too small a number to reliably report on or to break down responses for individual questions. Of the 20, eight went on to complete the supplementary section of questions that asked about experiences specific to people with intersex variation/s. The low figure reflects an ongoing challenge engaging young people with intersex variation/s in surveys promoted as LGBTIQA+, as many people with intersex variation/s may not understand their bodies in these terms or identify with

LGBTIQA+ communities. It should be noted, however, that these young people 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 intersex variation/s, and treating the reports as representative of them could 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. 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 intersex variation/s, and we remain committed to better understanding, and giving voice to, their experiences. There are specific recommendations in Chapter 19 regarding how research could better account for, and give voice to, experiences of young people with intersex variation/s in the future.

As the *Writing Themselves In 4* survey was designed to include young people with intersex variations in the analyses, some questions originally included wording asking participants about intersex variation/s. For example, participants were asked, 'Have you felt unsafe or uncomfortable at your educational setting due to your sexuality, gender identity, or intersex variation/s in the past 12 months?' Because no analyses were performed regarding only participants with intersex variation/s, and all participants in the survey reporting intersex variation/s also reported an LGBTQA+ identity, the text regarding intersex variation/s in these questions has been removed in order to better reflect and contextualise the actual responses of participants in this survey. Taking the above example, in the *Writing Themselves In 4* report the question has therefore been written as, 'Have you felt unsafe or uncomfortable at your educational setting due to your sexuality or gender identity in the past 12 months?' Similar questions in the survey were also amended in this way. Responses relating to questions asked regarding awareness and perceptions of intersex in various settings, such as 'Experiences of hearing negative language at work settings' have been retained and reported accordingly.

2.7 Trans women

It is important to note that while no representative population-level studies exist of trans and gender diverse populations, studies of adult trans and gender diverse populations tend to observe varying proportions of trans women and trans men. For example, similar numbers of these two groups have been found in some adult surveys, such as Private Lives 3 and the Australian Trans and Gender Diverse Sexual Health Survey (8,9). However, trans women are sometimes found in larger proportions in surveys of older populations, as was the case in Rainbow Ageing.

In *Writing Themselves In* 4, there was a large difference between the number of participants who identified as trans men (n = 406) and trans women (n = 75), despite efforts during survey recruitment to specifically recruit trans women. This is not a unique result in *Writing Themselves In* 4, and a variety of studies involving trans and gender diverse participants in Australia and internationally have observed similar recruitment trends, particularly among young people. For example, in Trans Pathways, 29.7% identified as trans men, compared to 15.0% as trans women (10). Similarly, in Transcending Cancer Care, 33.0% identified as trans men, compared to 22.7% as trans women (11). These differences are most pronounced among younger participants. For example, in Private Lives 3, which is the largest national survey of LGBTIQ adults in Australia, 51.0% of participants of trans men were 18 to 24 years old, compared to 19.0% of trans women. Similar patterns have emerged in large international surveys of trans and gender diverse populations. For example, 43% of trans men were 18 to 24 years old, compared to 24% of trans women in the 2015 US Transgender Survey (12).

The lower proportion of trans women/trans girls in *Writing Themselves In* 4, as well as in other studies involving younger age groups, is possibly due to a combination of factors:

Greater proportions of participants assigned female at birth. A greater proportion of participants in *Writing Themselves In 4* were assigned female at birth (73.2%) than male at birth (26.1%). The tendency for surveys to be completed by more participants who are assigned female at birth is not unique to this study, as this group generally tends to be more likely to respond to surveys. For example, the Australian Trans and Gender Diverse Sexual Health Survey reported 61.1% of participants were assigned female at birth, compared to 38.3% assigned male at birth (9), Trans Pathways reported 74.4% of participants were assigned female at birth and 25.6% assigned male at birth (10) and Transcending Cancer Care reported 70.9% were assigned female at birth and 26.6% assigned male at birth (11). In *Writing Themselves In* 4, there was approximately three times the number of potential participants who were trans men (defined as people who identify as a man, trans man/trans boy, or Brotherboy and were assigned female at birth) as trans women (defined as people who identify as a woman, trans woman/trans girl, or Sistergirl and were assigned male at birth). There was also approximately three times the number of potential participants who were non-binary AFAB (assigned female at birth) as non-binary AMAB (assigned male at birth) in this study.

Global trends around transition. The 2015 US Transgender Survey observed that non-binary participants and trans men were more likely to have transitioned or be living full-time in a gender other than that on their original birth certificate at a younger age than trans women, with 24% of non-binary respondents and 17% of trans men transitioning under the age of 18, which is more than three times and two times, respectively, than the 7% of trans women (12). Similarly, four-fifths (80%) of non-binary participants and two-thirds (64%) of trans men had started transitioning before the age of 25, compared to one-third (37%) of trans women (12). In the UK, findings from the National LGBT Survey (13) observed that almost 80% of trans participants aged 16 to 17 were assigned female at birth, and 60% of those aged 18 to 24. Globally, a greater proportion of young people being referred to gender clinics for support with gender dysphoria were assigned female at birth. These patterns might also be reflected in the proportions of trans men and trans women in *Writing Themselves In* 4, given its focus on younger people.

Future recruitment. It is not clear from *Writing Themselves In 4* whether the lower proportion of trans women is necessarily due to later transitioning for those assigned male at birth or

simply a lower tendency for this group to respond to surveys, a mix of both these reasons, or some other reason. Future qualitative research using focus groups of young trans women are needed to address these issues and may be helpful in identifying ways in which future surveys can successfully engage more trans women, trans girls, and other non-binary young people who were assigned male at birth and have trans feminine gender expressions or identities. Qualitative research with parents and carers of young trans women may also be helpful to identify possible barriers at a familial level.

2.8 Aboriginal and Torres Strait Islanders

There has been an ongoing underrepresentation of Aboriginal and Torres Strait Islander Peoples in research on LGBTIQA+ issues (14) and little investigation into the social and emotional wellbeing of Aboriginal and Torres Strait Islander People who are LGBTIQA+ (2). This has led to a lack of visibility of the Aboriginal and Torres Strait Islander sexuality and gender diverse population and difficulties of identifying their specific needs and formulating policies and strategies to support the health and wellbeing of this group.

In the preparation of *Writing Themselves In* 4, we sought expert advice from a prominent member of the LGBTIQA+ Aboriginal and Torres Strait Islander Community in Victoria, who assisted us in designing questions based placed to understand the experiences of Indigenous young people as well. He also provided advice on how best to promote the survey to LGBTIQA+ Aboriginal and Torres Strait Islander young people, the outcome of which was a specific 'character' within the promotional images and video who was designed to connect with Indigenous young people. Our combined efforts were, by some measures, a success, and *Writing Themselves In 4* heard from 256 Aboriginal or Torres Strait Islanders (4.0% of the total study sample). This is higher than the estimated proportion of Aboriginal and Torres Strait Islander People in Australia (3.3%) (15), and comparable to the proportion of Aboriginal and Torres Strait Islanders (4.2%) among young people in Australia aged 15 to 24 (16). To the best of our knowledge, this represents the largest ever survey sample of LGBTIQA+ Aboriginal or Torres Strait people.

We are committed to working with these data in a culturally safe and ethical manner. At the time of writing, the authors of this report have been in contact with a number of Aboriginal and Torres Strait Islander community-controlled organisations to discuss the nature of the data and to indicate some of the early findings. A partnership between researchers (both Indigenous and non-Indigenous) and community-controlled organisations, including those focussing on the needs of LGBTIQA+ Aboriginal and Torres Strait Islanders, is being formed to disaggregate and make sense of these findings. Our aspiration is to soon be able to produce and co-publish a summary report of *Writing Themselves In 4* that focusses specifically on Aboriginal and Torres Strait Islanders and can be accompanied by community-generated recommendations for action.

3 Demographic characteristics of the sample

3.1 State of residence

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

Participants in *Writing Themselves In 4* resided in all states and territories in Australia. Almost three-tenths (29.0%; n = 1,859) of participants resided in Victoria, followed by a quarter in New South Wales (25.2% (n = 1,619), 15.7% (n = 1,008) in Queensland, 11.3% (n = 723), 10.0% (n =640) in South Australia, 4.7% (n = 300) in the Australian Capital Territory, 3.5% (n = 226) in Tasmania, and 0.7% (n = 43) in the Northern Territory.

3.2 Age of participants

Writing Themselves In 4 involved participants from a diverse age range, as displayed in Table 2 below.

Table 2 Age of participants

Age (n = 6,418)	n	%
14	559	8.7
15	815	12.7
16	1,099	17.1
17	1,297	20.2
18	784	12.2
19	644	10.0
20	640	10.0
21	580	9.0

The mean age of participants was 17.3 (SD = 2.2), 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, 58.7% (n = 3,770) of participants were aged between 14 and 17 years, and 41.3% (n = 2,648) were aged between 18 and 21 years.

3.3 Area of residence

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

Table 3 Area of residence

Area of residence (n = 6,411)	**n**	**%**
Capital city (city centre)	434	6.8
Capital city (suburbs)	3,705	57.8
Regional city or town	1,598	24.9
Rural (countryside)	637	9.9
Remote (countryside and far from any towns or cities)	37	0.6

Almost three-fifths of participants resided in capital city suburbs (57.8%; n = 3,705), followed by one-quarter (24.9%; n = 1,598) in regional cities or towns, one-tenth (9.9%; n = 637) in rural areas, 6.8% (n = 434) in city centres, and 0.6% (n = 37) in remote areas.

For an overview of the health and wellbeing of *Writing Themselves In 4* participants across these urban and rural settings, see Chapter 18.

3.4 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. 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.

In the formulation of these categories, we were attentive to the fact that trans men and trans women can have many unique experiences, leading to vastly differing experiences compared to cisgender men and cisgender women at educational and health settings, and in terms of mental health, harassment and assault, support and family life. In order to capture and understand trans experiences, this study therefore separates participants by cisgender and trans experiences as well as by gender identities, to provide five gender categories in total. The number of participants falling into each of these categories is outlined in Table 4.

Table 4 Gender of participants, by category

Gender (n = 6,253)	**n**	**%**
Cisgender woman	3,162	50.6
Cisgender man	1,394	22.3
Trans woman	75	1.2
Trans man	406	6.5
Non-binary	1,216	19.5

Half (50.6%; n = 3,162) of participants were cisgender women, slightly lower than the 57% reported in *Writing Themselves In 3* (3). In total, 1,697 of participants identified as trans or non-binary, almost 20 times the 90 participants who participated the last time we ran this survey. These categories are used as the basis for gender comparisons throughout the remainder of this report. The possible reasons for a smaller number of trans women in the study is discussed in detail in Section 2.7.

In a similar process to that for gender identity, participants were presented with a list of 11 options to describe their sexuality, or they 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. For a full account of this process, see Section 2.4.2.

Table 5 Sexuality of participants, by category

Sexuality (n = 6,407)	**n**	**%**
Lesbian	771	12.0
Gay	1,063	16.6
Bisexual	2,164	33.8
Pansexual	717	11.2
Queer	540	8.4
Asexual	295	4.6
Something else	857	13.4

Almost half (45.0%; n = 2,881) of *Writing Themselves In 4* participants identified as multi-gender attracted. 'Queer' and 'asexual' were not presented as sexuality categories in *Writing Themselves In* 3; however, they made up 8.4% (n = 540) and 4.6% (n = 295), respectively, of the total sample in *Writing Themselves In* 4. It is of note that queer participants may also, but not necessarily, be multi-gender attracted. Around one-sixth (13.4%; n = 857) of participants in *Writing Themselves In 4* were categorised within the 'something else' response category. The 'something else' category was made up of participants who identified as 'homosexual' (n = 95), 'something else' (n = 193), 'prefer not to have a label' (n = 228), 'cannot choose only one sexuality' (n = 187), 'don't know my sexuality' (n = 121), and trans men (n = 18), trans women (n = 8) and non-binary (n = 6) 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. These seven categories are used as the basis for sexuality comparisons throughout the remainder of this report.

3.5 Intersections of gender and sexuality

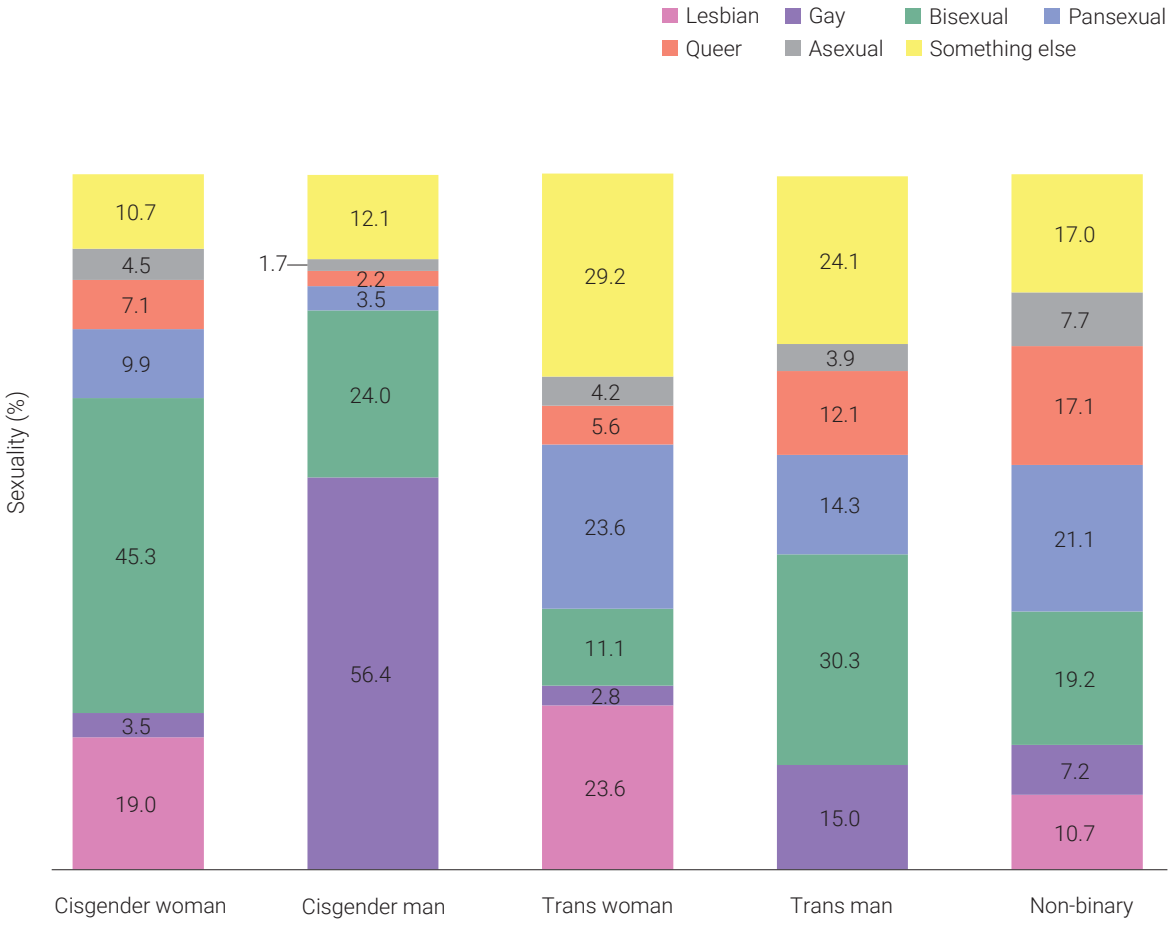
LGBTQA+ young people have multiple, intersecting identities. For example, a person may identify their sexual orientation as gay and have a gender identity that is categorised as cisgender man, cisgender woman, trans man, trans woman, or non-binary. Similarly, a person whose gender identity is non-binary may identify their sexual orientation as lesbian, gay, bisexual, pansexual, queer, asexual, or something else. Identities can be fluid and the ways in which they intersect can vary depending upon the social and political context as well as personal circumstances and stage of the life course. The way young people talk about their identities, particularly regarding sexuality and gender, is rapidly changing and more recent gender terminology has outgrown some of the sexual orientation terminology that was created in earlier binary discourse. Just as definitions of bisexuality have developed to include non-binary genders, terminology regarding same-gender, monosexual attraction such as lesbian and gay may be undergoing similar transitions. For example, a non-binary person who is attracted to women may identify as lesbian, while a non-binary person who is attracted to men may identify as gay. Moreover, the way a person identifies their sexual orientation may represent a cultural or community identity rather than a tightly defined sexual orientation; for instance, a queer identity may represent alliance with a queer community. A person may also use different terms privately and publicly and/or in different contexts.

Figure 1 displays how sexual orientation and gender identity intersect among *Writing Themselves In 4* participants (n = 6,242).

Cisgender women were twice as likely as cisgender men to identity as bisexual or pansexual. Figure 1 shows that 45.3% (n = 1,431) of cisgender women identified as bisexual and 9.9% (n = 311) as pansexual. In comparison, 24.0% (n = 334) of cisgender men identified as bisexual and 3.5% (n = 48) as pansexual. This is consistent with *Writing Themselves In 3* and previous studies in Australia and internationally (3,17).

A higher proportion of trans women (23.6%; n = 18) identified as lesbian than of cisgender women (19.0%; n = 601) or of non-binary participants (10.7%; n = 10.6). Just over half of cisgender men (56.4%; n = 784) identified as gay, compared to 15.0% (n = 61) of trans men, 7.2% (n = 88) of non-binary participants, 3.5% (n = 111) of cisgender women, and 2.7% (n = 2) of trans women. The identity term 'queer' was most commonly used by non-binary participants (17.0%, n = 207), then by trans men (12.1%, n = 49), and cisgender women (7.1%, n = 223). In total, 18 trans men, eight trans women and six non-binary participants identified as heterosexual.

Figure 1 Intersections of sexual orientation and gender identity



3.6 Ethnicity, visa status and country of birth

The majority of participants were born in Australia (89.0%, n = 5,712), while 11.0% (n = 705) were born overseas. This is a similar figure to that for *Writing Themselves In 3* (90% Australia born), and is slightly higher than the figure for Australia as a whole, in which 78% of children and young people (aged 15 to 24) were born in Australia (18). Among the 705 participants born overseas, 690 reported their country of birth. Among these, slightly over half (54.9%; n = 379) were born in English-speaking countries (the United Kingdom, New Zealand, the Republic of Ireland, Canada, the United States and South Africa), and 55.1% (n = 326) were born in all other countries. In total, 18.7% (n = 100) of participants born overseas had lived in Australia for five years or less.

Of participants who were born in mainly non-English-speaking countries, the most common countries of birth were the Philippines (n = 45), China (n = 25), Hong Kong (n = 19), Malaysia (n = 19), Singapore (n = 17), Vietnam (n = 16), India (n = 15) and Indonesia (n = 14). These findings are similar to those reported among young people aged 15 to 24 in the general population in Australia (18).

Of participants born in in mainly English-speaking countries, the largest proportions were from the United Kingdom (n = 171) and New Zealand (n = 102), which is the same as among young people aged 15 to 24 in the general population in Australia (18); the next largest proportions were the United States (n = 50) and South Africa. Table 6 outlines the citizenship or visa status of those not born in Australia.

Table 6 Current citizenship or visa status of those born overseas

Citizenship or visa status (n = 699)	n	%
Australian citizen	474	67.8
Permanent resident	127	18.2
International student	58	8.3
Working visa	15	2.2
New Zealand citizen	8	1.1
Refugee	2	0.3
Other	15	2.2

Among participants born overseas, two-thirds (67.8%; n = 474) were Australian citizens, almost one-fifth (18.2%; n = 127) permanent residents, and 8.3% (n = 58) international students.

One-twentieth (5.1%; n = 325) of 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 young people who were not native English speakers.

Table 7 shows that majority of participants identified as Anglo-Celtic or European, similar to national and general population data (19). Chapter 17 contains a breakdown of key health and social experiences according to ethnicity and multicultural background.

Table 7 Ethnicity of participants

Ethnic background (n = 6,074)	n	%
Anglo-Celtic	3,920	64.5
Other European	1,097	18.1
Southern European	808	13.3
Eastern European	732	12.1
South-East Asian	239	3.9
Chinese	214	3.5
Other Asian	156	2.6
Maori/Pacific Islander	153	2.5
Middle Eastern	153	2.5
Indian	116	1.9
Latin American	87	1.4
African	76	1.3
Different ethnicity	467	7.7

3.7 Aboriginal and Torres Strait Islanders

At a national level, *Writing Themselves 4* heard from a large number of LGBTQA+ Aboriginal or Torres Strait Islanders. In total, 4.0% (n = 256) of participants identified as Aboriginal or Torres Strait Islander, higher than the estimated proportion of Aboriginal and Torres Strait Islander People in Australia (3.3%) (15), and comparable to the proportion of Aboriginal and Torres Strait Islanders (4.2%) among young people in Australia aged 15 to 24 (16). A further 0.3% (n = 22) of participants reported identifying with Aboriginal and Torres Strait Islander spirituality. At the time of publication, we are working with colleagues from Indigenous communities to make sense of the experiences participants reported, which will be the subject of a focussed publication in the future (discussed further in Section 2.8).

3.8 Religious or spiritual identity

Participants were asked how they identified with regards to religion or spirituality. Table 8 displays these results.

Table 8 Religious or spiritual identity

Religion (n = 6,382)	**n**	**%**
No religion	4,679	73.3
Catholic	447	7.0
Anglican (Church of England)	158	2.5
Buddhism	77	1.2
Uniting Church	76	1.2
Judaism	52	0.8
Islam	44	0.7
Greek Orthodox	42	0.7
Presbyterian	24	0.4
Aboriginal and Torres Strait Islander spirituality	22	0.3
Hinduism	20	0.3
Sikhism	2	0.0
Other	739	11.6

Almost three-quarters (73.3%; n = 4,679) of participants reported having no current religion or spirituality, higher than the 52% among people aged 13 to 18 years in the general Australian population (20). Religious or spiritual affiliation was not recorded in *Writing Themselves In* 3. Of participants reporting a religious or spiritual identity, 7.0% (n = 447) were Catholic, 2.5% (n = 158) Anglican, 1.2% (n = 77) Buddhist, 1.2% (n = 76) Uniting Church, 0.8% (n = 52) Jewish, and 0.7% (n = 44) Muslim, and 0.7% (n = 42) Greek Orthodox.

Participants were also asked if their family or household was religious. Nearly three-tenths (28.3%; n = 1,814) of participants reported having a religious family or household. In total, 19.8% (n = 926) of participants reported that while they held no religious identity or spirituality, they came from a religious family or household.

3.9 Disability or long-term health conditions

The approach to defining disability or long-term health conditions taken by the Australian Bureau of Statistics (ABS) is based on whether a condition restricts a person's daily living, rather than what the condition itself is. 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 a disability. In contrast, a person who, even when wearing glasses, is still restricted in everyday activities by their vision, may still be considered to have a disability (21).

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 was identified as having a disability under this definition (22).

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, experiencing neurodiversity/autism, 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 two-fifths (39.0%; n = 2,500) participants reported having disability or a long-term health condition, 8.7% (n = 558) reported they 'did not know', and 1.4% (n = 87) 'preferred not to say'. Almost nine-tenths (87.0%; n = 2,160) participants with disability or a long-term health condition reported acquiring one or more of these conditions later in life (after they were born). In total, 92.5% (n = 2,028) participants with a mental illness reported acquiring one or more of these conditions later in life.

Participants reporting disability or long-term health condition were asked to further describe them. Table 9 displays these results.

Table 9 Type of disability or long-term health condition

Disability/long-term health condition (n = 6,408)	**n**	**%**
Mental illness	2,206	34.4
Neurodiversity/autism	866	13.5
Physical	422	6.6
Sensory	419	6.5
Intellectual	347	5.4
Acquired brain injury	10	0.1
Other	132	2.1

When asked to further describe the nature of their disability (if relevant), one-third of participants reported mental illness (34.4%; n = 2,206), 13.5% (n = 866) reported neurodiversity/autism, 6.6% (n = 422) physical disability, 6.5% (n = 419) sensory disability, 5.4% (n = 347) intellectual disability, 0.1% (n = 10) acquired brain injury and 2.1% (n = 132) a different 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 a disability in this study (compared to 7% of young people aged 15 to 24 in the general population (18) who reported some form of disability) is likely due to the inclusion of mental illness: approximately one-quarter (22.5%; n = 1,440) of the total sample reported disability or a long-term health condition other than a mental illness as a result of the more inclusive model of self-identified disability used in *Writing Themselves In* 4.

60.0%

of participants were at secondary school and

24.1%

were at university

3.10 Current or recent engagement with education

Participants were asked if they were currently attending a school or other educational institution, or if they had attended one in the past 12 months. Table 10 displays these results.

Table 10 Educational institution attended in past 12 months

Education (n = 6,417)	n	%
Secondary school	3,850	60.0
University	1,545	24.1
TAFE	379	5.9
No schooling or other education	303	4.7
Alternative education program	152	2.4
Private college	76	1.2
Special needs school	16	0.2
Other	96	1.5

The vast majority (95.3%; n = 6,114) of *Writing Themselves In 4* participants reported attending an educational institution in the past 12 months. Participants at secondary school, an alternative education program or special needs school were asked which of the following best described their school (n = 4,015), and the number of responses is given here:

- 81.6% (n = 3,277) a mixed-gender school
- 12.1% (n = 486) a single-sex girls school
- 2.8% (n = 112) a single-sex boys school
- 1.6% (n = 63) distance education
- 1.1% (n = 42) home school
- 0.9% (n = 35) something else

Of participants at secondary school who reported their high school type (n = 3,847):

- 63.1% (n = 2,428) reported attending a government school
- 24.5% (n = 941) reported attending a religious school
- 11.8% (n = 453) reported attending a non-religious private school
- 0.7% (n = 25) responded 'not sure'

Among participants who reported attending religious schools (n = 940), two-thirds (67.1%; n = 631) reported attending a Catholic school, 28.1% (n = 264) a non-Catholic Christian school, and 4.8% (n = 45) a school with a non-Christian religious or spiritual affiliation.

In total, 89.8% (n = 272) of participants not engaged in schooling or other education were aged 18 to 21.

3.11 Employment status

Two-thirds (60.5%; n = 3,879) of participants reported being engaged in paid employment in the past 12 months, as outlined in Table 11.

Table 11 Employment status in past 12 months

Employment (n = 6,413)	n	%
No employment	2,534	39.5
Work (casual)	2,324	36.2
Work (part-time)	1,178	18.4
Work (full-time)	207	3.2
Apprenticeship	51	0.8
Other	119	1.9

In total, 98.4% (n = 6,244) of participants were engaged in full-time or part-time employment or study. Among participants who were not engaged in full-time or part-time employment or study (n = 168), 91 participants reported engaging in casual work, and 77 participants reported no work or study in the past 12 months. Four-fifths (80.5%; n = 62) of these 77 participants were aged 18 to 21.

3.12 Housing and household

Participants were asked where they live most of the time. Table 12 displays the results.

Table 12 Housing situation

Housing (n = 6,410)	n	%
House	5,516	86.1
Apartment	387	6.0
Rooming house/shared house	327	5.1
Public housing	31	0.5
Couch surfing	21	0.3
Crisis/emergency accommodation	14	0.2
Somewhere else – please specify	114	1.7

The majority of participants (86.1%; n = 5,516) reported living in a house, followed by 6.0% (n = 387) in an apartment, and 5.1% (n = 327) in a shared or rooming house.

Participants were then asked whom they lived with (multiple responses were permitted). Table 13 displays the results.

Table 13 Household

Household (n = 6,407)	n	%
My family	5,575	87.0
Friends	426	6.7
Others	283	4.4
Partner/s	262	4.1
Live alone	116	1.8

The majority of participants (87.0%; n = 5,575) reported living with their family, followed by friends (6.7%; n = 426) and others (4.4%; n = 283). Two-thirds (67.6% (n = 1,043) of participants attending university reported living with their family, 17.3% (n = 267) with friends, 10.1% (n = 156) with others, and 4.7% (n = 73) lived alone. In comparison, 97.6% (n = 3,747) of participants attending secondary school reported living with family.

Participants were asked, 'Do you have any close family members who are LGBTIQA+? (e.g. siblings, cousins)', and almost one-third (32.0%; n = 2,056) responded 'yes', 16.7% (n = 1,071) were 'unsure', and 51.3% (n = 3,291) responded 'no'. Table 14 displays how these family members were described by participants reporting any close family members who were LGBTIQA+. Multiple responses were permitted.

Table 14 LGBTIQA+ close family members

LGBTIQA+ family members (n = 2,049)	n	%
Parent/carer	236	11.5
Sibling	911	44.5
Grandparent	30	1.5
Known donor (egg/sperm donor)	3	0.2
Other relative/s	1,235	60.3

Among participants reporting any close family members who were LGBTIQA+, over four-tenths (44.5%; n = 911) had a sibling, one-tenth (11.5%; n = 236) a parent/carer, and 60.3% (n = 1,235) other relative/s who were LGBTIQA+.

3.13 Recent engagement in sport

Participants were asked which sports they had played in the past 12 months. Multiple responses were permitted. Responses are displayed below in Table 15.

Table 15 Engagement in sport in past 12 months

Sport (n = 6,144)	**n**	**%**
Swimming	1,358	22.1
Dancing	1,214	19.8
Netball	728	11.9
Soccer	700	11.4
Cycling	695	11.3
Basketball	629	10.2
Badminton	480	7.8
Tennis	465	7.6
Aussie rules football	343	5.6
Cricket	218	3.6
Rugby	186	3.0
Other sport	1,158	18.9
Have not played any sports in the past 12 months	2,320	37.8

In total, almost four-tenths (37.8%; n = 2,320) of participants had not played any sports in the past 12 months. The most popular sports played or engaged in during the previous 12 months were swimming (22.1%; n = 1,358), dancing (19.8%; n = 1,214), netball (11.9%; n = 728), soccer (11.4%; n = 700), cycling (11.3%; n = 695), and basketball (10.2%; n = 629).

Among the 1,158 participants who chose 'other sport', volleyball (n = 128), martial arts (n = 126), hockey (n = 98), fencing (n = 25), and softball (n = 24) were the most commonly recorded.

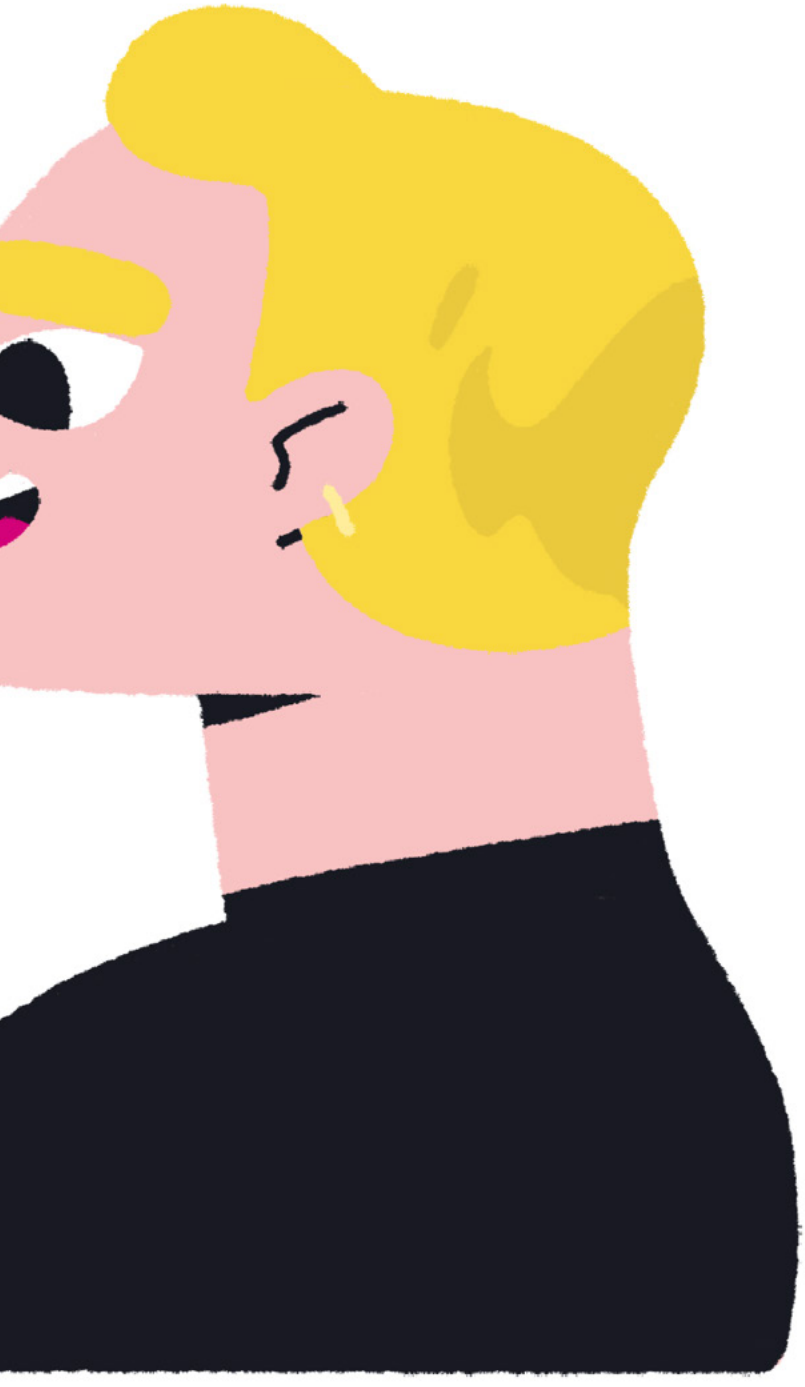
Participants who had not played any sports in the past 12 months were asked, 'If you haven't played any sports in the past 12 months, is this to avoid discrimination due to your sexuality, gender identity and/or gender expression?' In total, 12.3% (n = 286) participants responded 'yes', 74.1% (n = 1,719) 'no', and 13.5% (n = 314) 'not sure'.

3.14 Summary

With a total of 6,418 participants, *Writing Themselves In 4* represents the largest ever survey of LGBTQA+ young people in Australia and one of the largest in the world. Just as important as the total sample size is that the study also engaged a very wide diversity of young people, including those living in metropolitan, regional and rural areas; those from culturally and linguistically diverse backgrounds; those with disability; those participating in sports; and those born overseas. Large samples for each of these groups allows for specific, in-depth analyses of their intersectional experiences, some of which are presented in later chapters. *Writing Themselves In 4* also heard from a large number of Aboriginal and/or Torres Strait Islander LGBTQA+ young people, and we look forward to further work in partnership with Indigenous organisations to analyse and interpret these data in the future.

The sample of *Writing Themselves In 4* is also diverse in terms of the gender and sexuality of participants. While over half were cisgender women, nearly a quarter were cisgender men, and a similar proportion were trans or non-binary. This also represents one of the largest ever samples of trans and gender diverse people in Australia. Nearly half of participants identified as either bisexual or pansexual, with large numbers identifying as queer or asexual.

4 Experiences of disclosing sexuality or gender identity



Previous studies have shown an increasing trend towards disclosure, with more young people in Australia 'coming out' or disclosing their same-sex attractions to at least one other person. In *Writing Themselves In* 3, 97.5% of young people had disclosed their same-sex attractions to at least one person, a continuing trend to openness from previous *Writing Themselves In* studies in 2004 (95%) and 1998 (82%) (2,3). There is also a growing trend towards acceptance of lesbian, gay, and bisexual identities, as documented by support expressed by family members (3).

'Coming out' in and of itself has not necessarily been found to be protective of wellbeing and mental health for LGBTQ+ young people. Indeed, for some young people in unsupportive environments, it may present a risk. However, support at the time of disclosure has shown to be protective, particularly when it comes from family members (4,23). Supportive relationships with family members are not only associated with lower levels of self-harm or suicidal behaviour, but can also foster resilience against the impact of abuse and discrimination experienced in other contexts (4). Previous studies have shown high rates of family support to be a strong protective factor against suicidal ideation and suicide attempts among young people, while LGB youth reported significantly lower levels of family support than their non-LGB peers (24). Conversely, parental rejection of a child's sexuality or gender identity is associated with higher rates of suicide attempts and self-harm (25).

For many trans and gender diverse young people, the experience of coming out is markedly different to the experiences people have coming out about sexuality. Many trans and gender diverse young people feel that they do not have the same level of control over the process as their cisgender peers (26). Recent research has highlighted that, from a young age, many trans and gender diverse people will be considered by others as not meeting the expectations of the sex they were assigned at birth and identified by others as gender non-conforming (26).

71.9%

had disclosed their sexuality and/or gender identity to at least some family members. Only 28.8% of those who played sports had disclosed to teammates

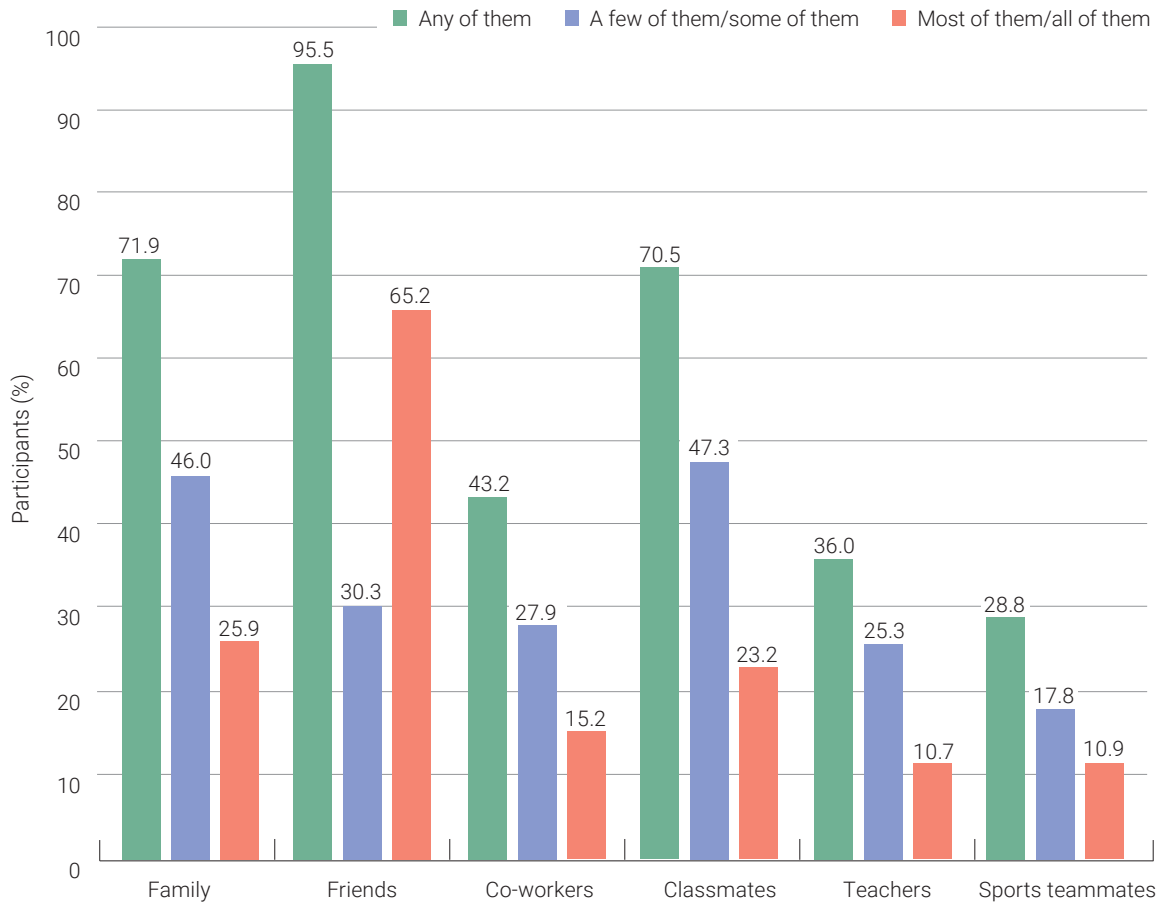
4.1 Disclosing sexuality or gender identity

Disclosure comes in many forms and is not always encompassed by the term 'coming out'. Disclosure can also involve trusted people 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 was 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 = 6,263)
- Friends (n = 6,319)
- Co-workers (n = 3,861)
- Classmates (n = 5,814)
- Teachers (n = 5,661)
- Sports teammates (n = 2,834)

Participants could indicate if aspects of the question were not relevant to them (such as people not working or not participating in sports). Figure 2 displays these responses.

Figure 2 Proportion of participants disclosing their sexuality or gender identity to different groups



The majority of participants (95.5%; n = 6,033) had disclosed to some friends and/or some family members (71.9%; n = 4,502), and/or to some classmates (70.5%; n = 4,098). People were less likely to be 'out' at work or their educational institution or to sports teams. Less than half of participants had come out to any co-workers (43.2%; n = 1,667) or teachers (36.0%; n = 2,037), and less than a third to sports teammates (28.8%; n = 815).

Overall, trans and gender diverse participants were more likely than cisgender participants to have disclosed their sexuality or gender identity to family, friends, classmates, and teachers.

A large majority (93.3%; n = 378) of trans men and trans women (83.8%; n = 62) and non-binary participants (78.8%; n = 939) had disclosed their sexuality or gender identity to some family. By comparison, just over two in three cisgender men (69.3%; n = 935) and cisgender women (66.8%; n = 2,059) had disclosed to some family.

Trans and gender diverse participants were also more likely to have disclosed their sexuality or gender identity at their educational institution. The proportion of trans men (71.5%; n = 253) who had disclosed to their teachers was twice that of cisgender women (25.2%; n = 715) or cisgender men (38.7%; n = 464).

Figure 3 Proportion of participants disclosing their sexuality or gender identity, by gender

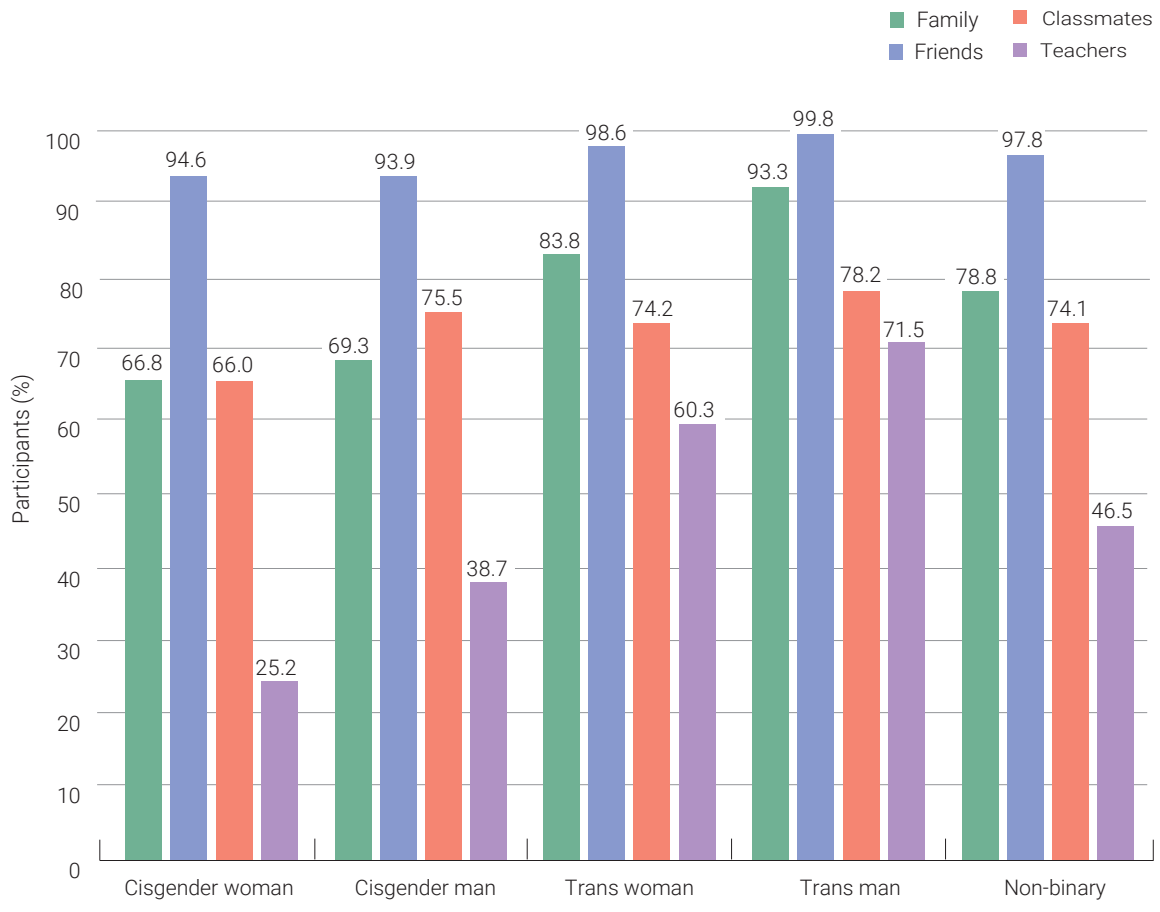


Figure 4 **Proportion of participants disclosing their sexuality or gender identity, by sexuality**

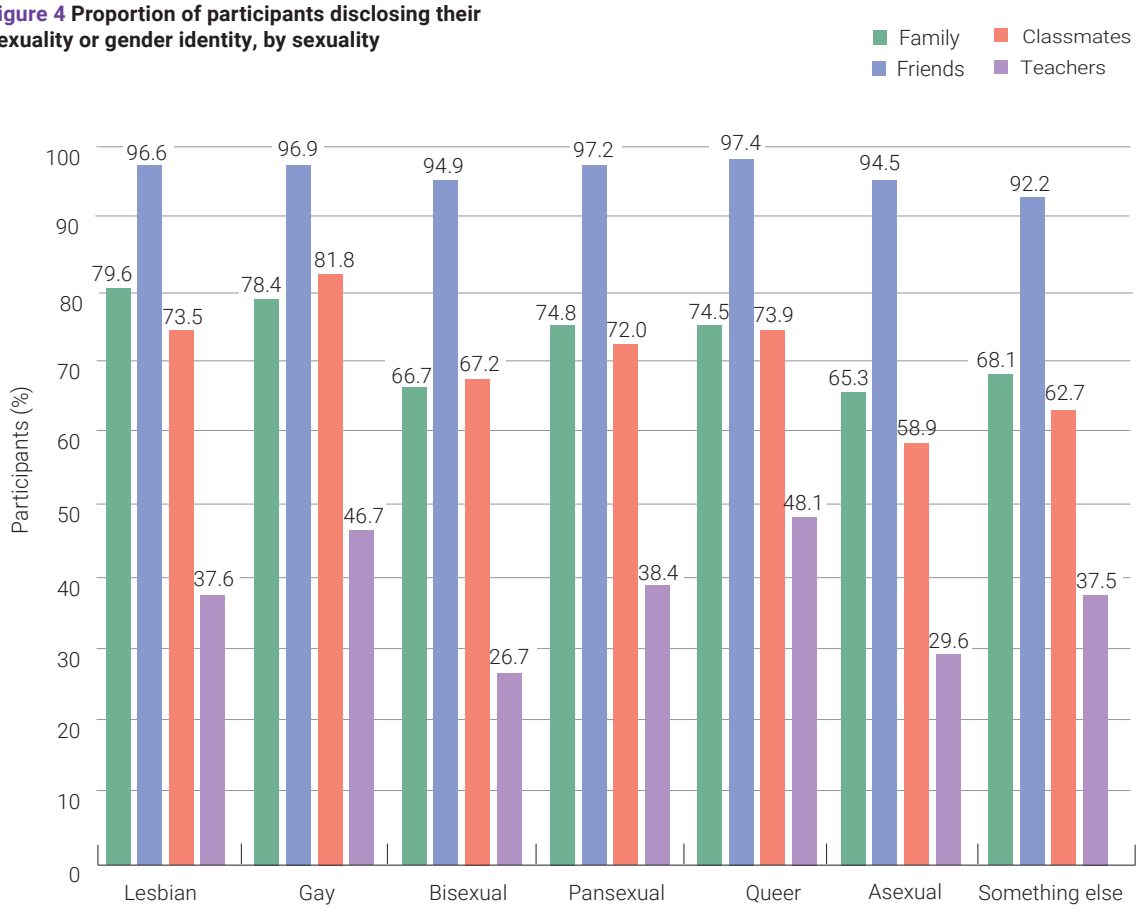
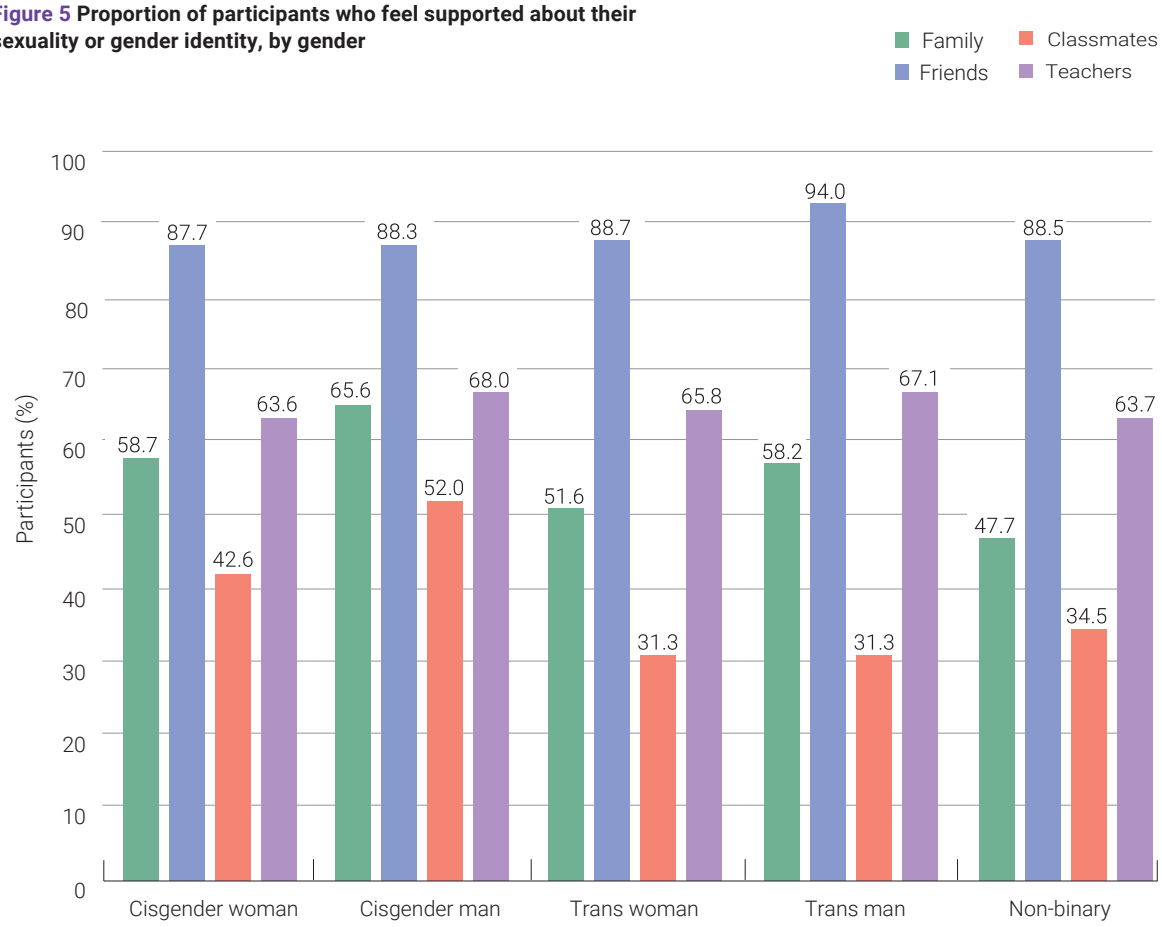


Figure 5 **Proportion of participants who feel supported about their sexuality or gender identity, by gender**



Bisexual and asexual participants were less likely to have disclosed their sexuality or gender identity to family, friends, classmates, and teachers. Over 80% of gay participants (81.8%; n = 783) had disclosed their sexuality or gender identity to some classmates, 73.9% (n = 368) of queer participants, 73.5% (n = 519) of lesbian participants, and 72.0% (n = 455) of pansexual participants. In comparison, less than 70% (67.2%; n = 1,346) of bisexual participants and less than 60% (58.9%; n = 152) of asexual participants had disclosed to some classmates.

Asexual and bisexual participants were also less likely to have disclosed their sexuality or gender identity to teachers. Close to half of queer participants (48.1%; n = 235) and gay participants (46.7%; n = 431) had disclosed to teachers. In comparison, less than one-third of asexual (29.6%; n = 75) or bisexual (26.7%; n = 517) participants had disclosed to teachers.

4.2 Feelings of support about sexuality or gender identity

Participants who responded they had come out to or talked with people about their sexuality or gender identity were asked, 'Overall, how supported do you feel about your sexual identity, gender identity and/or gender expression?' The question was asked in relation to the categories of people they had 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.

Table 16 Proportion of participants who feel supported about their sexuality, gender identity and/or gender expression

	n	%
Friends' support (n = 6,015)		
Not supportive	701	11.7
Supportive/very supportive	5,314	88.3
Teachers' support (n = 2,033)		
Not supportive	708	34.8
Supportive/very supportive	1,325	65.2
Sports teammates' support (n = 813)		
Not supportive	296	36.4
Supportive/very supportive	517	63.6
Co-workers' support (n = 1,663)		
Not supportive	652	39.2
Supportive/very supportive	1,011	60.8
Family support (n = 4,496)		
Not supportive	1,918	42.7
Supportive/very supportive	2,578	57.3
Classmates' support (n = 3,166)		
Not supportive	1,833	57.9
Supportive/very supportive	1,333	42.1

Most participants (88.3%; n = 5,314) who had disclosed their sexuality or gender identity to friends reported that overall they felt supported about their sexual identity, gender identity and/or gender expression. Nearly two-thirds (65.2%; n = 1,325) of those who had disclosed felt supported about their sexuality or gender identity by their teachers, sports teammates (63.6%; n = 517), and co-workers (60.8%; n = 1,011); however, the number of participants who reported they were out to teachers, co-workers, and teammates is very low. Less than three-fifths (57.3%; n = 2,578) of participants who had disclosed to their family reported their family as being supportive about their sexuality or gender identity, and two-fifths (42.1%; n = 1,333) of those who had disclosed to classmates reported their classmates as being supportive about their sexuality or gender identity.

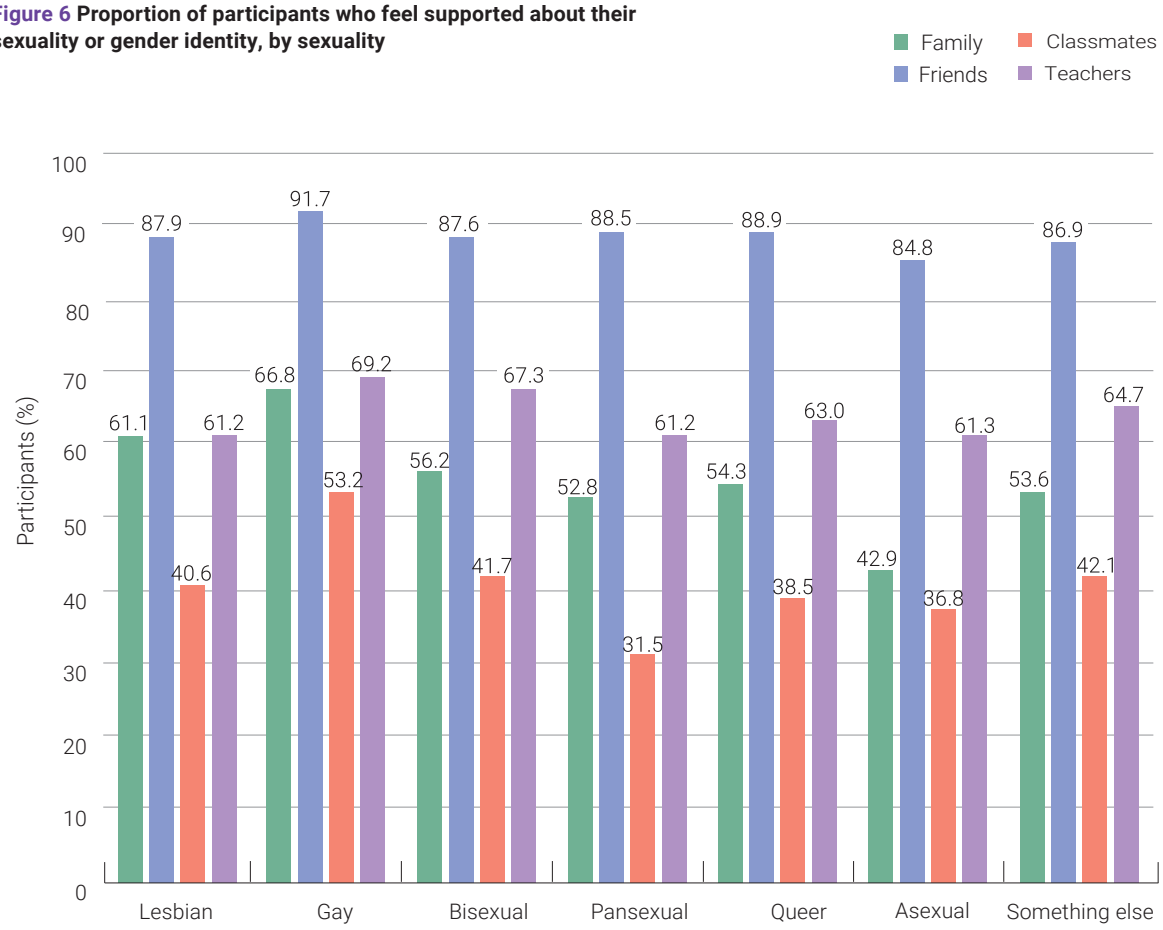
Participants attending university were more likely to feel supported than those attending TAFE or secondary school. Over half (60.6%; n = 493) of participants attending university who had disclosed to classmates reported feeling supported by their classmates about their sexual identity, gender identity and/or gender expression. In comparison, of participants who had disclosed to classmates, 43.2% (n = 76) attending TAFE and 35.3%; (n = 685) attending secondary school reported feeling supported by their classmates about their sexuality or gender identity.

Secondary school students were also slightly less likely than university or TAFE students to report feeling supported by sport teammates. Of those who had disclosed to their sports teammates, 69.8% (n = 139) attending university reported feeling supported about their sexuality or gender identity by their sports teammates, compared to 69.4% (n = 25) of those attending TAFE. This figure was lower among secondary students, with 61.2% (n = 316) reporting feeling supported by sports teammates.

Teachers were also more supportive of participants at university: of those participants who had disclosed to teachers, seven-tenths (69.4%; n = 274) of students at university reported feeling supported about their sexuality or gender identity by teachers, compared to 64.0% (n = 850) at secondary school and 59.6% (n = 81) at TAFE.

Cisgender men were more likely to report feeling supported about their sexuality or gender identity by family, classmates, and teachers compared to cisgender women, trans women, trans men, or non-binary participants. This was most pronounced regarding classmates, with half (52.0%; n = 368) of cisgender men feeling supported about their sexuality or gender identity by classmates, compared to 42.6% (n = 657) of cisgender women, 34.5% (n = 212) of non-binary participants, 31.3% (n = 10) of trans women, and 31.3% (n = 60) of trans men. However, trans men reported the highest levels of feeling supported by friends.

Figure 6 Proportion of participants who feel supported about their sexuality or gender identity, by sexuality



A greater proportion of gay participants reported feeling supported about their sexuality or gender identity than of those who held different sexual identities. In terms of family and friends, asexual participants reported feeling the least supported of the various sexual identity groups; while in terms of classmates, pansexual participants felt the least supported. The difference between gay participants and other sexual identity groups in how many felt supported about their sexuality or gender identity is most marked when it comes to classmates, with over half (53.2%; n = 300) of gay participants feeling supported by classmates, compared to 41.7% (n = 460) of bisexual, 40.6% (n = 153) of lesbian, 38.5% (n = 109) of queer, 36.8% (n = 46) of asexual, and 31.5% (n = 108) of pansexual participants.

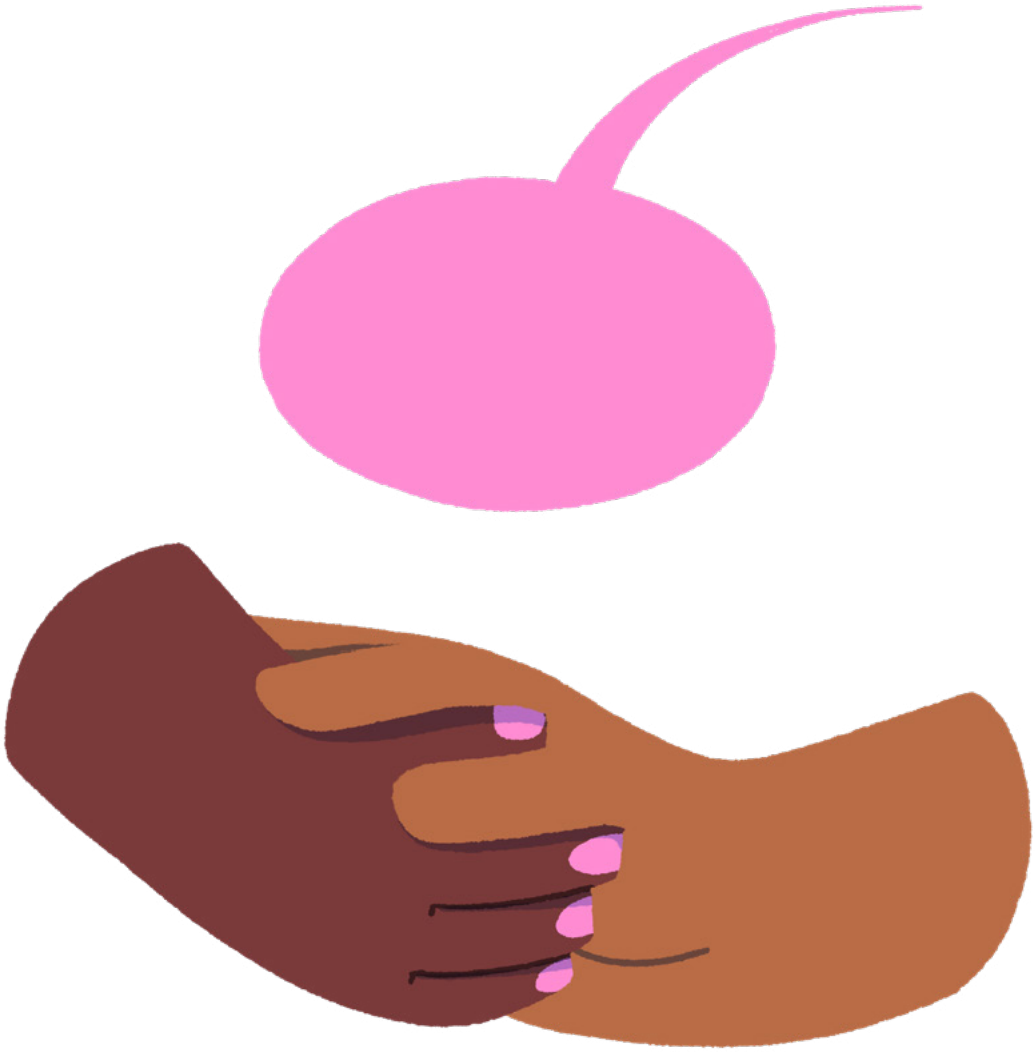
A greater proportion of gay participants reported feeling supported about their sexuality or gender identity than of those who held different sexual identities.

4.3 Summary

The majority of young people told us that they had disclosed their sexuality or gender identity to at least some of their friends or family or classmates. People were less likely to have disclosed to their co-workers, teachers, or (for those who played sport) their sports teammates.

For the most part, young people found people to whom they had disclosed their sexuality or gender identity to be supportive. They most commonly felt supported by friends, with 88.3% reporting their friends were supportive about their sexuality or gender identity. Fewer young people who had disclosed to their family reported that their family was supportive, with 57.3% reporting they felt supported by their family about their sexuality or gender identity.

Young people who had disclosed their sexuality or gender identity in a university or TAFE environment were more likely to feel supported about their sexuality or gender identity than those within secondary schools. Just over one in three (35.3%) participants attending secondary school said that they felt supported by classmates when they disclosed. Within educational institutions, more young people who had disclosed reported feeling supported about their sexuality or gender identity by their teacher (65.2%) than by their classmates (42.1%). Cisgender men who had disclosed their sexuality or gender identity were more likely than other participants to report feeling supported by classmates.



5 Educational settings: Supportive structures and practices

Educational settings that have supportive structures and practices in place have been shown to have a positive impact on wellbeing and educational outcomes of LGBT students (3). Positive associations have been established between a school's supportiveness and how same-sex attracted students felt about their sexuality (3). When asked in previous research what they wanted most from their school experience, LGBT young people wanted schools to be teaching that homophobia is wrong and shouldn't be tolerated, and to ensure sexuality education is more inclusive of same-sex attraction and gender diversity. Students also wanted more representation, asking that their schools include curriculum content about same-sex attraction and/or gender diversity (3).

Previous research has demonstrated how visual cues such as rainbow posters and stickers can result in positive feelings among LGBT young people viewing such symbols and that these contribute to a greater sense of affiliation within particular contexts, such as an educational setting (27). In a similar vein, the existence of policies and established process in support of LGBT people, designed to combat stigma or discrimination, is known to lead to better mental health outcomes and reduced prevalence of suicidal attempts (28).

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 LGBTIQA+ young people, such as policies or positive inclusion of LGBTIQA+-related issues within curriculum. There were a sufficient number of responses to break down these responses according to whether they were in secondary school, TAFE or at university.

5.1 Visual images demonstrating support for LGBTIQA+ young people

In total, 63.1% (n = 3,853) of participants had seen a flag, sticker or poster that they felt was supportive of LGBTIQA+ people in their educational institution in the past 12 months. Nine-tenths (90.2%; n = 1,392) of participants attending university reported seeing a flag, sticker or poster supportive of LGBTIQA+, compared to half (54.3%; n = 2,091) at a secondary school or TAFE (50.0%; n = 188).

5.2 LGBTIQA+ supportive alliance

Previous research has found that belonging to a LGBTIQA+ supportive alliance or group leads to significant improvements in how young people feel about themselves, despite experiences of homophobic abuse (29). Such groups can provide a space where young LGBTIQA+ people feel accepted and safe, and help young people develop strategies to deal with homophobia and transphobia (29).

Around one-third (36.9%; n = 2,254) of participants reported being aware of an LGBTIQA+ gender–sexuality alliance, gay–straight alliance, Stand Out group, or similar supportive club for LGBTIQA+ students in their educational setting in the past 12 months. A greater proportion of participants attending university (77.7%; n = 1,199) reported being aware of an LGBTIQA+ alliance, compared to participants attending secondary school (24.8%; n = 953) or TAFE (11.1%; n = 42).

5.3 Awareness of bullying policies at educational institution

Several studies have found a correlation between school safety, the existence of school policy-based protection against homophobia and positive outcomes for gay, lesbian and bisexual students in the areas of self-harm, suicide, feelings of safety, and positive feelings about their sexuality (3,24). Students' knowledge of school policies about homophobic and transphobic bullying has been shown to be a protective factor (3).

Participants attending an educational institution were asked if they knew whether it had a bullying policy, and if this covered LGBTIQA+ people. Table 17 presents the responses.

Two-thirds (64.8%; n = 3,956) of participants reported knowing whether their educational institution had a bullying policy. A greater proportion of participants attending university (69.6%; n = 1,074) reported knowing whether their educational institution had a bullying policy than of those attending secondary school (65.3%; n = 2,511) or TAFE (48.1%; n = 182).

Participants who reported their educational institution 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 18.

Among participants who reported that their educational institution had a bullying policy, one-fifth (20.4%; n = 507) of secondary school participants responded that they were aware it covered all aspects of LGBTIQA+, compared to more than two-fifths (46.7%; n = 84) at TAFE, and over half (52.7%; n = 565) at university.

Table 17 Awareness of educational institution bullying policy

	Secondary school		TAFE		University		Total	
Knowledge of any bullying policy (n = 6,107)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
No	422	11.0	12	3.2	27	1.7	494	8.1
Yes	2,511	65.3	182	48.1	1,074	69.6	3,956	64.8
Don't know	914	23.8	184	48.7	442	28.6	1,657	27.1

43.5%

said that lesbian people were never mentioned in an inclusive or supportive way in any aspect of education

In contrast, three-tenths (29.8%; n = 743) of secondary school participants who reported their educational institution had a bullying policy said that they did not think it included mention of LGBTIQA+ people. It should be noted that not all young people would be aware of the contents of organisational policy, but an awareness of the inclusion of LGBTIQ people may be affirming.

5.4 An education supportive or inclusive of LGBTIQA+ people

Several studies have documented how a greater perceived inclusivity of LGBT people within sex education was associated with lower anxiety, depression, and suicidality (30). Participants within *Writing Themselves In 4* were asked, 'To what extent are aspects of your current educational institution (textbooks, assignments, sex education) supportive or inclusive of LGBTIQA+ people?' Table 19 displays the responses.

Previous research has found that 91% of all students and teachers and 100% of LGBTIQA+ young people expressed a need for more LGBTQIA+ education and awareness (31).

Across all settings, 43.5% said that lesbian people were never mentioned in an inclusive or supportive way in any aspect of education. Among secondary students, less than one-tenth (7.1%; n = 273) reported that lesbian people received a lot of supportive or inclusive attention in course materials, assignments or other aspects of education. This compares to one-fifth (20.4%; n = 304) of those at university and 8.5% (n = 31) at TAFE.

Conversely, more than two-fifths (44.9%; n = 1,717) of secondary school participants reported that lesbian people were never mentioned in an inclusive or supportive way, compared to one-third (35.4%; n = 528) of those at university, and over one-half (56.8%; n = 208) at TAFE (see Table 20).

Table 18 Awareness of the contents of educational institution bullying policies

	Secondary school		TAFE		University		Total	
Bullying policy areas (n = 3,928)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Sexuality	288	11.6	17	9.4	116	10.8	441	11.2
Gender identity	186	7.5	10	5.6	98	9.1	307	7.8
Intersex variation/s	11	0.4	2	1.1	11	1.0	25	0.6
All aspects of LGBTIQA+	507	20.4	84	46.7	565	52.7	1,224	31.2
No aspects of LGBTIQA+	743	29.8	2	1.1	24	2.2	799	20.3
Don't know	939	37.7	77	42.8	367	34.2	1,450	36.9

Table 19 Extent to which aspects of education are supportive or inclusive of lesbian people

	Secondary school		TAFE		University		Total	
Lesbian people (n = 6,005)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Never mentioned	1,717	44.9	208	56.8	528	35.4	2,611	43.5
Mentioned in passing	1,831	47.9	127	34.7	658	44.2	2,739	45.6
A lot of attention or discussion	273	7.1	31	8.5	304	20.4	655	10.9

Across all settings, 32.9% said that gay people were never mentioned in a supportive or inclusive way in any aspect of education. Among secondary students, less than one-tenth (10.6%; n = 403) reported that gay people received a lot of supportive or inclusive attention in course materials, assignments or other aspects of education. This compares to one-quarter (25.7%; n = 382) of those at university and 11.0% (n = 40) at TAFE.

Conversely, one-third (32.6%; n = 1,245) of secondary school participants reported that gay people were never mentioned in a supportive or inclusive way, compared to three-tenths (28.1%; n = 418) of those at university, and one-half (48.8%; n = 178) at TAFE (see Table 21).

Across all settings, more than half (56.5%; n = 3,378) said that bisexual people were never mentioned in a supportive or inclusive way in any aspect of education. Among secondary students, less than one-twentieth (5.3%; n = 201) reported that bisexual people received a lot of supportive or inclusive attention in course materials, assignments or other aspects of education. This compares to 14.9% (n = 382) of those at university and 7.4% (n = 27) at TAFE.

Conversely, three-fifths (59.9%; n = 2,283) of secondary school participants reported that bisexual people were never mentioned in a supportive or inclusive way, compared to almost half (46.7%; n = 692) of those at university, and two-thirds (64.7%; n = 235) at TAFE (see Table 21)).

Across all settings, two-thirds (66.7%; n = 3,579) said that queer people were never mentioned in a supportive or inclusive way in any aspect of education. Among secondary students, less than one-twentieth (4.7%; n = 179) reported that queer people received a lot of supportive or inclusive attention in course materials, assignments or other aspects of education. This compares to one-fifth (20.4%; n = 303) of those at university and 7.1% (n = 26) at TAFE (see Table 22).

Conversely, two-thirds (66.7%; n = 2,532) of secondary school participants reported that queer people were never mentioned in a supportive or inclusive way, compared to two-fifths (42.4%; n = 629) of those at university, and almost two-thirds (63.7%; n = 232) at TAFE (See Table 23).

Table 20 Extent to which aspects of education are supportive or inclusive of gay people

	Secondary school		TAFE		University		Total	
Gay people (n = 5,995)	n	%	n	%	n	%	n	%
Never mentioned	1,245	32.6	178	48.8	418	28.1	1,971	32.9
Mentioned in passing	2,167	56.8	147	40.3	688	46.2	3,145	52.5
A lot of attention or discussion	403	10.6	40	11.0	382	25.7	879	14.7

Table 21 Extent to which aspects of education are supportive or inclusive of bisexual people

	Secondary school		TAFE		University		Total	
Bisexual people (n = 5,981)	n	%	n	%	n	%	n	%
Never mentioned	2,283	59.9	235	64.7	692	46.7	3,378	56.5
Mentioned in passing	1,325	34.8	101	27.8	568	38.4	2,111	35.3
A lot of attention or discussion	201	5.3	27	7.4	221	14.9	492	8.2

Table 22 Extent to which aspects of education are supportive or inclusive of queer people

	Secondary school		TAFE		University		Total	
Queer people (n = 5,968)	n	%	n	%	n	%	n	%
Never mentioned	2,532	66.7	232	63.7	629	42.4	3,579	60.0
Mentioned in passing	1,086	28.6	106	29.1	550	37.1	1,846	30.9
A lot of attention or discussion	179	4.7	26	7.1	303	20.4	543	9.1

Across all settings, almost four-fifths (78.9%; n = 4,706) said that pansexual people were never mentioned in a supportive or inclusive way in any aspect of education. Among secondary students, one-fiftieth (2.0%; n = 74) reported that pansexual people received a lot of supportive or inclusive attention in course materials, assignments or other aspects of education. This compares to 6.8% (n = 100) of those at university and 5.2% (n = 19) at TAFE (see Table 23).

Conversely, over four-fifths (83.3%; n = 3,161) of secondary school participants reported that pansexual people were never mentioned in a supportive or inclusive way, compared to two-thirds (68.8%; n = 1,018) of those at university, and four-fifths (80.5%; n = 293) at TAFE (see Table 24).

Across all settings, almost half (47.7%; n = 2,860) said that trans and gender diverse people were never mentioned in a supportive or inclusive way in any aspect of education. Among secondary students, 7.2% (n = 274) reported that trans and gender diverse people received a lot of supportive or inclusive attention in course materials, assignments or other aspects of education. This compares to one-fifth (19.5%; n = 289) of those at university and one-tenth (9.6%; n = 35) at TAFE.

Conversely, one-half (51.2%; n = 1,953) of secondary school participants reported that trans and gender diverse people were never mentioned in a supportive or inclusive way, compared to one-third (36.8%; n = 547) of those at university, and almost three-fifths (57.0%; n = 208) at TAFE (See Table 24).

Across all settings, three-quarters (74.9%; n = 4,476) said that people with intersex variation/s were never mentioned in a supportive or inclusive way in any aspect of education. Among secondary students, one-fiftieth (2.6%; n = 100) reported that people with intersex variation/s received a lot of supportive or

Table 23 Extent to which aspects of education are supportive or inclusive of pansexual people

	Secondary school		TAFE		University		Total	
Pansexual people (n = 5,968)	n	%	n	%	n	%	n	%
Never mentioned	3,161	83.3	293	80.5	1,018	68.8	4,706	78.9
Mentioned in passing	559	14.7	52	14.3	362	24.5	1,043	17.5
A lot of attention or discussion	74	2.0	19	5.2	100	6.8	216	3.6

Table 24 Extent to which aspects of education are supportive or inclusive of trans and gender diverse people

	Secondary school		TAFE		University		Total	
Trans and gender diverse people (n = 5,993)	n	%	n	%	n	%	n	%
Never mentioned	1,953	51.2	208	57.0	547	36.8	2,860	47.7
Mentioned in passing	1,587	41.6	122	33.4	649	43.7	2,493	41.6
A lot of attention or discussion	274	7.2	35	9.6	289	19.5	640	10.7

inclusive attention in course materials, assignments or other aspects of education. This compares to 9.0% (n = 133) of those at university and 6.1% (n = 22) at TAFE.

Conversely, over four-fifths (79.3%; n = 3,016) of secondary school participants reported that people with intersex variation/s were never mentioned in a supportive or inclusive way, compared to three-fifths (63.5%; n = 940) of those at university, and three-quarters (77.1%; n = 280) at TAFE (see Table 25).

Across all settings, over four-fifths (82.2%; n = 4,899) said that asexual people were never mentioned in a supportive or inclusive way in any aspect of education. Among secondary students, only 1.4% (n = 55) reported that asexual people received a lot of supportive or inclusive attention in course materials, assignments or other aspects of education. This compares to 4.8% (n = 71) of those at university and 3.9% (n = 14) at TAFE.

Conversely, over four-fifths (84.8%; n = 3,219) of secondary school participants reported that asexual people were never mentioned in a supportive or inclusive way, compared to three-quarters (76.0%; n = 1,125) of those at university, and four-fifths (83.4%; n = 301) at TAFE (see Table 26).

Figure 7 outlines the extent to which one or more aspects of LGBTIQA+ people were given a lot of attention or discussion, or no aspect of LGBTIQA+ people was mentioned in an inclusive or supportive way, at educational settings in the past 12 months.

Despite previous research showing an overwhelming majority (86%) of Australian young people aged 13 to 18 years supported secondary school students' right to learn about LGBTIQA+ people as part of their schooling (20), only 13.7% (n = 523) of secondary school participants in Australia reported that one or more aspect of LGBTIQA+ people received a lot of attention or discussion in a supportive or inclusive way within textbooks, assignments or other aspects of their education. Moreover, over one-quarter (27.3%; n = 1,041) of participants at secondary school and over two-fifths (45.2%; n = 165) of participants at TAFE reported never having any aspect of LGBTIQA+ people mentioned in a supportive or inclusive way.

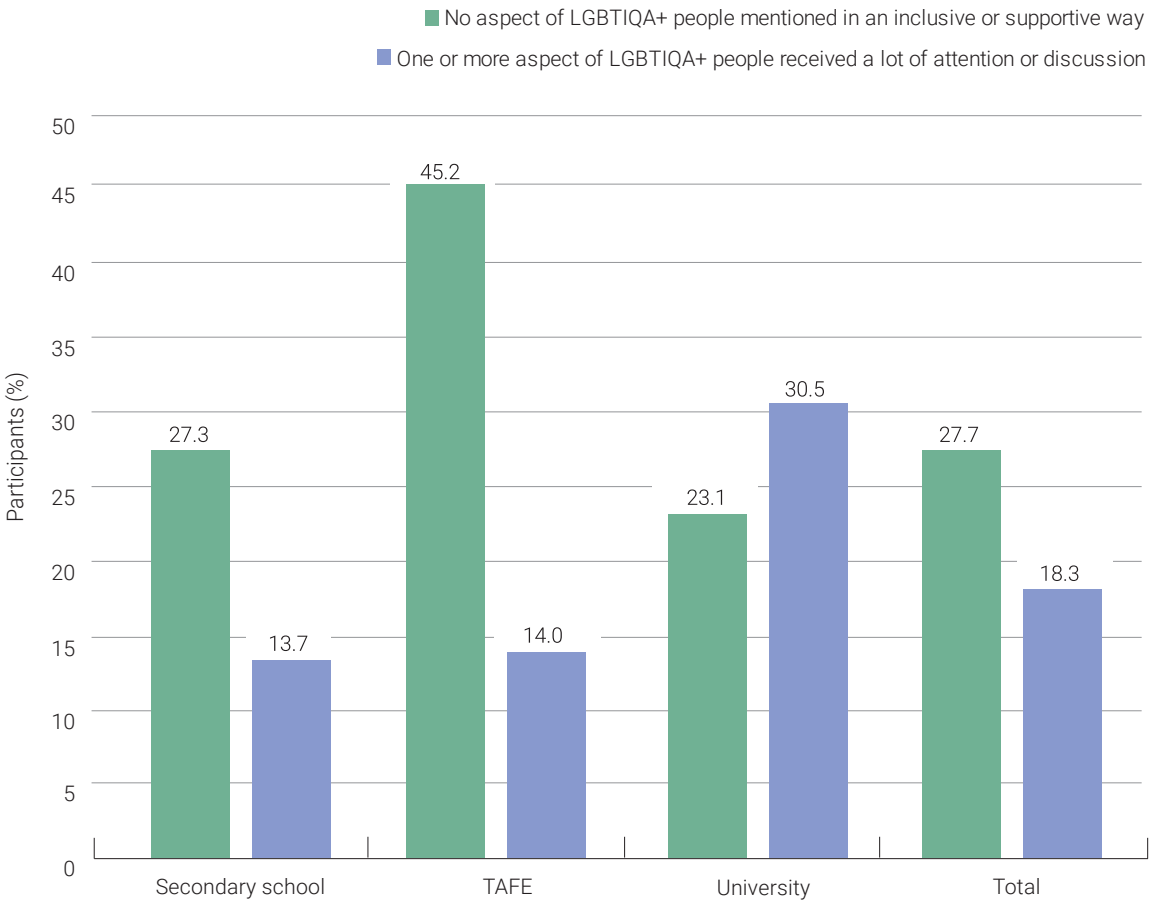
Table 25 Extent to which aspects of education are supportive or inclusive of people with intersex variation/s

	Secondary school		TAFE		University		Total	
People with intersex variation/s (n = 5,977)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Never mentioned	3,016	79.3	280	77.1	940	63.5	4,476	74.9
Mentioned in passing	689	18.1	61	16.8	408	27.5	1,231	20.6
A lot of attention or discussion	100	2.6	22	6.1	133	9.0	270	4.5

Table 26 Extent to which aspects of education are supportive or inclusive of asexual people

	Secondary school		TAFE		University		Total	
Asexual people (n = 5,961)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Never mentioned	3,219	84.8	301	83.4	1,125	76.0	4,899	82.2
Mentioned in passing	520	13.7	46	12.7	284	19.2	911	15.3
A lot of attention or discussion	55	1.4	14	3.9	71	4.8	151	2.5

Figure 7 Extent to which aspects of education are supportive or inclusive of any LGBTIQA+ people



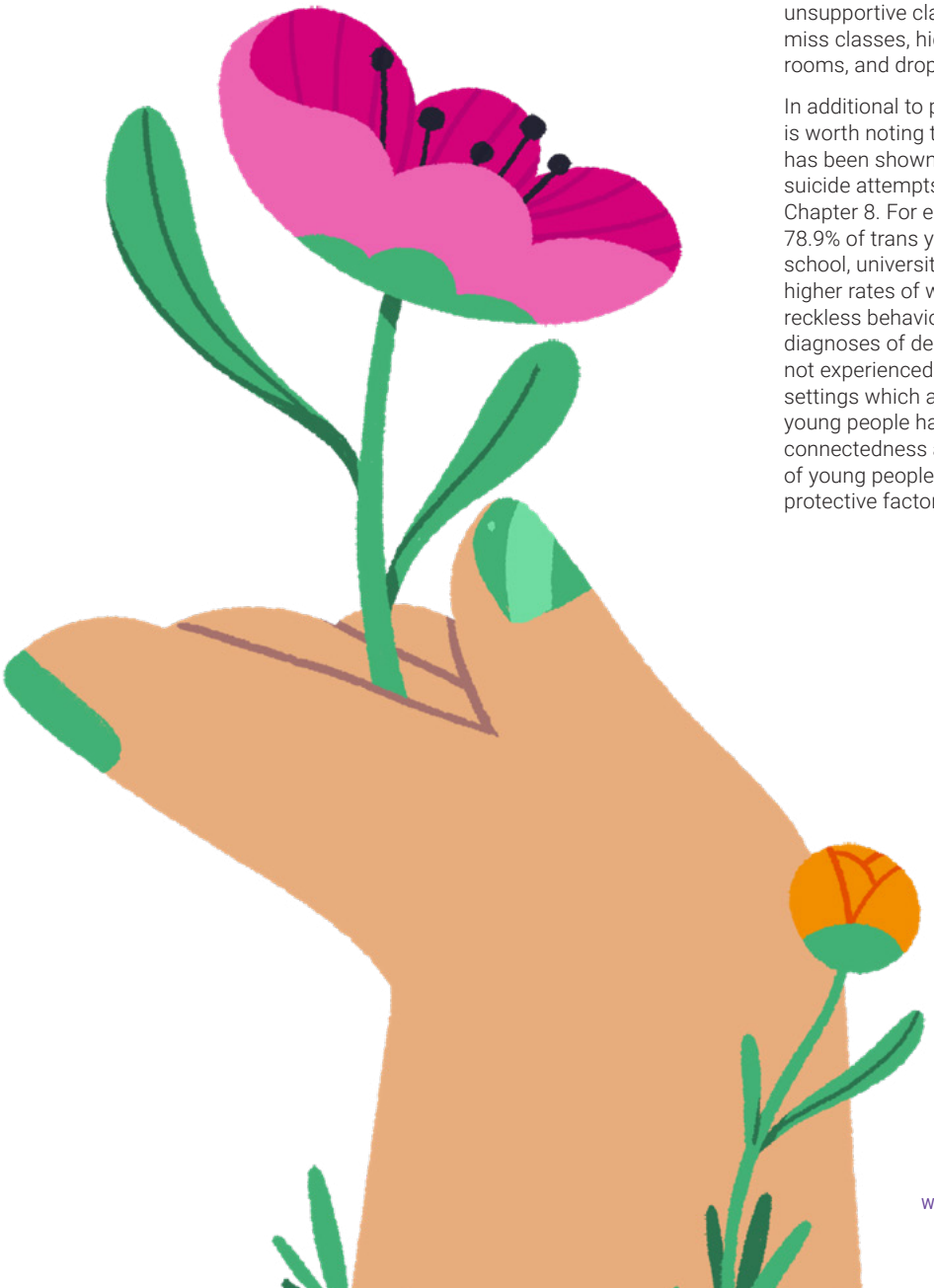
5.5 Summary

While sizable proportions of participants in this study reported supportive structures or practices in their educational setting, many others did not feel that their education was attentive to, or inclusive of, the needs of LGBTQA+ young people. There was evidence of LGBTQA+-affirming efforts being made, with a majority of those at university reporting that they had seen a flag, sticker or poster supportive of LGBTQA+ people in these settings, although only half of those at secondary school or TAFE reported the same. Similarly, a higher proportion of those at university reported being aware of clubs or societies supportive of LGBTQA+ people in this setting than was the case for those at secondary school of TAFE. Around two-thirds of participants reported that their educational setting had an anti-bullying policy, but a much smaller proportion were aware of whether it specifically covered issues of importance to LGBTQA+ young people.

When asked about inclusion of LGBTQA+-related issues within education (such as textbooks, assignments or sex education), the vast majority of participants reported that these were never mentioned in a supportive or inclusive way, or were mentioned only in passing. This was especially the case for issues relating to bisexual, asexual or pansexual people, but included all groups. Most participants reported that there was no mention of people with intersex variation/s within their education.

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. It also included questions regarding negative comments that participants may have been heard about LGBTIQA+ people in these settings, and an indicator of how such experiences may have impacted their studies.



There is much research detailing the high levels of discrimination and high levels of verbal and physical homophobic and transphobic abuse experienced by LGBTIQA+ young people in Australian educational settings, particularly in secondary schools (3,4,32). These studies found that school was the place these young people were most likely to experience this abuse and discrimination (3). Young people in discriminatory or unsupportive educational environments were found to have poorer educational outcomes, including being unable to concentrate in class, having their marks drop, or leaving school altogether (3,4,32). Participants with unsupportive classmates are more likely to move schools, miss classes, hide at recess or lunch, not use the change rooms, and drop out of extra-curricular activities (4).

In additional to poor social and educational outcomes, it is worth noting that this kind of abuse and discrimination has been shown to increase the risk of suicidal thoughts, suicide attempts and forms of self-harm (4), detailed more in Chapter 8. For example, the Trans Pathways study found that 78.9% of trans young people had experienced transphobia at school, university or TAFE, and that these participants had higher rates of wanting to hurt themselves, self-harming, reckless behaviour, suicidal thoughts, suicide attempts, and diagnoses of depression and anxiety than those who had not experienced transphobia (33). Conversely, educational settings which are affirming and supportive of LGBTIQA+ young people had a positive impact on the mental health, connectedness and educational outcomes of this group of young people (3,4). Supportive classmates are a key protective factor for LGBTIQA+ students (4).

6.1 Experiences of feeling unsafe or uncomfortable.

Participants were asked if they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity. Table 27 displays the results.

More than three-fifths (60.2%; n = 2,316) of participants said that they had felt unsafe or uncomfortable in the past 12 months at secondary school due to their sexuality or gender identity, compared to approximately three-tenths (29.2%; n = 450) of participants at university and one-third (33.8%; n = 128) of participants at TAFE.

6.1.1 Experiences of feeling unsafe or uncomfortable, by gender

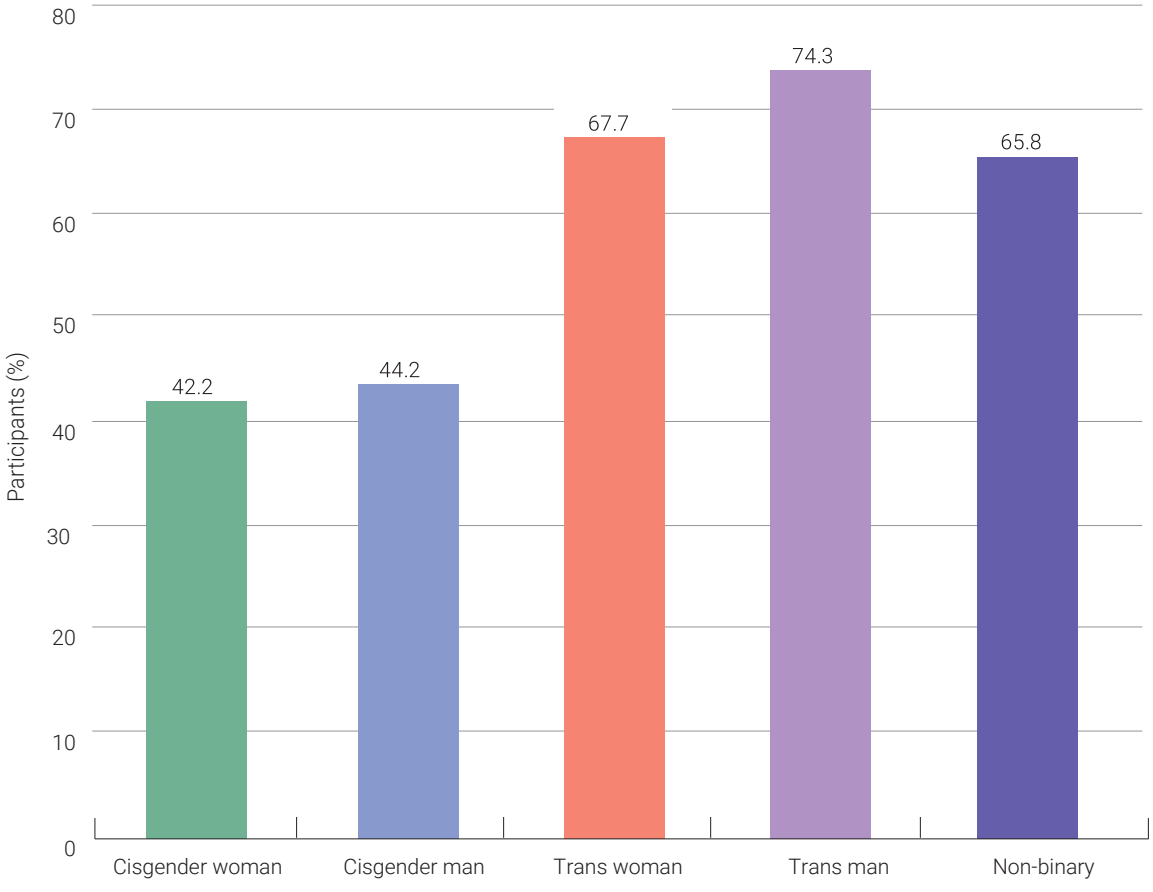
Figure 8 outlines how feelings of safety or comfort in educational contexts varied by gender (n = 5,531).

Almost three-quarters of trans men (74.3%; n = 278) and two-thirds of trans women (67.7%; n = 46) and non-binary participants (65.8%; n = 746) said that in the past 12 months they had felt unsafe or uncomfortable at their educational institution due to their sexuality or gender identity, followed more than two-fifths of cisgender men (44.2%; n = 581) and cisgender women (42.2%; n = 1,289).

Table 27 Felt unsafe or uncomfortable due to their sexuality or gender identity, in past 12 months at their educational setting

	Secondary school		TAFE		University		Total	
Felt unsafe or uncomfortable (n = 6,106)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
No	1,528	39.8	251	66.2	1,093	70.8	3,064	50.2
Yes	2,316	60.2	128	33.8	450	29.2	3,042	49.8

Figure 8 Felt unsafe or uncomfortable due to their sexuality or gender identity, in past 12 months at their educational setting, by gender



6.1.2 Experiences of feeling unsafe or uncomfortable, by sexuality

Figure 9 outlines how feelings of safety or comfort in educational contexts varied by sexuality (n = 5,658).

More than three-fifths of queer participants (62.2%; n = 318) responded that in the past 12 months they felt unsafe or uncomfortable at their educational institution due to their sexuality or gender identity, followed by 57.4% (n = 426) of lesbian, 51.4% (n = 341) of pansexual, 50.6% (n = 507) of gay, 43.8% (n = 917) of bisexual, and 44.2% (n = 118) of asexual participants.

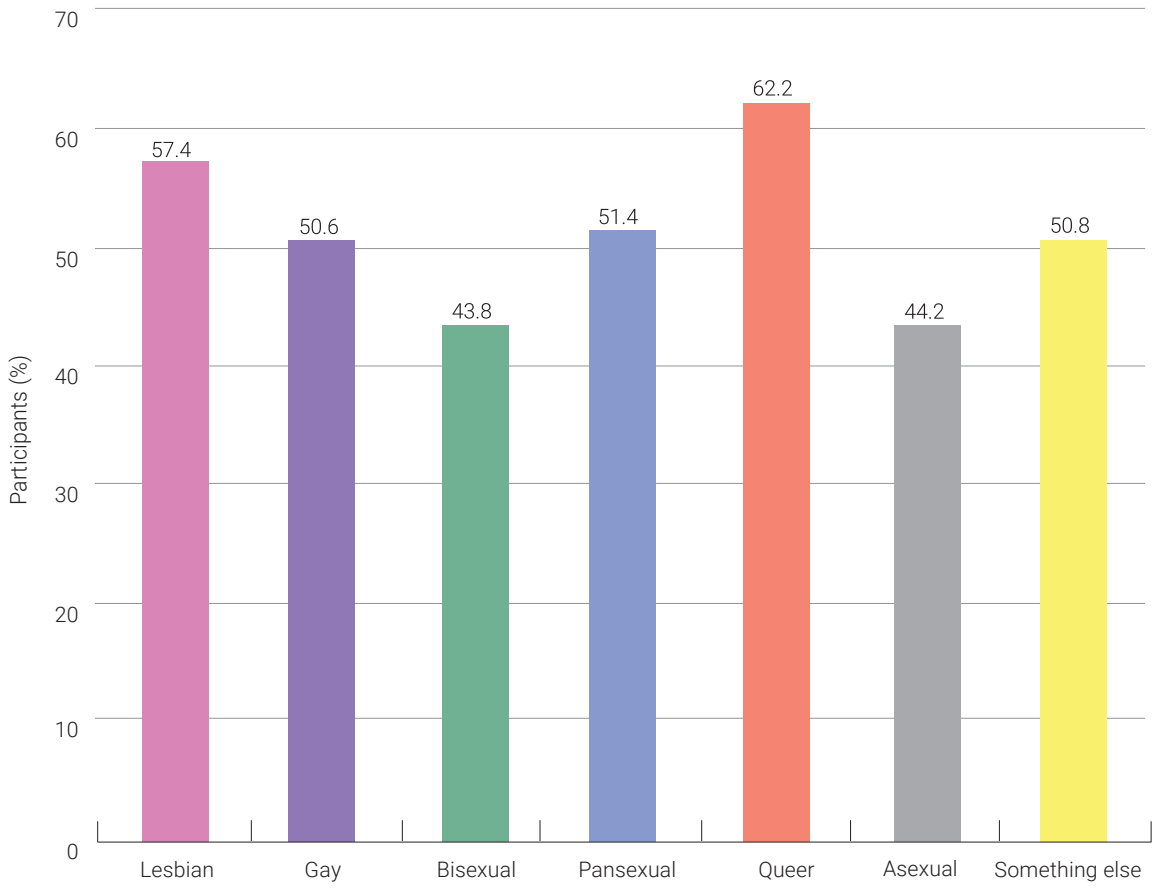
6.2 Feeling safe to engage in LGBTQA+ affirming activities

Participants who reported attending an educational institution in the past 12 months 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 28.

Overall, a greater proportion of participants at university reported feeling that in the past 12 months they could safely engage in public affection with other LGBTIQA+ people, openly identify as LGBTIQA+, or celebrate an LGBTIQA+ day of significance safely than the proportion at secondary school or TAFE.

Less than three-tenths (27.5%; n = 1,046) of participants felt that in the past 12 months they could safely engage in public affection with other LGBTIQA+ people at secondary school, one-third (33.5%; n = 1,274) felt that they could safely attend a school dance with someone of the same gender, one-half (52.3%; n = 1,987) felt that they could openly identify as LGBTIQA+, and two-fifths (41.7%; n = 1,583) felt that they could safely celebrate 'Wear It Purple Day', IDAHOBIT, Transgender Day of Visibility or another LGBTIQA+ day of significance.

Figure 9 Felt unsafe or uncomfortable due to their sexuality or gender identity,in past 12 months at their educational setting, by sexuality



Less than two-fifths (37.2%; n = 139) of participants felt that in the past 12 months they could safely engage in public affection with other LGBTIQA+ people at TAFE, over two-thirds (66.3%; n = 248) felt that they could openly identify as LGBTIQA+, and less than half (46.3%; n = 173) felt that they could safely celebrate 'Wear It Purple Day', IDAHOBIT, Transgender Day of Visibility or another LGBTIQA+ day of significance.

Less than two-fifths (42.8%; n = 652) of participants felt that in the past 12 months they could safely engage in public affection with other LGBTIQA+ people at university, three-quarters (75.2%; n = 1,147) felt that they could openly identify as LGBTIQA+, and over three-fifths (65.4%; n = 997) 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 'During the past 12 months, at your educational setting have you felt that you could safely …' Responses are displayed in Table 29.

Overall, universities were experienced as more gender-affirming environments than were schools or TAFE. Half (51.1%; n = 190) of participants felt that in the past 12 months they could safely use the bathrooms that match their gender identity at university, compared to under three-tenths (29.2%; n = 269) of participants at secondary school. Three-tenths (30.4%; n = 113) of participants at university felt that in the past 12 months they could safely use the changing rooms that match their gender identity, compared to one-fifth (22.0%; n = 203) of participants at secondary school. More participants felt that in the past 12 months they could safely use their chosen name or pronouns at university (66.4%; n = 247) or wear clothes that match their gender identity (84.1%; n = 313) than participants at secondary school (41.0%; n = 378 and 50.9%; n = 469, respectively). It is notable that more than one-third (34.1%; n = 314) of participants at secondary school felt that in the past 12 months they could not do any of these things safely, compared to 7.8% (n = 29) of participants at university.

Table 28 Perceived safety when engaging in LGBTIQA+-affirming practices, in the past 12 months at their educational setting

	Secondary school		TAFE		University		Total	
During the past 12 months at your educational setting have I felt that I could safely … (n = 6,031)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Engage in public affection (PDA) with LGBTIQA+ people	1,046	27.5	139	37.2	652	42.8	1,948	32.3
Attend a school dance with someone of the same gender	1,274	33.5	N/A	N/A	N/A	N/A	N/A	N/A
Openly identify as LGBTIQA+	1,987	52.3	248	66.3	1,147	75.2	3,574	59.3
Celebrate 'Wear It Purple Day', IDAHOBIT, or Transgender Day of Visibility or another LGBTIQA+ day of significance	1,583	41.7	173	46.3	997	65.4	2,908	48.2
None of the above	1,276	33.6	96	25.7	230	15.1	1,703	28.2

Table 29 Perceived safety engaging in gender-affirming acts in educational settings, in the past 12 months

	Secondary school		TAFE		University		Total	
During the past 12 months at your educational setting have you felt that you could safely … (n = 1,559)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Use the bathrooms that match my gender identity	269	29.2	75	51.0	190	51.1	590	37.8
Use the changing rooms that match my gender identity	203	22.0	36	24.5	113	30.4	391	25.1
Use my chosen name or pronouns	378	41.0	87	59.2	247	66.4	785	50.4
Wear clothes that match my gender identity	469	50.9	122	83.0	313	84.1	988	63.4
None of the above	314	34.1	15	10.2	29	7.8	379	24.3

6.3 Experiences of hearing negative language at educational settings

Participants were asked if they had heard any of the following negative language about LGBTIQA+ people at their educational setting in the past 12 months, regardless of whether or not it was directed at them:

- Negative remarks regarding sexuality (e.g. 'that's so gay') (n = 6,103)
- Negative remarks regarding gender identity and/or gender expression (e.g. 'he throws like a girl') (n = 5,755)
- Negative remarks regarding transgender people (e.g. 'trans women aren't real women') (n = 5,802)
- Negative remarks regarding people with intersex variation/s (e.g. 'intersex is a birth defect') (n = 5,927)

Figure 10 displays findings according to the frequency with which such negative language was heard.

Over three-quarters (76.4%; n = 4,663) of participants reported in the past 12 months sometimes or frequently hearing negative remarks regarding sexuality, compared to over three-fifths (61.5%; n = 3,537) who reported sometimes or frequently hearing negative remarks regarding gender identity or gender expression, 46.4% (n = 2,690) regarding transgender people, and 13.6% (n = 805) regarding people with intersex variation/s. The reported lower levels of negative language regarding people with intersex variation/s likely reflects the lack of awareness among school-age populations about intersex issues. Chapter 5 includes the finding that over three-quarters (79.3%; n = 3,016) of participants reported that they had never received any education about people with intersex variation/s.

Figure 10 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

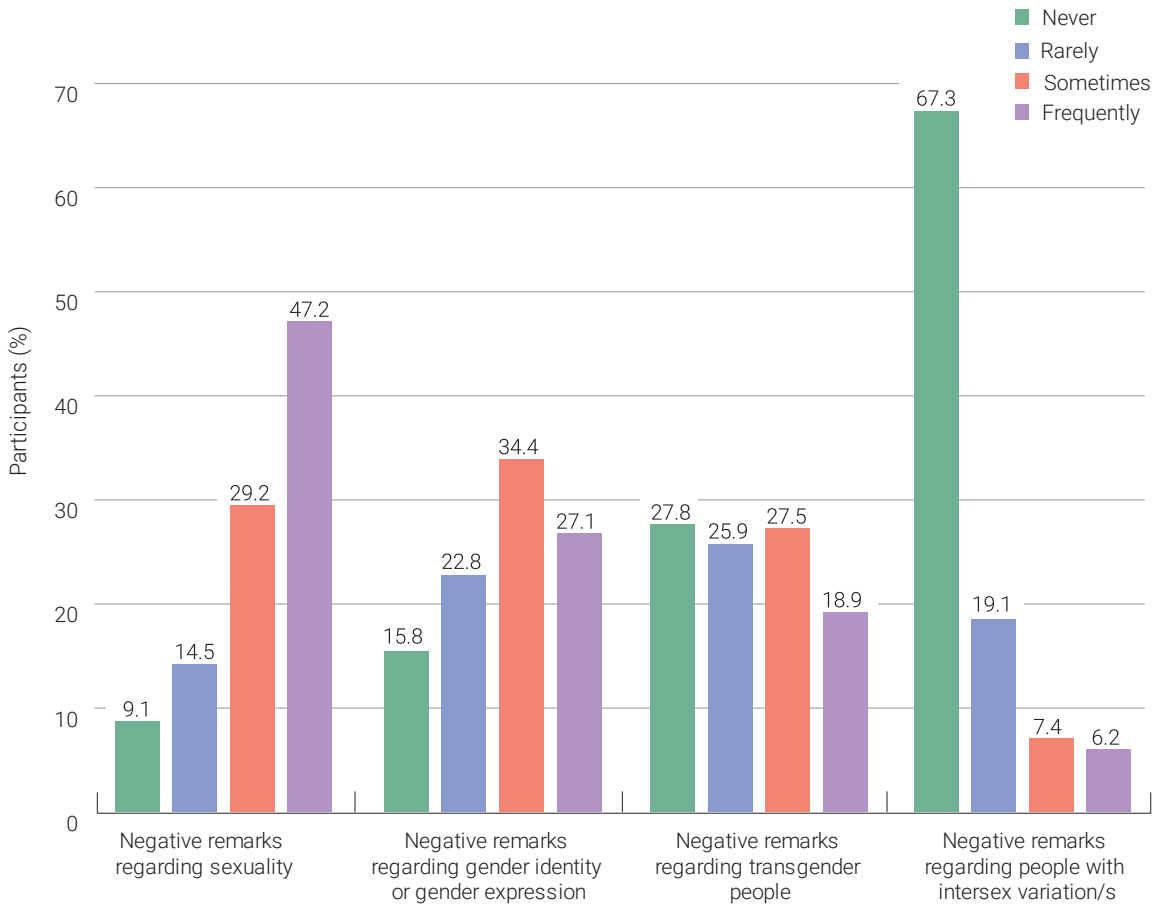


Figure 11 **Frequency of hearing negative remarks regarding sexuality at secondary school, TAFE and university**

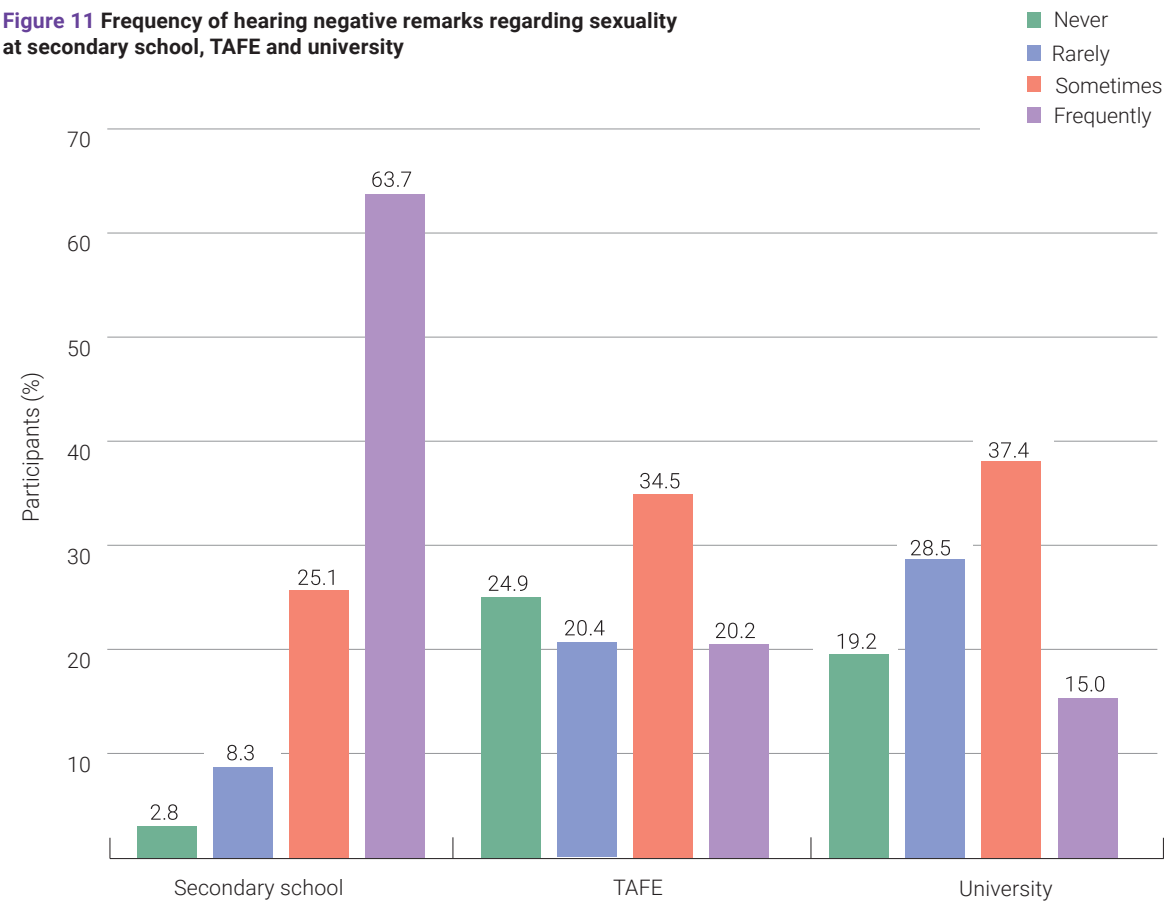


Figure 12 **Frequency of hearing negative remarks regarding gender identity or gender expression at secondary school, TAFE and university**

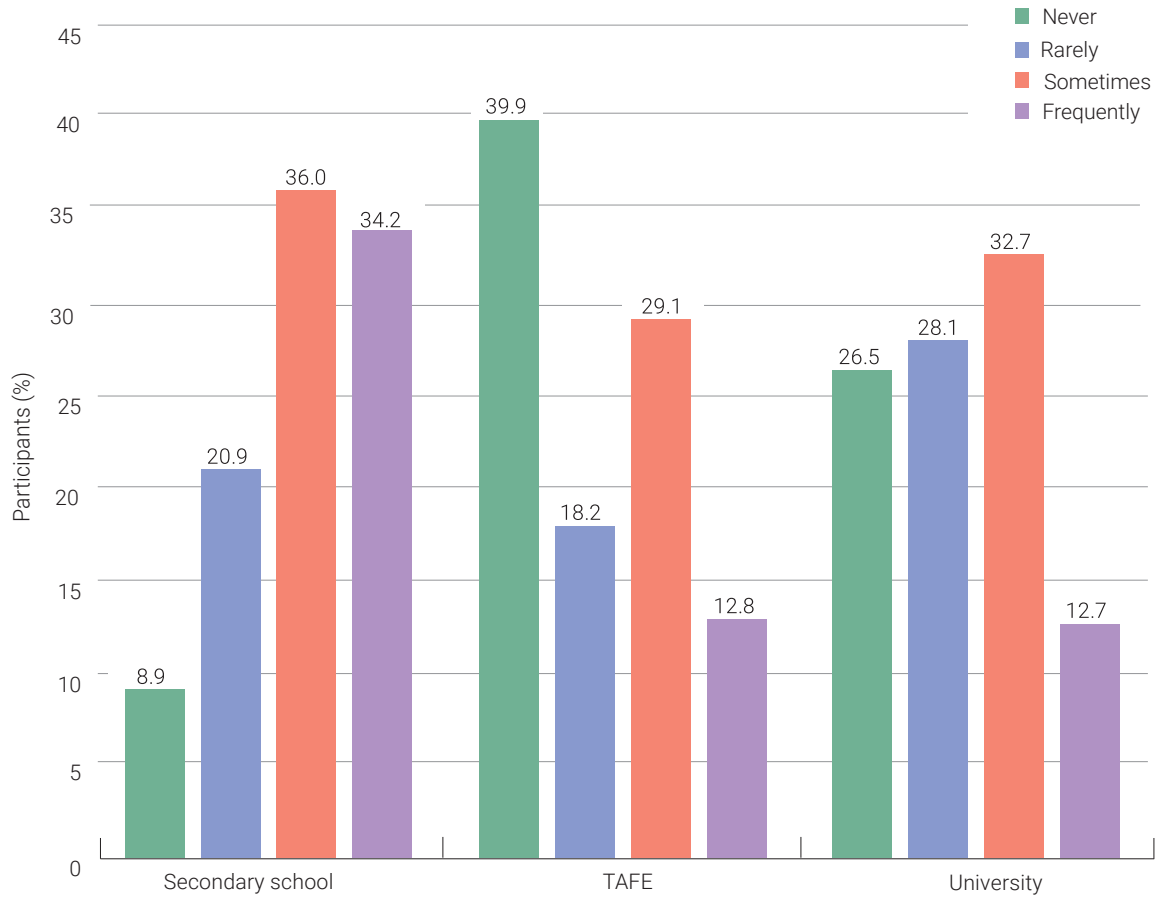


Figure 11 below shows how the frequency of hearing negative remarks specifically relating to sexuality varied according to educational context: secondary school (n = 3,845), TAFE (n = 377), and university (n = 1,543).

Figure 11 shows that in in total, 97.2% (n = 3,739) of participants reported hearing negative language regarding sexuality at secondary school in the past 12 months. There was a marked difference among the proportion of participants who reported frequently hearing negative remarks regarding sexuality according to educational context: almost two-thirds (63.7%; n = 2,451) of participants in secondary school reported frequently hearing such remarks, compared to one-fifth (20.2%; n = 76) at TAFE, and 15.0% (n = 231) at university.

Figure 12 below shows how the experience of hearing negative remarks specifically relating to gender identity or gender expression varied according to educational context: secondary school (n = 3,673), TAFE (n = 296), and university (n = 1,467).

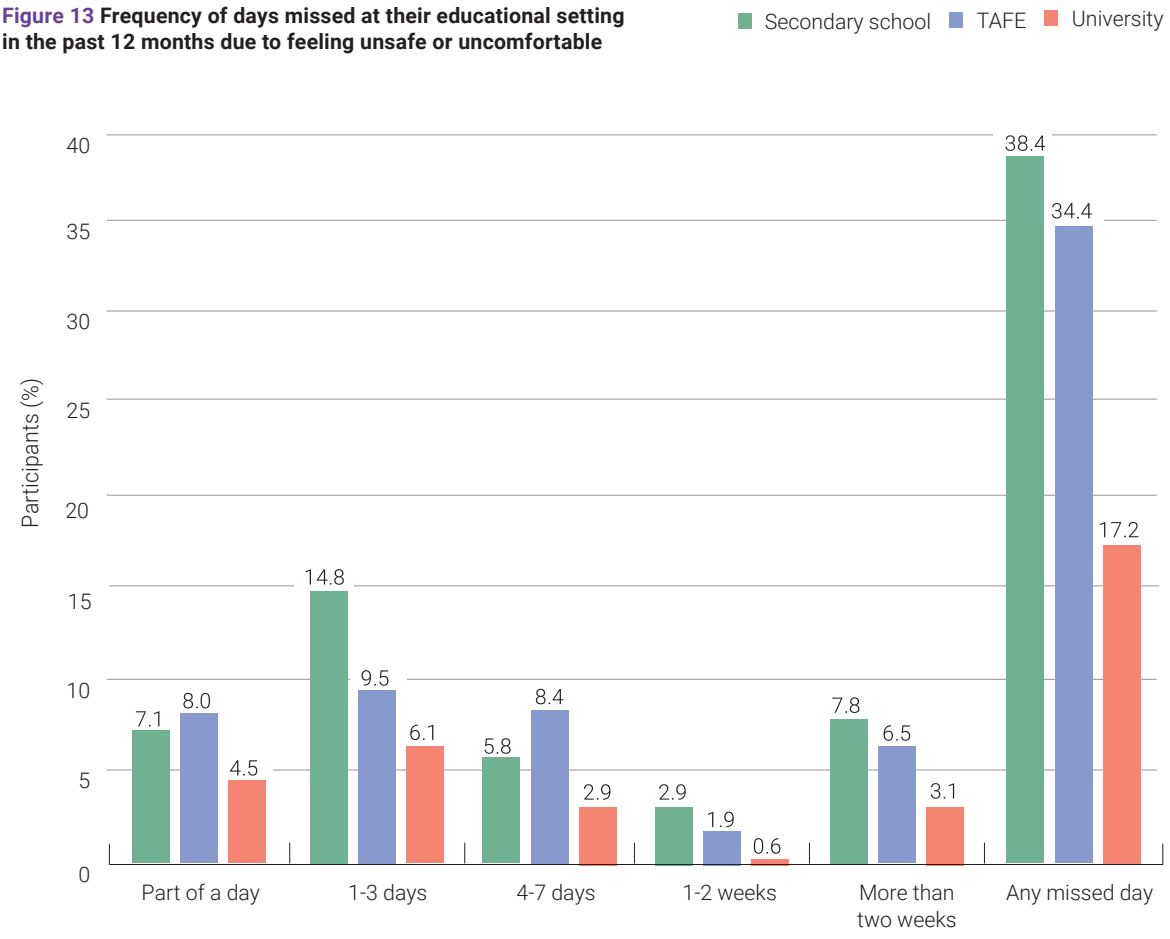
Figure 12 shows that participants attending secondary school were more likely to report frequently hearing negative language about gender identity or gender expression, compared to participants attending TAFE or university. Over seven-tenths (70.2%; n = 2,579) of secondary school participants, 45.4% (n = 666) of university participants, and 41.9% (n = 124) of TAFE participants reported hearing negative language about gender identity or gender expression sometimes or frequently in the past 12 months.

6.4 Frequency of days missed in the past 12 months

Participants were asked how many days of their educational setting they had missed due to feeling unsafe or uncomfortable in the past 12 months. The wording of the question was tailored to those at secondary school (n = 3,655), TAFE (n = 262), and university (n = 1,436).

Over one-third of secondary school (38.4%; n = 1,404) and TAFE (34.4%; n = 90) students and one-sixth of university students (17.2%; n = 247) 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 day at their educational setting in the past 12 months because they felt uncomfortable, compared to participants attending university. One-twelfth (7.8%; n = 286) of participants at secondary school, 6.5% (n = 17) at TAFE, and 3.1% (n = 44) at university reported missing more than two weeks in the past 12 months because they felt unsafe or uncomfortable.

Figure 13 Frequency of days missed at their educational setting in the past 12 months due to feeling unsafe or uncomfortable



Almost two-thirds (64.3%) of trans women, more than half (54.4%) of trans men, and 44.6% of non-binary participants reported missing day/s at their educational setting in the past 12 months due to feeling unsafe or uncomfortable.

6.4.1 Frequency of days missed in past 12 months, by gender

Figure 14 illustrates the proportion of participants who missed a day at their educational setting in the past 12 months due to feeling unsafe or uncomfortable, by gender (n = 5,525).

Almost two-thirds (64.3%; n = 36) of trans women, more than half (54.4%; n = 180) of trans men, and 44.6% (n = 456) of non-binary participants reported missing day/s at their educational setting in the past 12 months due to feeling unsafe or uncomfortable. This compares to almost three-tenths (29.2%; n = 847) of cisgender women and almost one-quarter (23.0%; n = 281) of cisgender men.

6.4.2 Frequency of days missed in past 12 months, by sexuality

Figure 15 illustrates the proportion of participants who missed a day at their educational setting in the past 12 months due to feeling unsafe or uncomfortable, by sexuality (n = 5,652).

More than two-fifths (43.8%; n = 261) of pansexual participants reported missing day/s at their educational setting in the past 12 months, followed by one-third of lesbian (36.4%; n = 250) and queer (36.3%; n = 172) participants, three-tenths of bisexual participants (30.2%; n = 594), and over one-quarter of asexual (27.8%; n = 68) and gay participants (27.4%; n = 253).

Figure 14 **Any missed day at their educational setting in the past 12 months due to feeling unsafe or uncomfortable by gender**

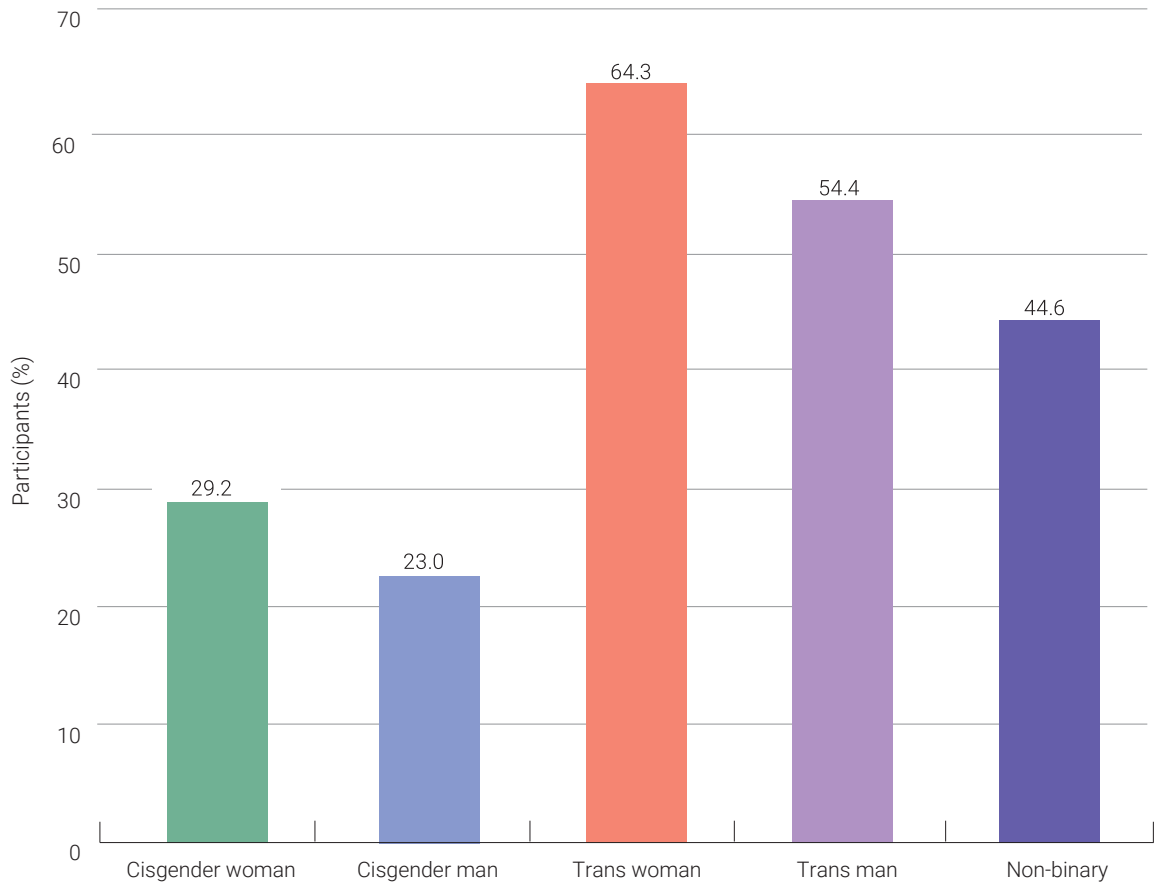
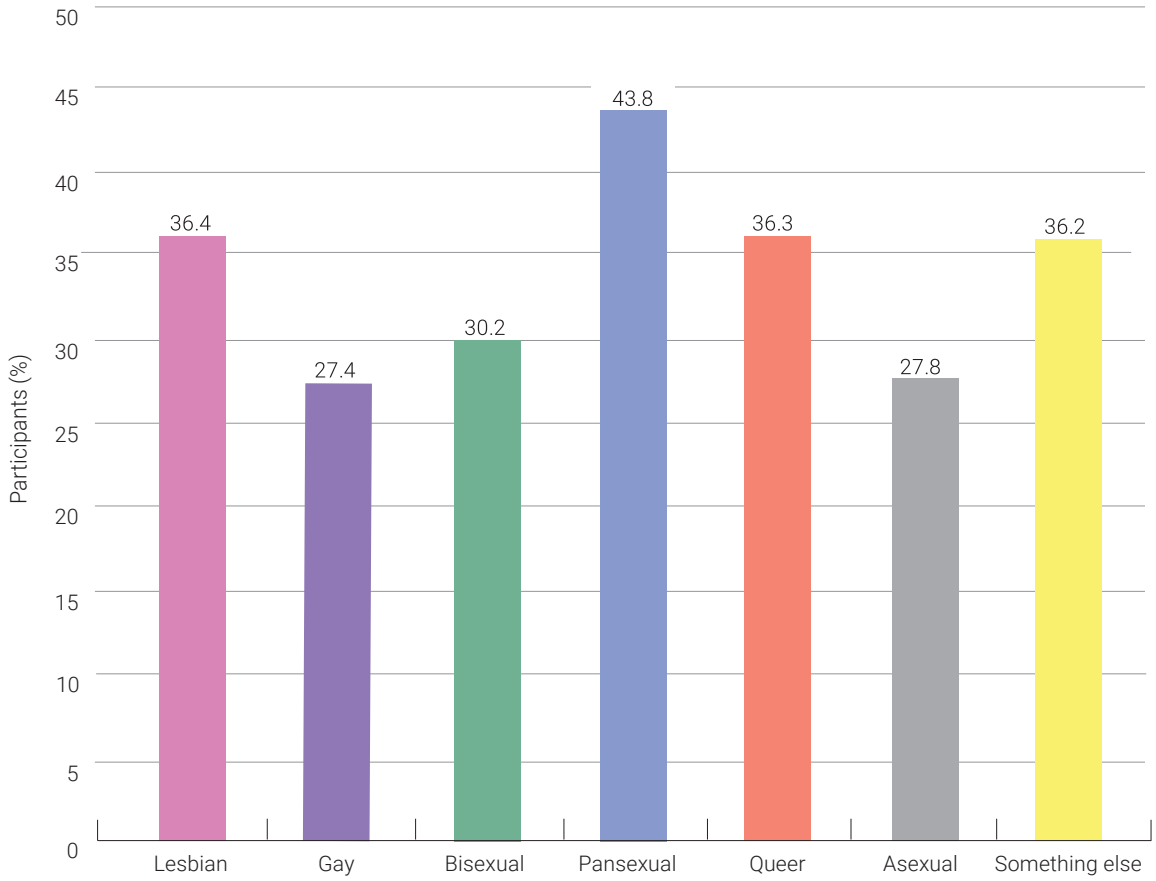


Figure 15 Any missed day at their educational setting in the past 12 months due to feeling unsafe or uncomfortable, by sexuality



6.5 Summary

More than three-fifths (60.2%) of participants said that in the past 12 months they felt unsafe or uncomfortable at secondary school due to their sexuality or gender identity. The proportion of those feeling uncomfortable at TAFE or university was slightly lower although still sizeable. The experience of feeling unsafe or uncomfortable in an educational setting was considerably more common among trans men and trans women, compared to cisgender men and women. Only around a quarter of participants at secondary school felt that in the past 12 months they could safely engage in public affection with other LGBTQA+ people, while only a third felt that they could safely attend a school dance with someone of the same gender. Around half of participants at secondary school felt that in the past 12 months they could openly identify as LGBTQA+.

Over three-quarters of participants reported sometimes or frequently hearing negative remarks regarding sexuality in their educational setting in the past 12 months, while over three-fifths sometimes or frequently heard negative remarks relating to gender identity or gender expression. Over a third of participants at secondary school and TAFE, as well as one-sixth of university students, reported missing day/s at their educational setting in the past 12 months because they felt unsafe or uncomfortable. This experience of missing days of education was more commonly reported by trans and gender diverse participants, compared to cisgender men and women.

7 Experiences of affirmation or discrimination in the workplace

While previous research in Australia has documented experiences of stigma, discrimination and safety concerns faced by LGBTIQ adults in the workplace (34), no such quantitative data has been collected among LGBTIQA+ young people. *Writing Themselves In 4* asked numerous questions about the experiences of LGBTIQA+ young people in their work settings, including feelings of safety and comfort, perceived ability to engage in LGBTIQA+-affirming practices, and hearing negative language pertaining to gender and sexuality. The survey included questions about their awareness of workplace bullying policies that may operate in support of LGBTIQA+ people.

There were a sufficient number of responses to break down employment-related experiences according to whether they were engaged in full-time (n = 207), part-time (n = 1,178), or casual work (n = 2,324), and thus these distinctions are presented where possible. Participants who indicated they were engaged in an apprenticeship (n = 51) or other employment (n = 119) were included in the 'total' category.

7.1 Experiences of feeling unsafe or uncomfortable in the workplace

Participants were asked if they had felt unsafe or uncomfortable at their work setting in the past 12 months due to their sexuality or gender identity. Table 30 displays the results.

Two-fifths (40.3%; n = 83) of participants who worked full-time said that they felt unsafe or uncomfortable at work in the past 12 months due to their sexuality or gender identity, compared to one-third of participants who worked part-time (35.6%; n = 418) and casually (31.0%; n = 718).

7.2 Feeling safe to engage in LGBTIQA+-affirming practices

Participants who reported working in the past 12 months were asked to respond to a series of statements about feelings of safety, preceded with the statement, 'During the past 12 months, at your work setting have you felt that you could safely …' Responses are displayed in Table 31.

In total, in the past 12 months only 45.8% of participants felt able to openly identify as LGBTIQA+ in the workplace and only 31.8% felt able to celebrate LGBTIQA+ days of significance.

Overall, a greater proportion of participants engaged in full-time employment reported feeling that they could safely openly identify as LGBTIQA+ or celebrate an LGBTIQA+ day of significance at work, compared to those engaged in part-time or casual employment.

Less than three-fifths (56.2%; n = 113) of participants engaged in full-time employment reported that in the past 12 months they could safely openly identify as LGBTIQA+ in the workplace, compared to one-third (32.0%; n = 364) of those in part-time and three-tenths (30.1%; n = 682) in casual employment.

Table 30 Experiences of feeling unsafe or uncomfortable due to sexuality or gender identity, in past 12 months in the workplace

	Full-time		Part-time		Casual		Total	
Felt unsafe or uncomfortable (n = 3,866)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
No	123	59.7	756	64.4	1,599	69.0	2,585	66.9
Yes	83	40.3	418	35.6	718	31.0	1,281	33.1

Table 31 Perceived safety when engaging in LGBTIQA+-affirming practices, in the past 12 months in the workplace

	Full-time		Part-time		Casual		Total	
During the past 12 months at your work setting have you felt that you could safely ... (n = 3,768)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Openly identify as LGBTIQA+	113	56.2	496	43.6	1,040	45.9	1,726	45.8
Celebrate 'Wear It Purple Day', IDAHOBIT, or Transgender Day of Visibility or another LGBTIQA+ day of significance	85	42.3	364	32.0	682	30.1	1,198	31.8

7.3 Experiences of hearing negative language at work settings

Participants in employment were asked if in the past 12 months they had heard any of the following negative language about LGBTIQA+ people at their work setting, regardless of whether or not it was directed at them:

- Negative remarks regarding sexuality (e.g. 'that's so gay') (n = 3,845)
- Negative remarks regarding gender identity and/or gender expression (e.g. 'he throws like a girl') (n = 3,479)
- Negative remarks regarding transgender people (e.g. 'trans women aren't real women') (n = 3,599)
- Negative remarks regarding people with intersex variation/s (e.g. 'intersex is a birth defect') (n = 3,693)

Figure 16 displays findings according to the frequency with which such negative language was heard.

Almost two-fifths (37.9%; n = 1,454) of participants reported in the past 12 months sometimes or frequently hearing negative remarks regarding sexuality, compared to over three-tenths (31.1%; n = 1,081) who reported sometimes or frequently hearing negative remarks regarding gender identity or gender expression, 16.3% (n = 587) regarding transgender people, and 6.2% (n = 227) 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- and university-age populations about intersex issues, and is reflected in Chapter 5 which notes that over three-quarters (79.3%; n = 3,016) of participants reported they had never received any education about people with intersex variation/s.

Figure 17 shows that over half (55.5%; n = 112) of participants engaged in full-time employment reported sometimes or frequently hearing negative language regarding sexuality, at work in the past 12 months, followed by two-fifths (42.2%; n = 492) in part-time employment, and one-third (34.2%; n = 1,454) in casual employment.

Figure 16 Frequency of hearing negative language regarding sexuality, gender identity or gender expression, transgender people, or people with intersex variation/s, at a work setting in the past 12 months

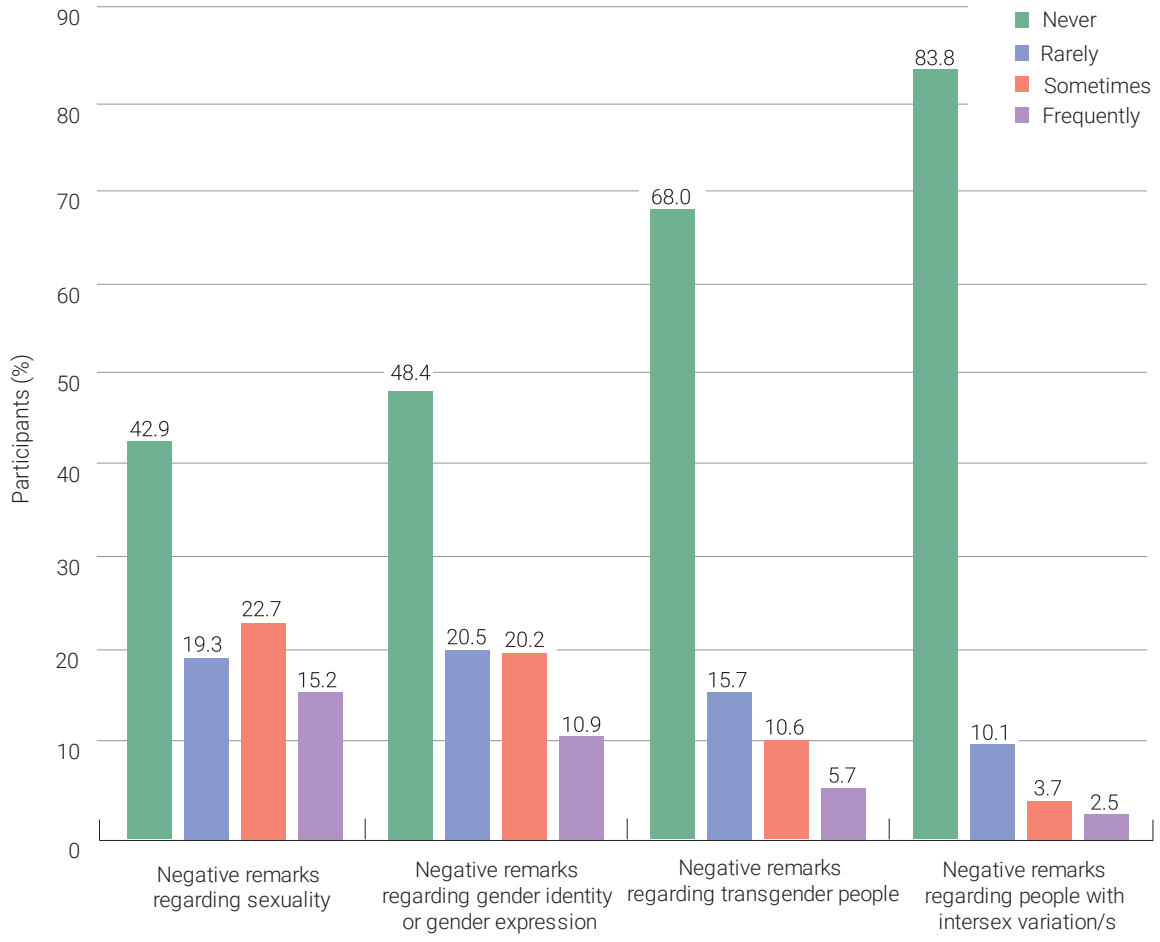


Figure 17 **Frequency of hearing negative remarks regarding sexuality, at work settings in the past 12 months**

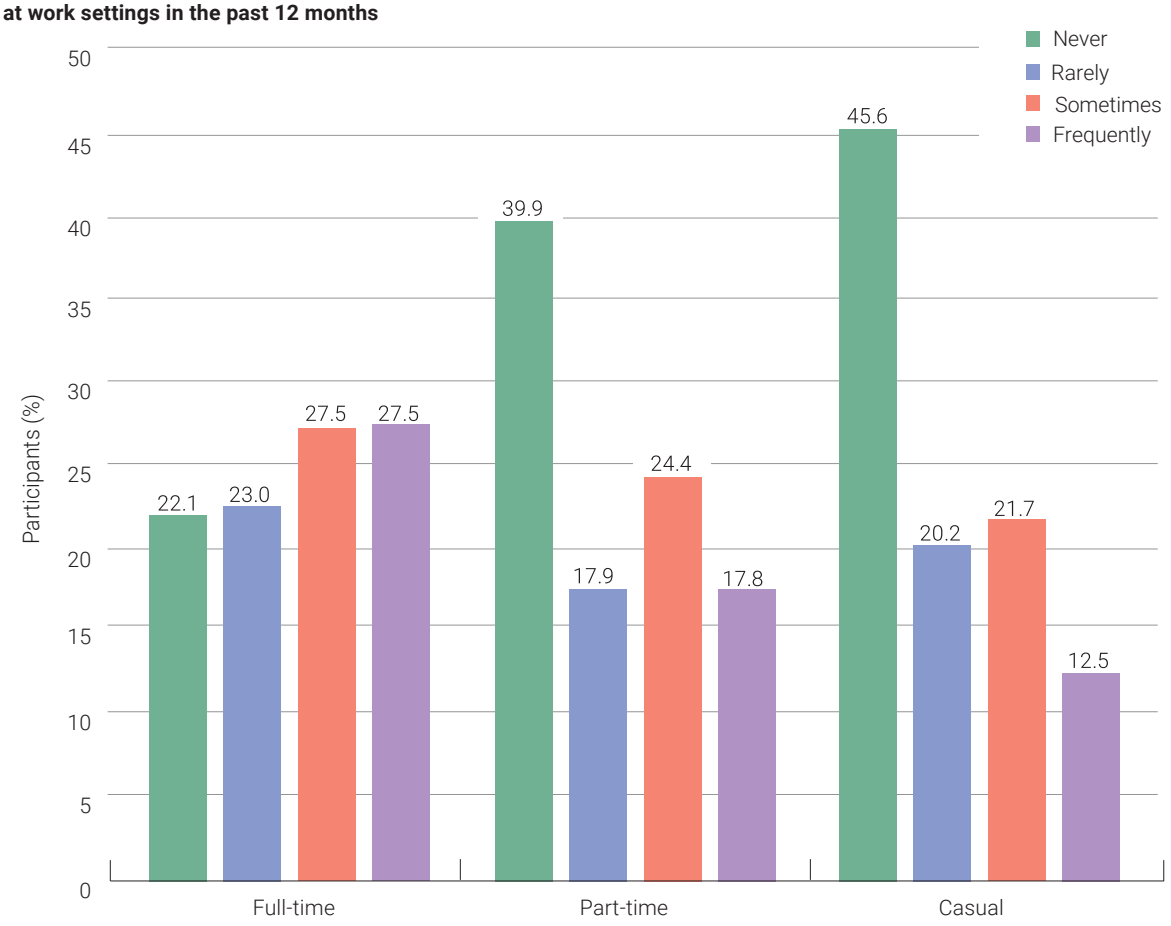


Figure 18 **Frequency of hearing negative remarks regarding gender identity or gender expression, at work in the past 12 months**

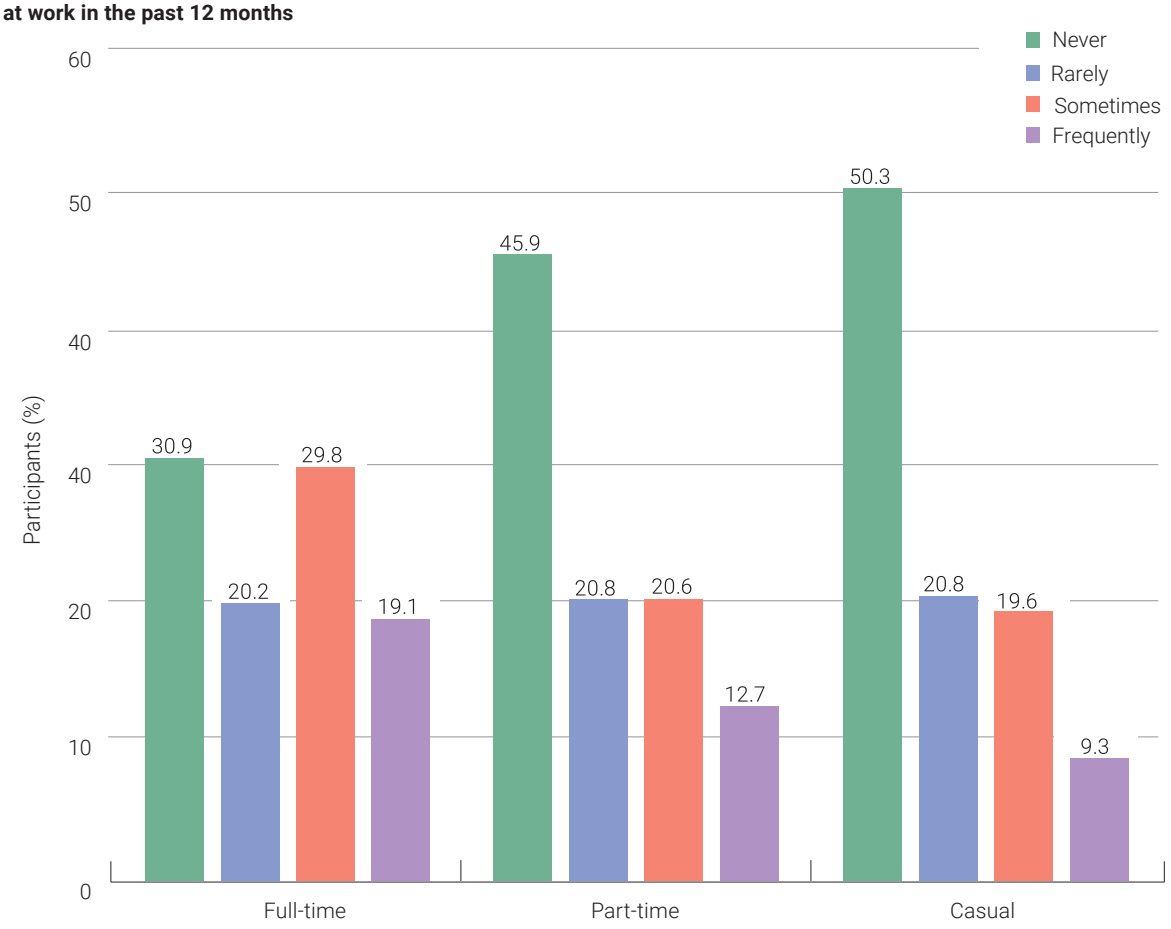


Figure 18 below shows how the experience of hearing negative remarks specifically relating to gender identity or gender expression varied according to work context. It shows that almost half (48.9%; n = 87) of participants engaged in full-time employment reported sometimes or frequently hearing negative language regarding gender identity or gender expression, at work in the past 12 months, followed by one-third (33.3%; n = 343) in part-time and almost three-tenths (28.9%; n = 614) in casual employment.

7.4 Frequency of days of work missed in the past 12 months

Participants were asked how many days of work they had missed due to feeling unsafe or uncomfortable in the past 12 months. The wording of the question was tailored to those engaged in full-time (n = 206), part-time (n = 1,174), and casual (n = 2,317) work. Results are displayed in Table 32.

One-tenth of participants engaged in full-time (10.0%; n = 17), 8.4% (n = 79) in part-time, and 6.5% (n = 126) in casual employment reported missing day/s at their work setting in the past 12 months because they felt unsafe or uncomfortable. This **was more than three times lower** than the one-third of secondary school (38.4%; n = 1,404) and TAFE (34.4%; n = 90) students, and markedly lower than the 17.2% (n = 247) of university students that reported missing day/s at their educational setting in the past 12 months because they felt unsafe or uncomfortable.

Table 32 Frequency of days missed at their work setting in the past 12 months due to feeling unsafe or uncomfortable

	Full-time		Part-time		Casual		Total	
Missed any day/s of work (n = 3,197)	n	%	n	%	n	%	n	%
No	153	90.0	864	91.6	1,826	93.5	2,950	92.3
Yes	17	10.0	79	8.4	126	6.5	247	7.7

37.9%

of participants reported sometimes or frequently hearing negative remarks regarding sexuality in their workplace in the past 12 months

7.5 Awareness of bullying policies in the workplace

Participants in employment were asked if they knew if their workplace had a bullying policy, and if it covered LGBTIQA+ people. Table 33 presents the responses.

Two-thirds (62.9%; n = 129) of participants working full-time reported knowing if their workplace had a bullying policy, compared to slightly less than half (48.0%; n = 560) of those in part-time or casual employment (47.6%; n = 1,100).

Participants who reported their workplace had a bullying policy were asked if they knew whether the bullying policy specifically mentioned issues of particular importance to LGBTIQA+ young people. Responses are displayed in Table 34.

A large proportion of participants (44.0%) were unaware of the contents of bullying policy in their workplace.

Among participants who reported their place of employment had a bullying policy, two-fifths (40.3%; n = 52) of participants engaged in full-time employment responded that they were aware it covered all aspects of LGBTIQA+, followed by three-tenths of those engaged in part-time (28.6%; n = 160) or casual (29.8%; n = 327) employment.

In contrast to the three-tenths (29.8%; n = 743) of secondary school participants who reported their educational institution had a bullying policy and said that they did not think it included mention of LGBTIQA+ people, one-tenth (10.0%; n = 185) of participants engaged in employment said that they did not think their workplace bullying policy included mention of LGBTIQA+ people. It should be noted that not all young people would be aware of the contents of organisational policy, but an awareness of if or how it relates to LGBTIQ people may be affirming.

7.6 Summary

A third of participants reported that they had felt unsafe of uncomfortable in their workplace in the past 12 months due to their sexuality and/or gender identity. This proportion is lower than that in educational settings. One tenth of those in full-time employment reported missing days of work in the past 12 months because they felt unsafe or uncomfortable. Just over half (56.2%) of participants engaged in full-time employment reported that they could safely openly identify as LGBTIQA+ at work, a proportion that was lower among those in part-time or casual employment. Over half (55.5%) of participants engaged in full-time employment reported in the past 12 months at work sometimes or frequently hearing negative language regarding sexuality. Approximately half of participants in employment were not aware whether their workplace had anti-bullying policies.

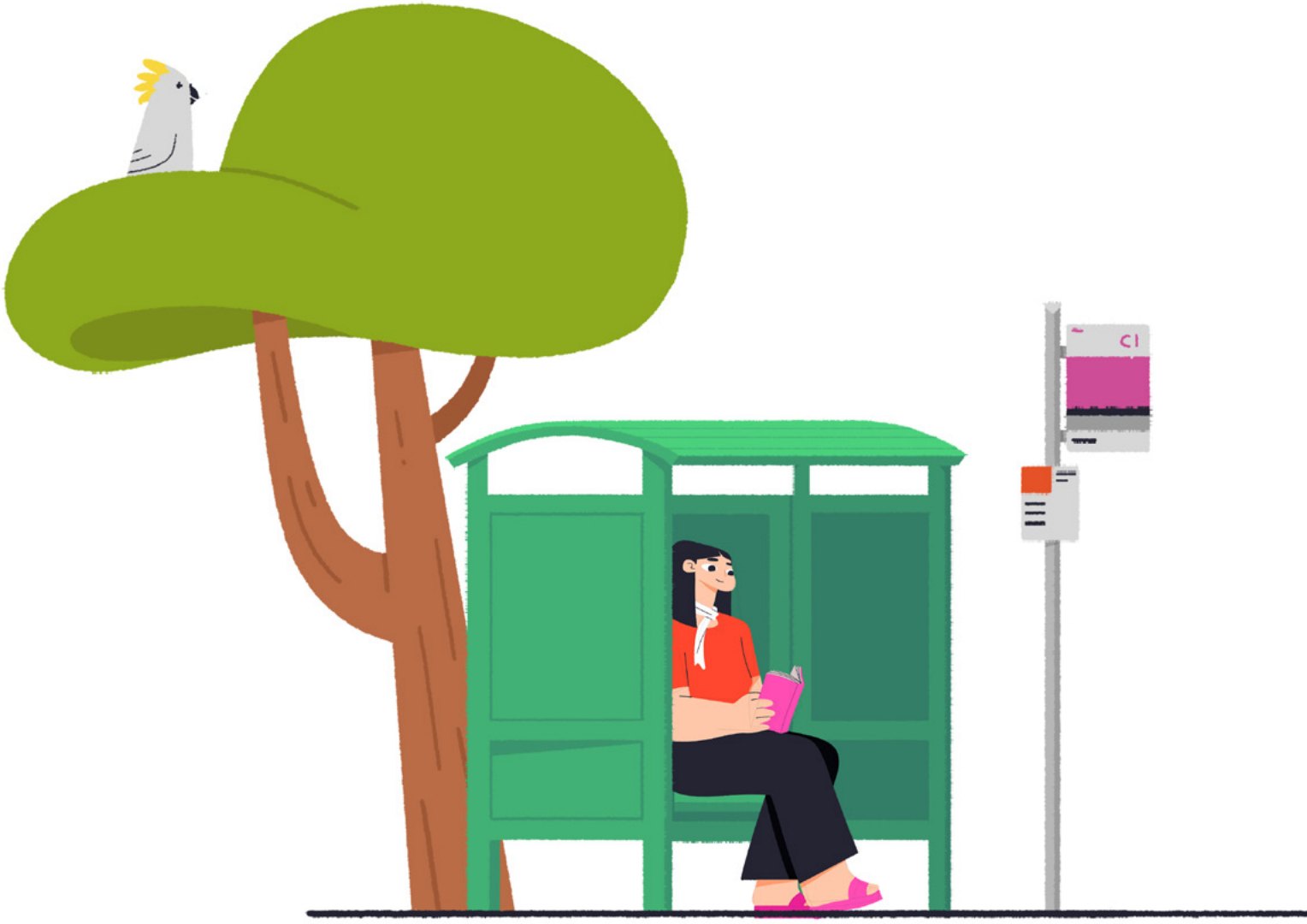
Table 33 Awareness of work bullying policy

	Full-time		Part-time		Casual		Total	
Knowledge of any bullying policy (n = 3,851)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
No	26	12.7	253	21.7	417	18.0	741	19.2
Yes	129	62.9	560	48.0	1,100	47.6	1,855	48.2
Don't know	50	24.4	353	30.3	796	34.4	1,255	32.6

Table 34 Awareness of the contents of workplace bullying policies

	Full-time		Part-time		Casual		Total	
Bullying policy areas (n = 1,851)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Sexuality	31	24.0	82	14.7	162	14.8	279	15.1
Gender identity	18	14.0	50	8.9	110	10.0	183	9.9
Intersex variation/s	0	0.0	2	0.4	3	0.3	5	0.3
All aspects of LGBTIQA+	52	40.3	160	28.6	327	29.8	567	30.6
No aspects of LGBTIQA+	10	7.8	68	12.2	98	8.9	185	10.0
Don't know	35	27.1	248	44.4	507	46.2	814	44.0

8 Experiences of harassment or assault



Research in Australia and internationally has observed that young LGBT people experience frequent harassment based on their sexuality or gender identity, and that this occurs most at school (3). Young LGBT 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 (3,35).

The experience of harassment and assault can take many forms. In *Writing Themselves In 4* we have sought to increase our understanding of the experiences LGBTQA+ young people by exploring not only the nature of harassment and assault but also where such acts occurred, their perpetrators and the experience of accessing professional support or advice in response or as a consequence.

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

Participants were asked if in the past 12 months or ever in their lifetime they had experienced any of the following forms of harassment or assault based on their sexuality or gender identity:

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

In total, 6,179 participants responded to questions regarding experiences of verbal harassment, 5,461 participants responded to questions regarding experiences of physical harassment or assault, and 5,588 participants responded to questions regarding experiences of sexual harassment or assault. Figure 19 displays their responses.

In the past 12 months, two-fifths (40.8%; n = 2,524) of participants had experienced verbal harassment, almost one-quarter (22.8%; n = 1,273) sexual harassment or assault, and almost one-tenth (9.7%; n = 529) physical harassment or assault based on their sexuality or gender identity.

Writing Themselves In 3 (3) asked participants about lifetime experiences of verbal and physical harassment or assault based on sexuality, but did not ask participants about experiences of harassment or assault in the past 12 months. Nonetheless, in *Writing Themselves In* 3, 61% reported ever experiencing verbal harassment and 18% physical harassment or assault based on their sexuality or gender identity (3), which is comparable to the proportion of participants reporting ever experiencing verbal harassment (57.6%; n = 3,559) or physical harassment or assault (15.4%; n = 839) in *Writing Themselves In 4*.

In total, among participants who indicated a gender identity, 6,023 participants responded to questions regarding experiences of verbal harassment, 5,319 participants responded to questions regarding experiences of physical harassment or assault, and 5,446 participants responded to questions regarding experiences of sexual harassment or assault in the past 12 months. Figure 20 displays their responses.

Trans and non-binary participants reported higher rates of verbal, physical, and sexual harassment or assault in the past 12 months, based on their sexuality or gender identity, than cisgender men or cisgender women. Nearly three-quarters (71.2%; n = 52) of trans women and 63.3% (n = 252) of trans men reported experiencing in the past 12 months verbal harassment based on their sexuality or gender identity, followed by over half (52.8%; n = 619) of non-binary participants, 45.0% (n = 607) of cisgender men, and 30.2% (n = 915) of cisgender women.

Figure 19 Experienced verbal, physical, and sexual harassment or assault based on sexuality or gender identity

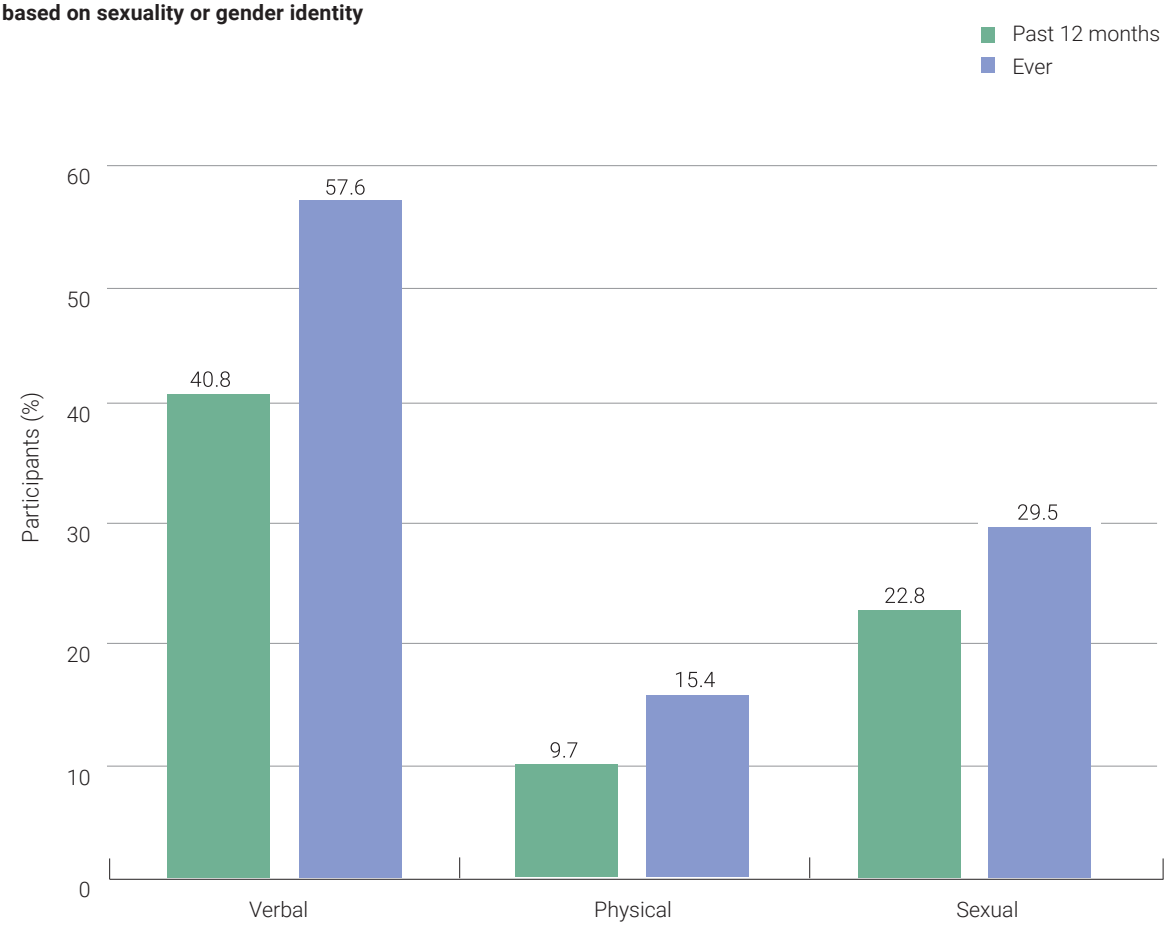


Figure 20 **Experienced verbal, physical, and sexual harassment or assault based on sexuality or gender identity, in the past 12 months, by gender**

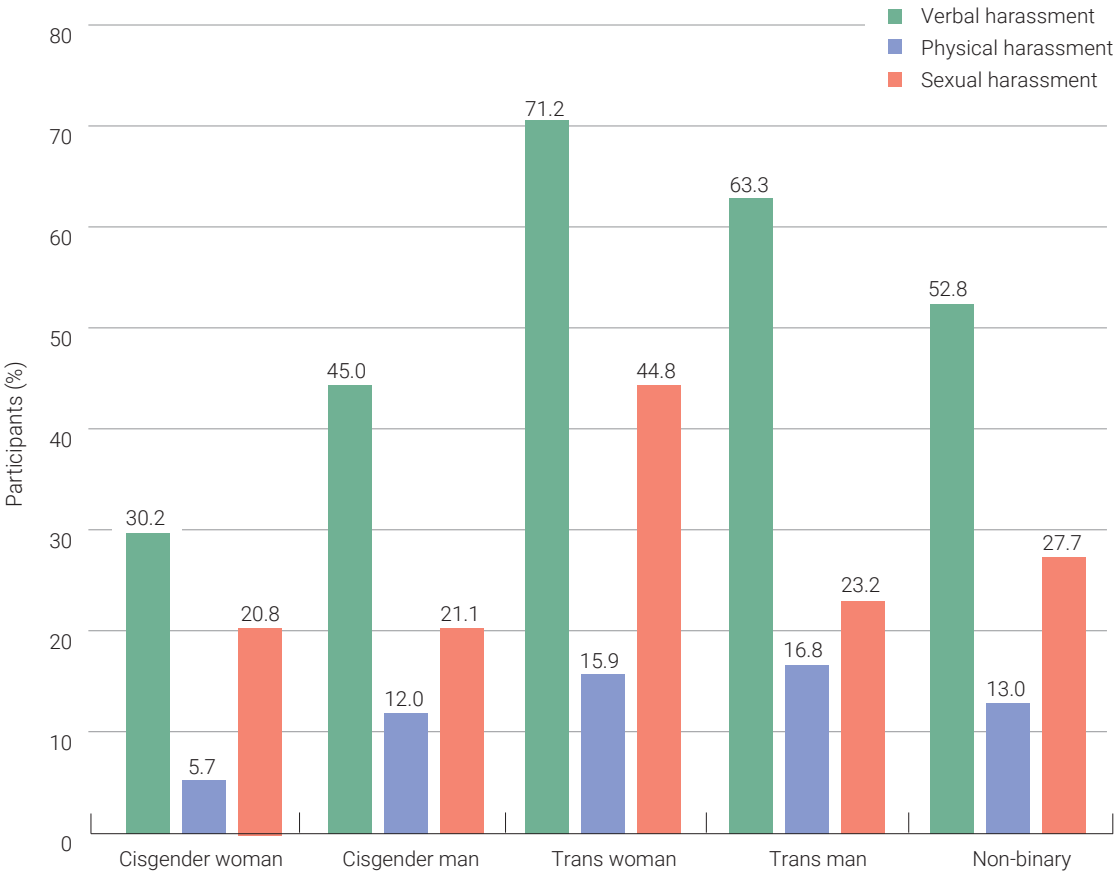
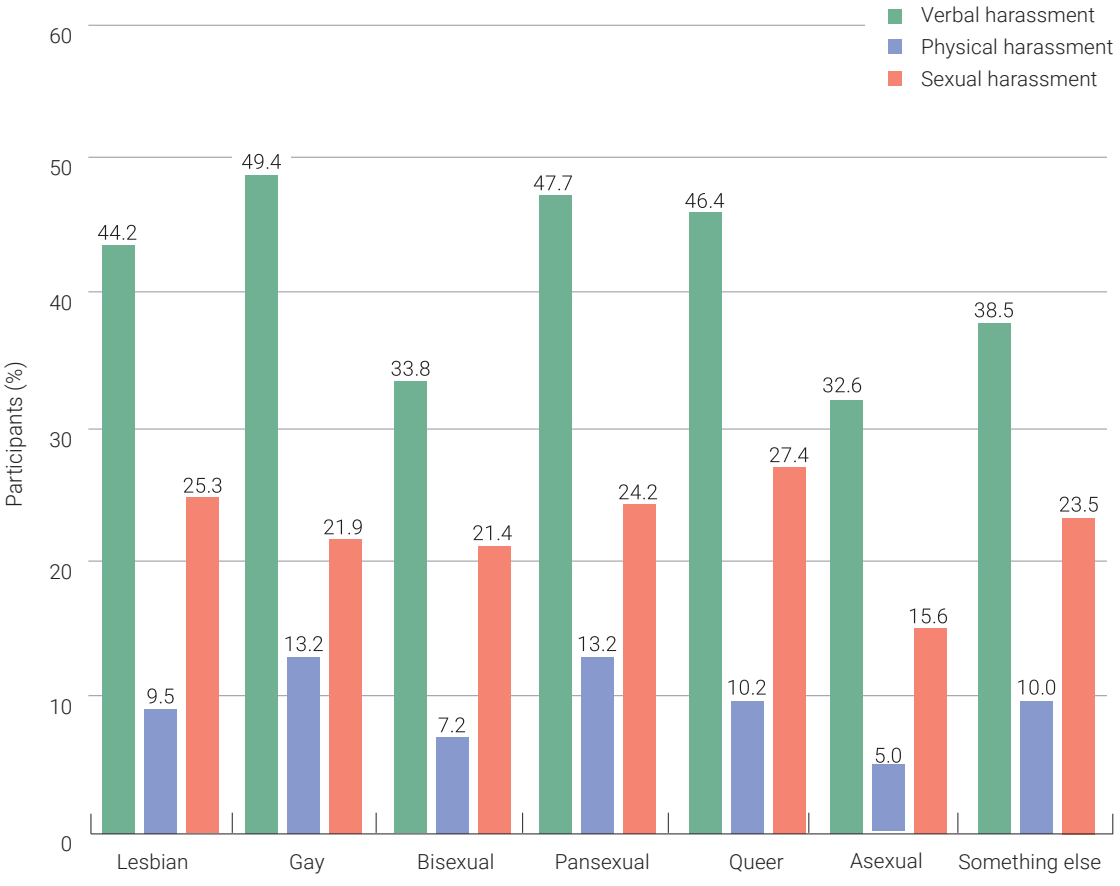


Figure 21 **Experienced verbal, physical, and sexual harassment or assault based on sexuality or gender identity, in the past 12 months, by sexuality**



Cisgender women, compared to other gender identities, reported lower levels of physical harassment or assault in the past 12 months, based on their sexuality or gender identity. Nearly a third (30.2%) had experienced verbal harassment and a fifth (20.8%) had experienced sexual harassment or assault.

More than two-fifths (44.8%; n = 30) of trans women reported experiencing sexual harassment or assault in the past 12 months, based on their sexuality or gender identity, approximately twice the proportion of other gender identities.

In total, among participants who indicated a sexuality, 6,169 participants responded to questions regarding experiences of verbal harassment, 5,451 participants responded to questions regarding experiences of physical harassment or assault, and 5,578 participants responded to questions regarding experiences of sexual harassment or assault in the past 12 months. Figure 21 displays their responses.

Gay and pansexual participants reported the highest levels of verbal and physical harassment or assault in the past 12 months, based on their sexuality or gender identity. Queer and lesbian participants reported the highest levels of sexual harassment or assault, in the past 12 months, based on their sexuality or gender identity.

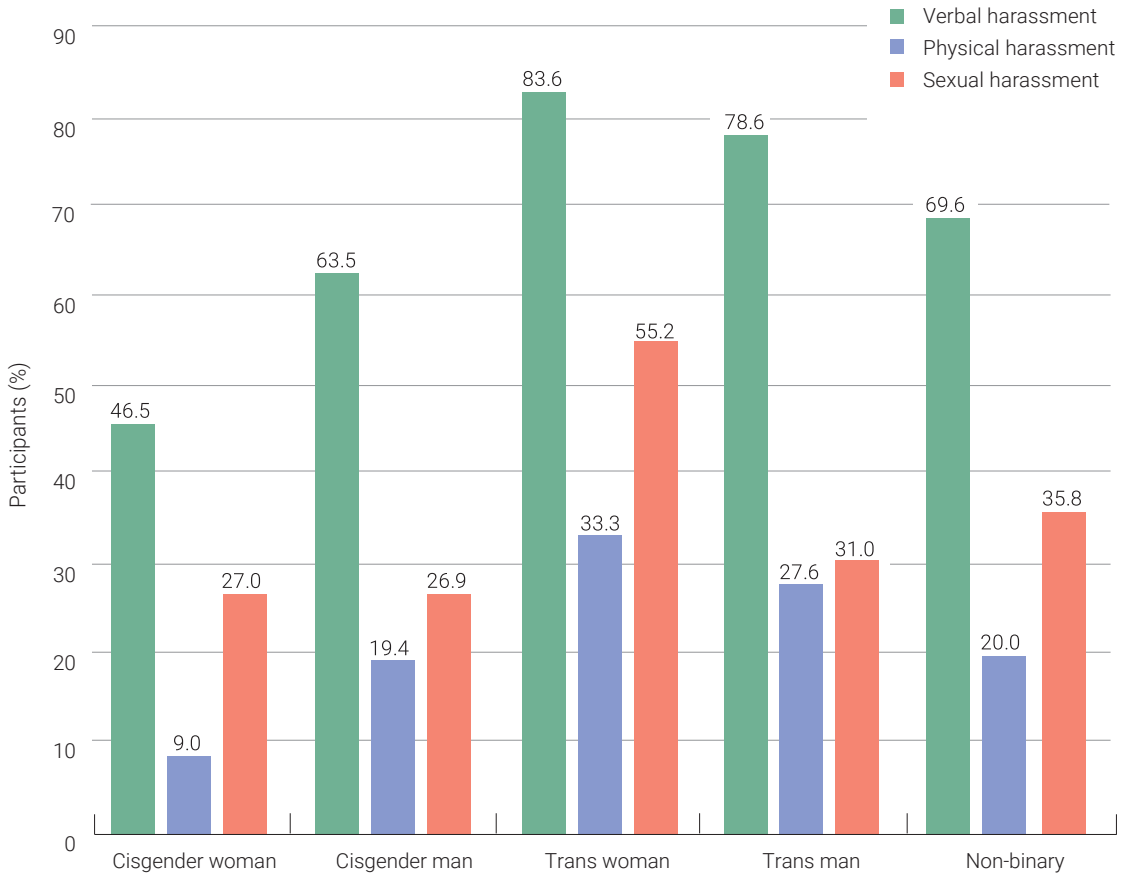
Bisexual and asexual participants reported lower levels of verbal, physical, and sexual harassment or assault in the past 12 months, based on their sexuality or gender identity, compared to other sexual identities. This may be related to their lower levels of disclosure regarding their sexuality or gender identity (see Chapter 4).

In total, among participants who indicated a gender identity, 6,023 responded to questions regarding experiences of verbal harassment, 5,319 participants responded to questions regarding experiences of physical harassment or assault, and 5,446 participants responded to questions regarding experiences of sexual harassment or assault ever in their lifetime. Figure 22 displays their responses.

Trans and non-binary participants reported higher rates of ever in their lifetime experiencing verbal, physical, and sexual harassment or assault based on their sexuality or gender identity, compared to cisgender men or cisgender women. Approximately four-fifths (83.6%; n = 61) of trans women and trans men (78.6%; n = 313) reported ever experiencing verbal harassment based on their sexuality or gender identity, followed by seven-tenths (69.6%; n = 816) of non-binary participants, almost two-thirds (63.5%; n = 856) of cisgender men, and 46.5% (n = 1,409) of cisgender women.

Cisgender women reported lower levels than other gender identities of ever in their lifetime experiencing physical harassment or assault based on their sexuality or gender identity.

Figure 22 Ever experienced verbal, physical, and sexual harassment or assault based on sexuality or gender identity, by gender



Participants reported experiencing verbal and physical harassment or assault based on their sexuality or gender identity most frequently at an educational institution

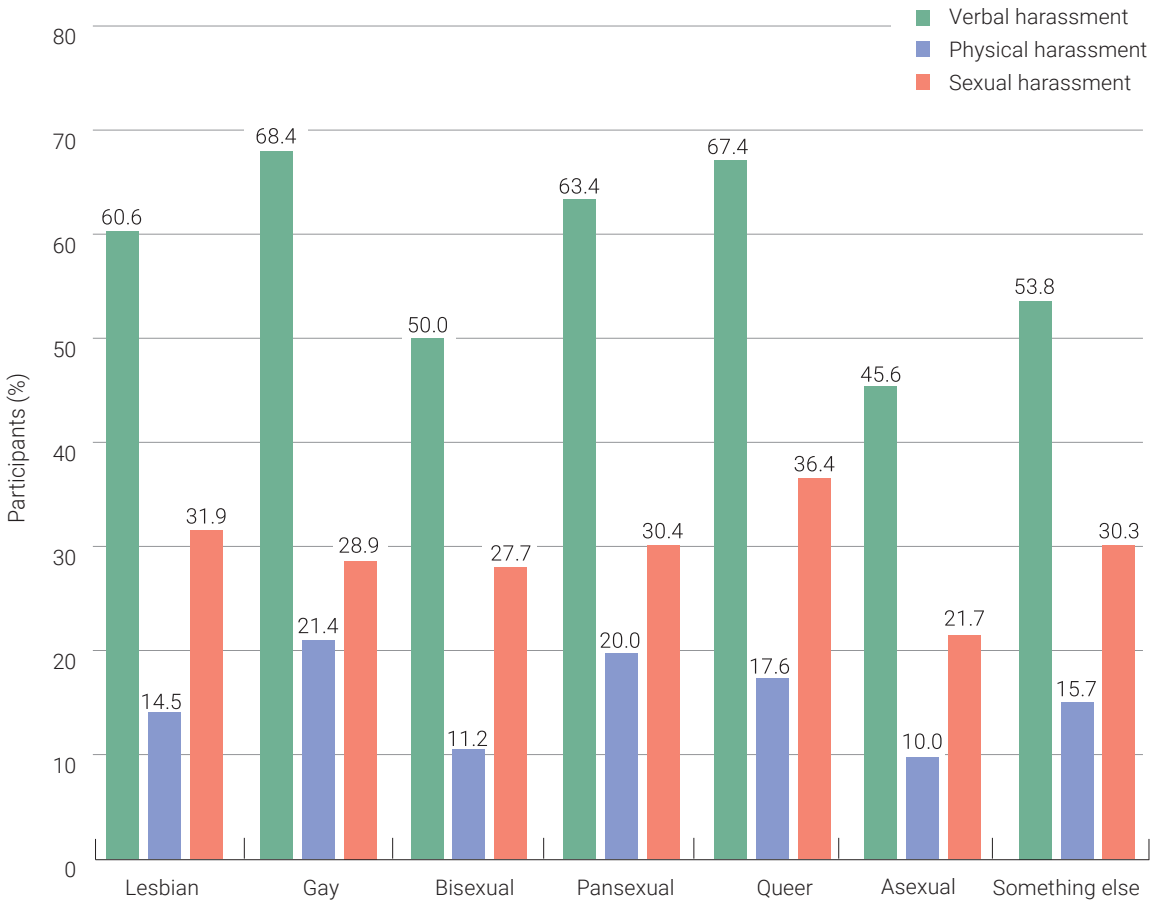
More than half (55.2%; n = 37) of trans women reported having ever experienced sexual harassment or assault based on their sexuality or gender identity. This was almost two times that of cisgender women (27.0%; n = 739) and cisgender men (26.9%; n = 322).

In total, among participants who indicated a sexuality, 6,169 participants responded to questions regarding experiences of verbal harassment, 5,451 participants responded to questions regarding experiences of physical harassment or assault, and 5,578 participants responded to questions regarding experiences of sexual harassment or assault ever in their lifetime. Figure 23 displays their responses.

Bisexual and asexual participants reported lower levels than other sexualities of ever in their lifetime experiencing verbal, physical, and sexual harassment or assault based on their sexuality or gender identity. This may be related to their lower levels of disclosure regarding their sexuality or gender identity (see Chapter 4).

Gay, pansexual and queer participants reported the highest levels of ever in their lifetime experiencing verbal and physical violence harassment or assault based on their sexuality or gender identity. Queer and lesbian participants reported the highest levels of ever in their lifetime experiencing sexual harassment or assault based on their sexuality or gender identity.

Figure 23 Ever experienced verbal, physical, and sexual harassment or assault based on sexuality or gender identity, by sexuality



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

Participants who reported having in the past 12 months experienced verbal, physical, or sexual harassment or assault based on their sexuality or gender identity 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 institution (e.g. school, university, TAFE)
- Home
- Public (e.g. transport, street)
- Sport
- Work
- Somewhere else
- None

Note that the analysis of responses was contingent upon their answers to prior questions about their background. For example, educational institution was analysed among participants who reported being at an educational institution 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.

- Verbal harassment was analysed among 5,889 participants at an educational institution in the past 12 months, 3,925 participants participating in sport in the past 12 months, and 3,726 participants working in the past 12 months.
- Physical harassment or assault was analysed among 5,205 participants at an educational institution in the past 12 months, 3,455 participants participating in sport in the past 12 months, and 3,287 participants working in the past 12 months.
- Sexual harassment or assault was analysed among 5,322 participants at an educational institution in the past 12 months, 3,543 participants participating in sport in the past 12 months, and 3,375 participants working in the past 12 months.

Table 35 displays their responses (participants may have had experienced harassment or assault at more one than one setting and percentages do not add up to 'one or more of the above').

Participants reported experiencing verbal and physical harassment or assault based on their sexuality or gender identity most frequently at an educational institution.

One-fifth (21.2%; n = 1,250) of participants reported experiencing verbal harassment, based on their sexuality or gender identity, at an educational institution, followed by 18.3% (n = 1,125) in public, 10.3% (n = 637) at home, 4.9% (n = 183) at work, 1.8% (n = 71) at sport, and 8.3% (n = 511) somewhere else.

Approximately one-twentieth (4.7%; n = 245) reported experiencing physical harassment or assault, based on their sexuality or gender identity, at an educational institution, followed by 3.4% (n = 185) in public, 2.3% (n = 127) at home, 0.5% (n = 17) at work, 0.5% (n = 15) at sport, and 1.6% (n = 87) somewhere else.

Almost one-tenth (8.5%; n = 473) reported experiencing sexual harassment or assault, based on their sexuality or gender identity, in public, followed by 6.7% (n = 358) at an educational institution, 3.5% (n = 117) at work, 2.0% (n = 109) at home, 0.4% (n = 13) at sport, and 10.2% (n = 567) somewhere else.

Table 35 Experiences of verbal, physical, and sexual harassment or assault based on sexuality or gender identity, in the past 12 months, by setting

	Verbal (n = 6,178)		Physical (n = 5,461)		Sexual (n = 5,588)	
Setting	**n**	**%**	**n**	**%**	**n**	**%**
Educational institution	1,250	21.2	245	4.7	358	6.7
Home	637	10.3	127	2.3	109	2.0
Public	1,125	18.3	185	3.4	473	8.5
Sport	71	1.8	17	0.5	13	0.4
Work	183	4.9	15	0.5	117	3.5
Somewhere else	511	8.3	87	1.6	567	10.2
One or more of the above	2,524	40.8	529	9.7	1,273	22.8

8.3 Experiences of harassment or assault based on sexuality or gender identity, in the past 12 months, at an educational setting

A much higher proportion of participants at secondary school reported experiencing harassment or assault based on their sexuality or gender identity, occurring at their educational setting, compared to those at TAFE or university, as displayed in Figure 24.

In the past 12 months, over one-quarter (28.1%; n = 1,037) of participants at secondary school experienced verbal harassment based on their sexuality or gender identity at their educational institution. This was approximately **three times** the 9.5% (n = 35) of participants at TAFE and **four times** the 7.2% (n = 107) or participants at university.

Similarly, in the past 12 months, 6.7% (n = 216) of participants at secondary school experienced physical harassment or assault based on their sexuality or gender identity at their educational institution. This was **more than five times** the 1.3% (n = 4) of participants at TAFE and **almost 10 times** the 0.7% (n = 9) participants at university.

Overall, in the past 12 months, 8.6% (n = 283) of participants at secondary school experienced sexual harassment or assault based on their sexuality or gender identity at their educational institution. This was higher than the 5.2% (n = 39) of participants at TAFE and **more than twice** the 2.8% (n = 39) of participants at university.

Figure 25 (shown on next page) displays the number of participants who experienced verbal, physical, and sexual harassment or assault based on their sexuality or gender identity, in the past 12 months at an educational institution, by gender.

Trans women, trans men, non-binary participants and cisgender men reported higher rates than cisgender women of experiencing verbal, physical, and sexual harassment or assault based on their sexuality or gender identity, in the past 12 months at their educational institutions. Approximately one-third (34.3%; n = 25) of trans women and three-tenths of trans men (29.2%; n = 116) reported experiencing verbal harassment based on their sexuality or gender identity, in the past 12 months at their educational institution, followed by one-quarter (24.5%; n = 287) of non-binary participants and cisgender men (24.9%; n = 336), and 15.0% (n = 454) of cisgender women.

Cisgender women (2.7%; n = 71) reported lower levels than other gender identities of ever in their lifetime experiencing physical harassment or assault based on their sexuality or gender identity, at an educational institution.

In total, 14.9% (n = 10) of trans women reported having ever experienced sexual harassment or assault based on their sexuality or gender identity, at an educational institution. This was almost two times that of other genders.

Figure 24 Experienced verbal, physical, and sexual harassment or assault based on sexuality or gender identity, in the past 12 months at an educational institution, by educational setting

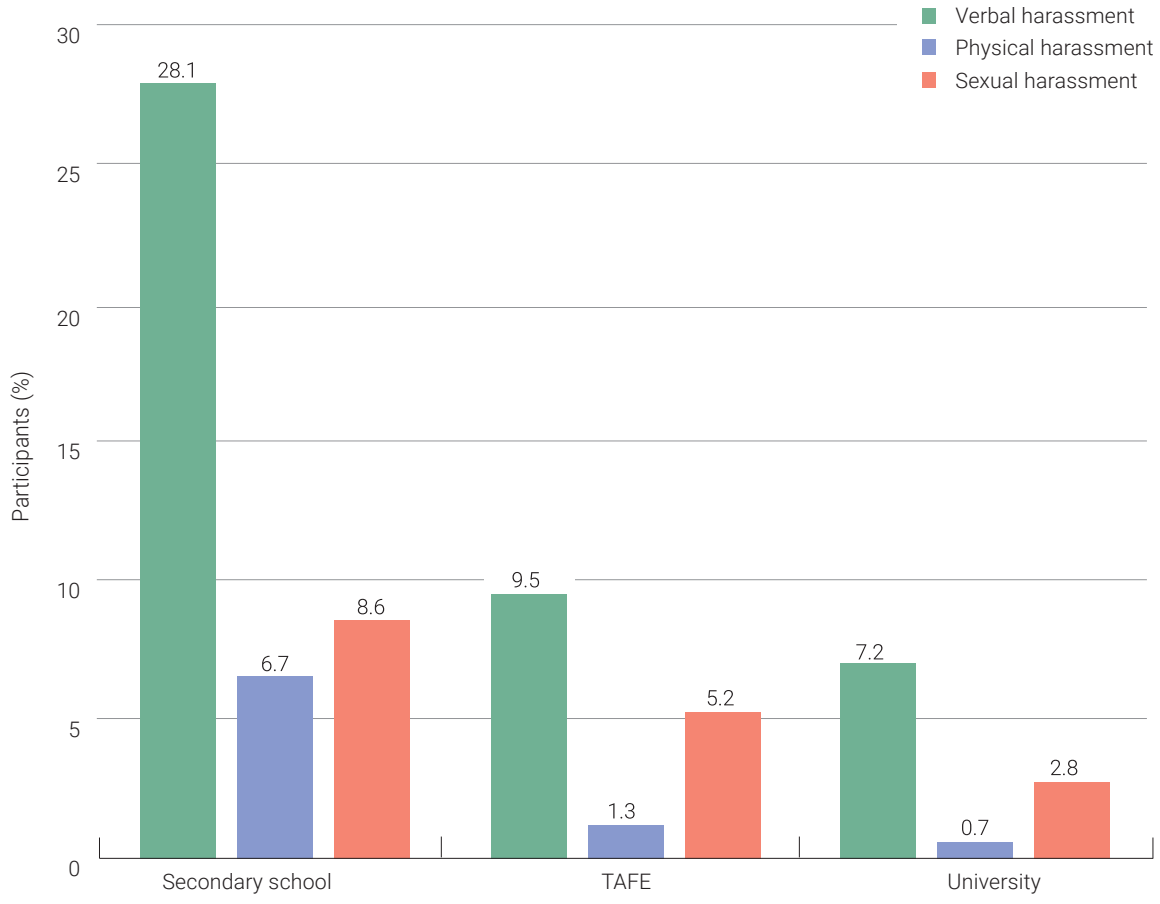


Figure 25 **Experienced verbal, physical, and sexual harassment or assault based on sexuality or gender identity, in the past 12 months at an educational institution, by gender**

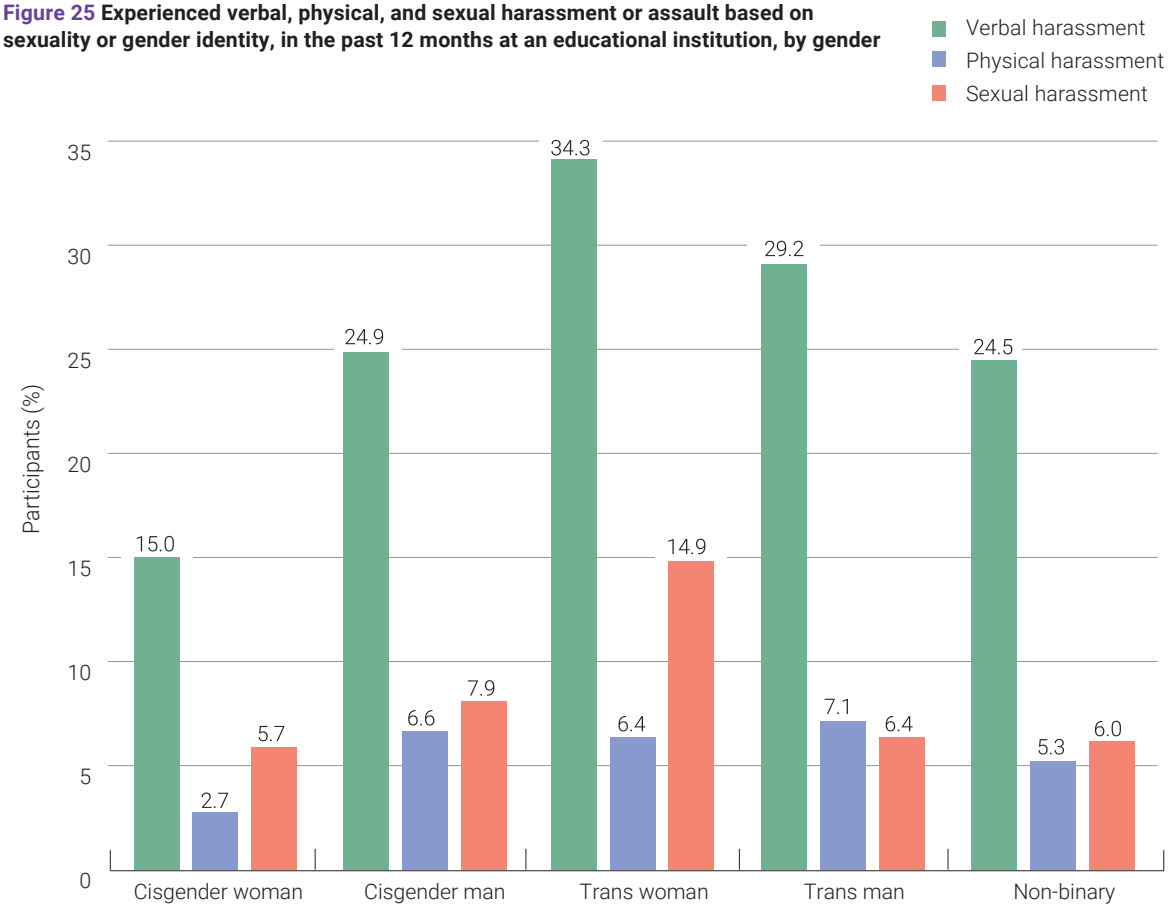


Figure 26 **Experienced verbal, physical, and sexual harassment or assault based on sexuality or gender identity, in the past 12 months at an educational institution, by sexuality**

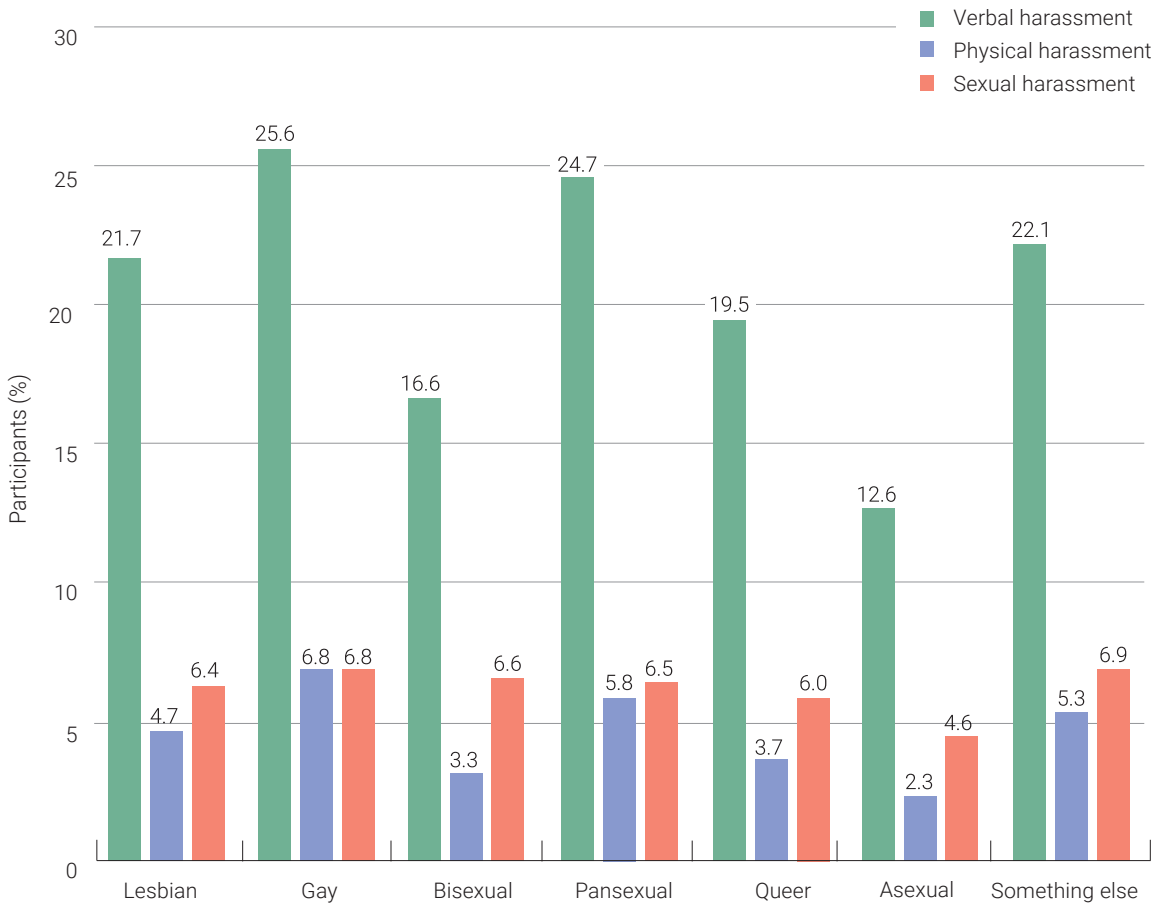


Figure 26 displays the number of participants who experienced verbal, physical, and sexual harassment or assault based on their sexuality or gender identity, in the past 12 months at an educational institution, by sexuality.

Compared to participants of other sexualities, bisexual and asexual participants reported lower levels of experiencing verbal, physical, and sexual harassment or assault based on their sexuality or gender identity, in the past 12 months at their educational institutions. This may be related to their lower levels of disclosure regarding their sexuality or gender identity (see Chapter 4).

Gay and pansexual participants reported the highest levels of verbal and physical harassment or assault based on their sexuality or gender identity, in the past 12 months at their educational institutions. Gay, pansexual and lesbian participants reported the highest levels of sexual harassment or assault based on their sexuality or gender identity, in the past 12 months at their educational institutions.

28.1%

of participants at secondary school experienced verbal harassment based on their sexuality or gender identity in the last 12 months at their educational setting.

8.4 Harassment or assault perpetrators

After being asked where it occurred, those participants who experienced one or more forms of harassment or assault were asked who was the perpetrator of this act or these acts. The response options presented were tailored to each context.

8.4.1 Perpetrators of harassment or assault in educational settings

Participants who reported having experienced harassment or assault based on their sexuality or gender identity, in the past 12 months at an educational institution (n = 1,398) were asked who was the perpetrator/s. Table 36 displays the results. Multiple responses were permitted.

Table 36 Perpetrators of harassment or assault based on their sexuality or gender identity, in educational settings in the past 12 months

Perpetrator (n = 1,398)	n	%
Student/s from my year	1,158	82.8
Student/s from another year	636	45.5
Teacher/s	107	7.7
Principal or executive team	26	1.9
School nurse or counsellor	15	1.1
Other school staff	11	0.8
Someone else	92	6.6
Prefer not to say	66	4.7

Among participants who reported having experienced harassment or assault based on their sexuality or gender identity, at an educational institution in the past 12 months, four-fifths (82.8%; n = 1,158) reported the perpetrator as a student/s from their year, more than two-fifths (45.5%; n = 636) a student/s from another year, and 7.7% (n = 107) a teacher.

8.4.2 Perpetrators of harassment or assault at work

Those who had experienced harassment or assault based on their sexuality or gender identity, at work in the past 12 months (n = 269) were asked to indicate the perpetrator/s. Results are shown in Table 37. Multiple responses were permitted.

Table 37 Perpetrators of harassment or assault based on their sexuality or gender identity, at work in the past 12 months

Perpetrator (n = 269)	n	%
Customer/visitor	132	49.1
Co-worker	120	44.6
Manager	59	21.9
Other staff member	26	9.7
Someone else	14	5.2
Prefer not to say	12	4.5

Among participants who reported experiencing harassment or assault based on their sexuality or gender identity, at work in the past 12 months, almost half (49.1%; n = 132) reported the perpetrator as a customer or visitor, over two-fifths (44.6%; n = 120) a co-worker, one-fifth (21.9%; n = 59) a manager, and one-tenth (9.7%; n = 26) another staff member.

8.4.3 Perpetrators of harassment or assault in the home

Those who had experienced harassment or assault based on their sexuality or gender identity, in the home in the past 12 months (n = 712) were asked to indicate the perpetrator/s. Results are shown in Table 38. Multiple responses were permitted.

Table 38 Perpetrators of harassment or assault based on their sexuality or gender identity, in the home in the past 12 months

Perpetrator (n = 712)	n	%
Parent/carer	412	57.9
Sibling	230	32.3
Grandparent/s	78	11.0
Older relative (uncle, aunt)	72	10.1
Partner of parent/carer	52	7.3
Friends of carers/parents	40	5.6
Someone else	92	12.9
Prefer not to say	72	10.1

Among participants who reported experiencing harassment or assault based on their sexuality or gender identity, at home in the past 12 months, almost three-fifths (57.9%; n = 412) reported the perpetrator as a parent or carer, one-third (32.3%; n = 230) a sibling, and one-tenth a grandparent or grandparents (11.0%; n = 78) or older relative (10.1%; n = 72).

8.4.4 Perpetrators of harassment or assault in sporting contexts

Those who had experienced harassment or assault based on their sexuality or gender identity, in sporting contexts in the past 12 months (n = 95) were asked to indicate the perpetrator/s. Results are shown in Table 39. Multiple responses were permitted.

Table 39 Perpetrators of harassment or assault based on their sexuality or gender identity, in sporting contexts in the past 12 months

Perpetrator (n = 95)	n	%
Player from my team	61	64.2
Player from another team	49	51.6
Spectator/s	20	21.1
Coach/es	16	16.8
Parent/carer	7	7.4
Teacher/s	6	6.3
School nurse or counsellor/s	3	3.2
Other school staff	3	3.2
Someone else	9	9.5
Prefer not to say	6	6.3

Among participants who reported experiencing harassment or assault based on their sexuality or gender identity, at sport in the past 12 months, almost two-thirds (64.2%; n = 61) reported the perpetrator was a player/s from their team, one-half (51.6%; n = 49) student/s from another year/player from another team, one-fifth spectator/s (21.1%; n = 20), and 16.8% (n = 16) coach/es.

8.5 Experiences of accessing support regarding harassment or assault

Participants reporting any verbal, physical or sexual harassment or assault based on their sexuality or gender identity, in the past 12 months, were asked if they received any help or support dealing with this in the past 12 months (multiple responses were permitted).

Table 40 Received any help or support in dealing with harassment or assault based on sexuality or gender identity, in the past 12 months

Help or support provider (n = 2,922)	n	%
LGBTIQA+ friends I have met in real life	1,081	37.0
Non-LGBTIQA+ friends	879	30.1
LGBTIQA+ friends I have never met in real life	545	18.7
Parent/s or carer/s	348	11.9
Teacher/s	248	8.5
GP or medical service	205	7.0
Other family member/s	176	6.0
Manager or co-worker	62	2.1
Police	59	2.0
Someone else	143	4.9
No, I didn't receive help from anyone	1,153	39.5

In total, two-fifths (39.5%; n = 1,153) of participants who reported verbal, physical or sexual harassment or assault based on their sexuality or gender identity, in the past 12 months, did not receive any help or support in dealing with these experiences.

Where help or support was received, participants reported that friends were their main source. Specifically, over one-third (37.0%; n = 1,081) received help or support from LGBTIQA+ friends they met in real life, three-tenths (30.1%; n = 879) from non-LGBTIQA+ friends, and almost one-fifth (18.7%; n = 545) from LGBTIQA+ friends they connect with online but have never met in real life.

Fewer participants reported receiving support or help from a parent/parents or a carer/carers, or from authority figures. Specifically, one-tenth (11.9%; n = 348) received help or support from a parent/parents or a carer/carers, 8.5% (n = 248) from teachers, and 7.0% (n = 205) from a GP or medical service.

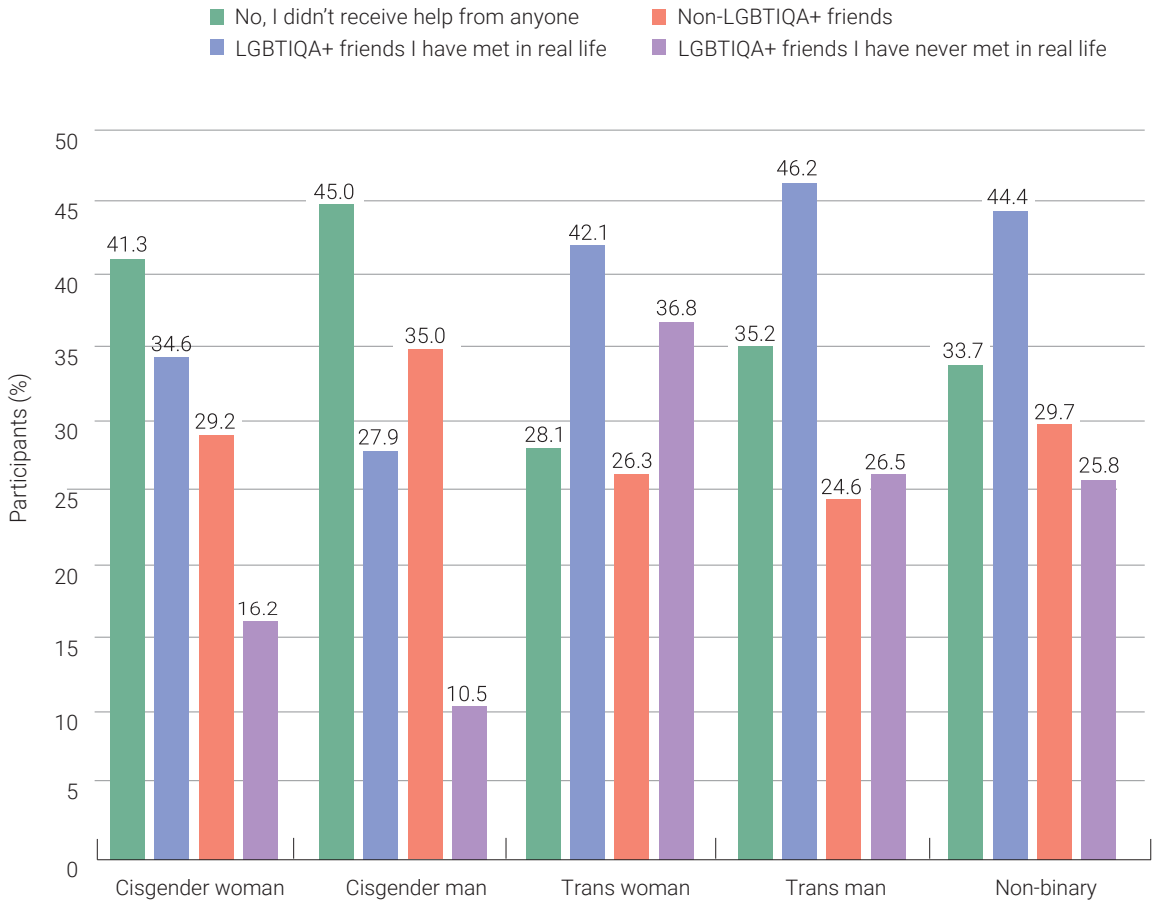
Figure 27 displays the responses of 2,836 participants who indicated if they received any help or support dealing with this in the past 12 months, by gender.

In total, more than two-fifths (45.0%; n = 305) of cisgender men who reported verbal, physical or sexual harassment or assault based on their sexuality or gender identity, in the past 12 months, did not receive any help or support with these experiences. This compares to 41.3% (n = 477) of cisgender women, 35.2% (n = 93) of trans men, 33.7% (n = 230) of non-binary participants, and 28.1% (n = 16) of trans women.

Trans and gender diverse participants reported receiving more support from LGBTIQA+ friends they have met in real life, while cisgender women and cisgender men reported receiving more support from non-LGBTIQA+ friends, compared to other groups.

Twice the proportion of trans men (11.4%; n = 30), trans women (10.5%; n = 6) and non-binary participants (8.8%; n = 60) received help or support from a GP or medical service, compared to the proportion of cisgender men (4.4%; n = 30). This may reflect the higher frequency with which trans and gender diverse participants visit GPs and medical services, as well as the higher proportion of trans and gender diverse participants using LGBTIQA+-specific health services.

Figure 27 Received help or support in dealing with harassment or assault based on sexuality or gender identity, in the past 12 months, by gender



8.6 Summary

A large proportion (40.8%) of participants reported experiencing verbal harassment based on their sexuality or gender identity, in the past 12 months; while almost one-quarter experienced sexual harassment or assault and almost one-tenth physical harassment or assault based on their sexuality or gender identity, in the past 12 months. While the last iteration of *Writing Themselves In* did not ask about such experiences in the past 12 months, the proportion reporting having ever had such experiences is similar to that observed in 2010. The number of participants experiencing verbal, physical and/or sexual harassment or assault was highest among trans and gender diverse participants.

In terms of the settings in which harassment based on sexuality or gender identity occurred, over a quarter experienced verbal harassment at secondary school, and a markedly lower proportion of participants at TAFE or university. Similarly, the number of participants who experienced physical harassment or assault based on their sexuality or gender identity was highest among those at secondary school, compared to those at TAFE or university. Overall, in the past 12 months at their educational institution, 8.6% of participants at secondary school experienced sexual harassment or assault based on their sexuality or gender identity, higher than was the case for those at TAFE or university. The perpetrators of such harassment or assault in educational settings were most commonly other students from their year or another year, while a small proportion of participants reported it was a teacher.

Around one in ten participants reported experiencing verbal harassment in the home, with smaller proportions having experienced physical or sexual harassment or assault based on their sexuality or gender identity, in the past 12 months. Among those who reported any of these experiences in the home, the most commonly identified perpetrator was a parent or carer, followed by siblings and grandparents. Nearly one in five participants reported experiencing verbal harassment in public, while close to one in ten had experienced sexual harassment or assault in this context within the past 12 months. A relatively small proportion of participants had experienced any form of harassment or assault, based on their sexuality or gender identity, in sport, although it should be noted that a large number of those engaging in sport previously stated they had not disclosed their sexuality or gender identity within sporting contexts.

In total, two-fifths (39.5%) of participants who reported any verbal, physical or sexual harassment or assault based on their sexuality or gender identity, in the past 12 months, did not receive any help or support in dealing with it from anyone in the past 12 months.

9 Mental health and wellbeing

There is a substantial body of research observing significant differences between the health of mental health and wellbeing of LGBT communities and the general population (36–40). Poorer mental health and wellbeing among LGBTIQ+ people has been attributed to stigma, prejudice and discrimination which create a hostile and stressful social environment (41,42). These findings have also been observed in studies regarding young people. A study of young LGBT people found that perceived discrimination was associated with increased depressive symptoms, and accounted for an elevated risk of self-harm and suicidal ideation (43). 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 (3,32,44). Furthermore, research suggests that there are distinct differences in types and severity of mental health conditions and suicidality between populations within the LGBT community (45,46). For instance, trans and gender diverse adults and young people consistently report higher levels of psychological distress than cisgender men and women (32,39), and bisexual people tend towards poorer mental health outcomes than single-gender-attracted people (36,47–49), possibly due to bisexual invisibility, biphobia and historical monosexism in society (50–52). Beyond mental health specifically, recent and robust evidence arising from the Victorian Population Health Survey has shown considerable differences in a range of health outcomes between LGBTIQ population and those who are cisgender, heterosexual and without a variation in sex characteristics (53).

While we recognise that many LGBTIQA+ young people live well and are confident and happy, there are also many who struggle with mental health at some point in their life and may have limited access to support. As such, it is important that a survey such as this collects information about the mental health and wellbeing of LGBTIQA+ young people to inform service delivery and specialist programs.

9.1 Self-rated health

Writing Themselves In 4 used the self-rated health (SRH) scale (54), a validated instrument asking participants, 'In general, would you say your health is' with the response items 'excellent', 'very good', 'good', 'fair', or 'poor'. Although there are no direct comparisons that can be drawn from the national population for the age range used in this study, Figure 28 compares *Writing Themselves In 4* participants aged 15 to 21 years (n = 5,856) to participants aged 15 to 24 years in the general population 2017-2018 Australian National Health Survey (55).

Writing Themselves In 4 participants reported lower self-rated health than has been observed among samples of young people in the Australian general population. Over one-third (35.6%; n = 2,087) of *Writing Themselves In 4* participants aged 15 to 21 rated their health as poor/fair, more than t**hree times** the 9.1% among the general population aged 15 to 24 years. Similarly, less than one-third (27.7%; n = 1,623) of *Writing Themselves In 4* participants aged 15 to 21 rated their health as very good or excellent, **less than half** the 63.4% of the general population aged 15 to 24 years.

In total, among all participants in *Writing Themselves In 4* who indicated a gender identity, 6,251 participants responded to the self-rated health (SRH) scale. Figure 29 (displayed on next page) displays their responses.

Cisgender men were the only gender group who were more likely to report their health was very good/excellent than poor/fair. More than half of trans women (53.3%; n = 40) and trans men (53.9%; n = 219) rated their health as poor/fair, followed by 45.0% (n = 547) of non-binary participants and one-third (35.1%; n = 1,108) of cisgender women. In comparison, one-fifth (20.9%; n = 292) of cisgender men reported their health to be poor/fair.

Two-fifths (40.8%; n = 569) of cisgender men rated their health as very good or excellent, compared to less than one-third of cisgender women (28.2%; n = 892), and less than one-fifth of non-binary participants (17.9%; n = 218), trans women (16.0%; n = 12) and trans men (13.5%; n = 55).

In total, among all participants in *Writing Themselves In 4* who indicated a sexuality, 6,404 participants responded to the self-rated health (SRH) scale. Figure 30 displays their responses (displayed on next page).

Figure 28 Self-rated health of *Writing Themselves In 4* participants aged 15-21 years compared to general population aged 15-24 years, National Health Survey (2017-2018)

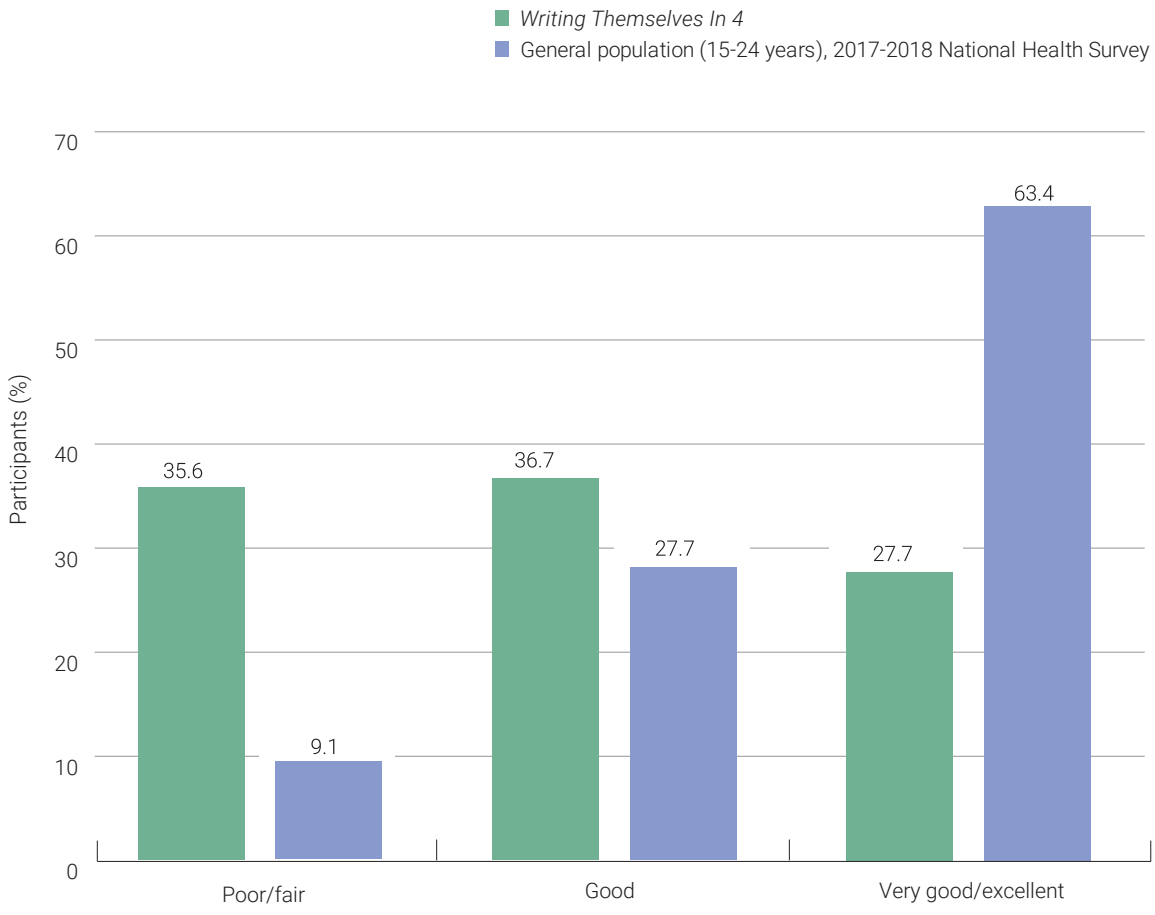


Figure 29 **Self-rated health of *Writing Themselves In 4* participants, by gender**

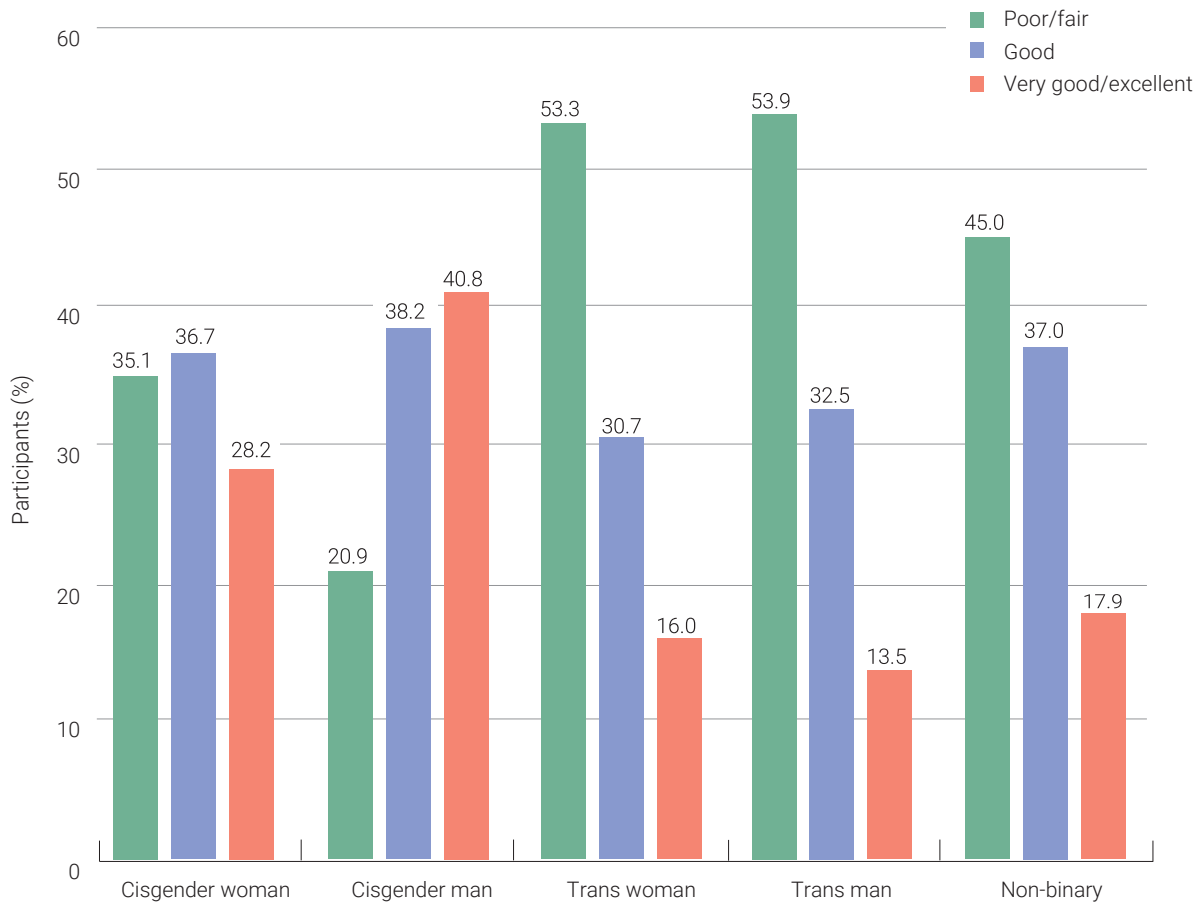
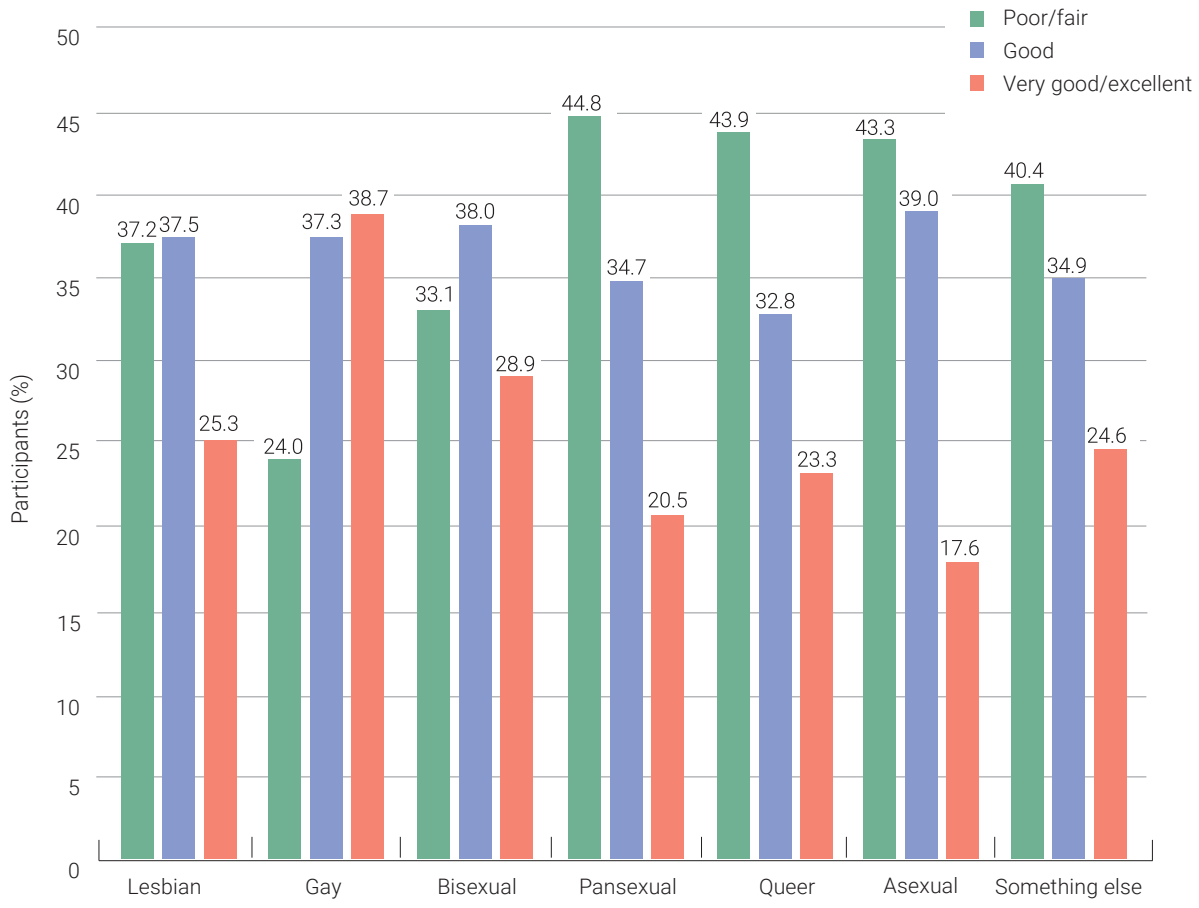


Figure 30 **Self-rated health of *Writing Themselves In 4* participants, by sexuality**



A greater proportion of trans and gender diverse participants reported very high levels of psychological distress than cisgender men or cisgender women.

Gay participants were least likely to rate their health as poor/fair and most likely to rate it as very good/excellent. More than two-fifths of pansexual (44.8%; n = 321), queer (43.9%; n = 237) and asexual (43.4%; n = 128) participants rated their health as poor or fair, compared to 37.2% (n = 287) of lesbian participants and one-quarter (24.0%; n = 255) of gay participants.

Almost two-fifths (38.7%; n = 411) of gay participants rated their health as very good or excellent, compared to less than three-tenths of bisexual participants (28.9%; n = 626), approximately one-quarter of lesbian (25.3%; n = 195) and queer (23.3%; n = 126) participants, one-fifth of pansexual participants (20.5%; n = 147) and less than one-fifth of asexual participants (17.6%; n = 52).

9.2 Psychological Distress (K10)

The Kessler Psychological Distress Scale (K10) is a 10-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. *Writing Themselves In 4* follows the ABS K10 scoring and categorisation (56).

The mean K10 score was 30.0 (SD = 8.9) for the *Writing Themselves In 4* survey sample. Table 41 below shows that over four-fifths (81.0%; n = 5,172) of participants reported high or very high levels of psychological distress.

Table 41 Proportion of participants experiencing psychological distress

K10 score (n = 6,385)	**n**	**%**
Low (10-15)	363	5.7
Moderate (16-21)	850	13.3
High (22-29)	1,849	29.0
Very high (30-50)	3,323	52.0

Overall, 81.0% (n = 5,172) of participants reported high or very levels of psychological distress. A greater proportion (83.1%; n = 3,184) of those at secondary school than those at university (73.2%; n = 1,126) reported high or very high levels of psychological distress.

Similarly, a greater proportion (83.9%; n = 3,143) of participants aged 14 to 17 reported high or very high levels of psychological distress than participants aged 18 to 21 (76.9%; n = 2,029).

9.2.1 Experience of psychological distress, by gender

Figure 31 shows the proportion of participants who experienced low, moderate, high, or very high levels of psychological distress, broken down by gender (n = 6,222).

A greater proportion of trans and gender diverse participants reported very high levels of psychological distress than cisgender men or cisgender women. Nine-tenths (90.4%; n = 1,097) of non-binary participants and trans men (89.9%; n = 364) reported experiencing high or very high levels of psychological distress, followed by 88.0% (n = 66) of trans women, 82.0% (n = 2,578) of cisgender women, and 66.9% (n = 926) of cisgender men.

Figure 31 **Proportion of participants experiencing psychological distress, by gender**

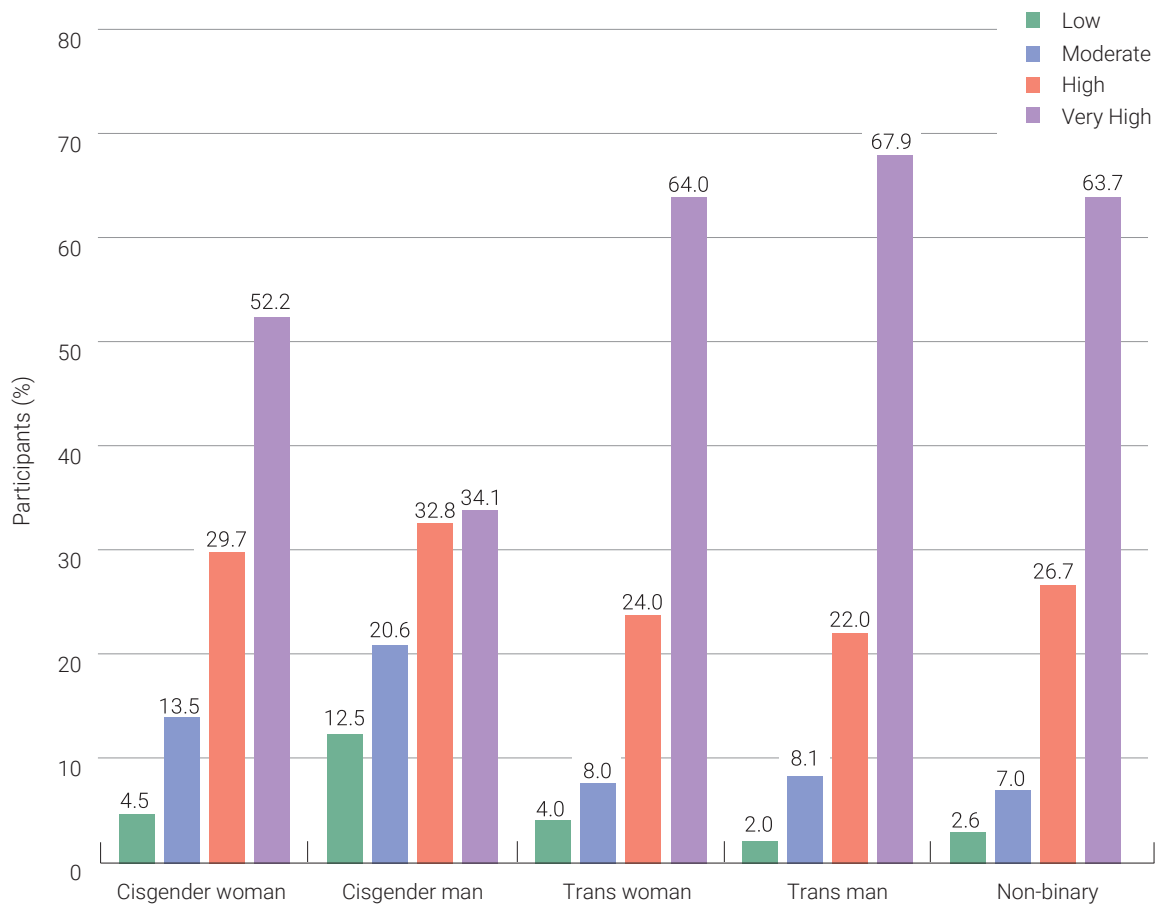
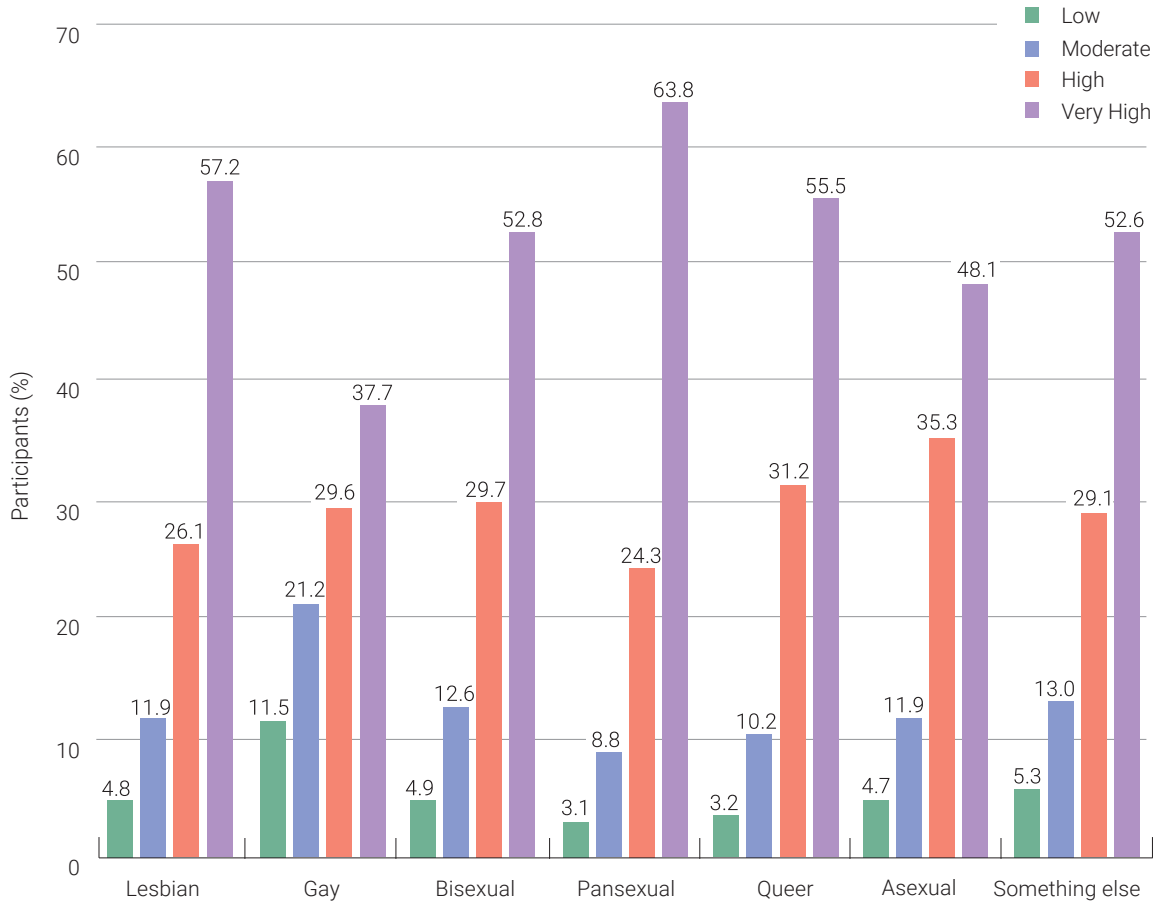


Figure 32 **Proportion of participants experiencing psychological distress, by sexuality**



9.2.2 Experience of psychological distress, by sexuality

Figure 32 shows the proportion of participants who experienced low, moderate, high, or very high levels of psychological distress, broken down by sexuality (n = 6,375).

A greater proportion of pansexual participants reported very high levels of psychological distress than other sexual identities. Almost nine-tenths (88.1%; n = 630) of pansexual participants reported experiencing high or very high levels of psychological distress, followed by 86.6% (n = 467) of queer, 83.4% (n = 246) of asexual and 83.3% (n = 638) of lesbian participants, and 67.3% (n = 709) of gay participants.

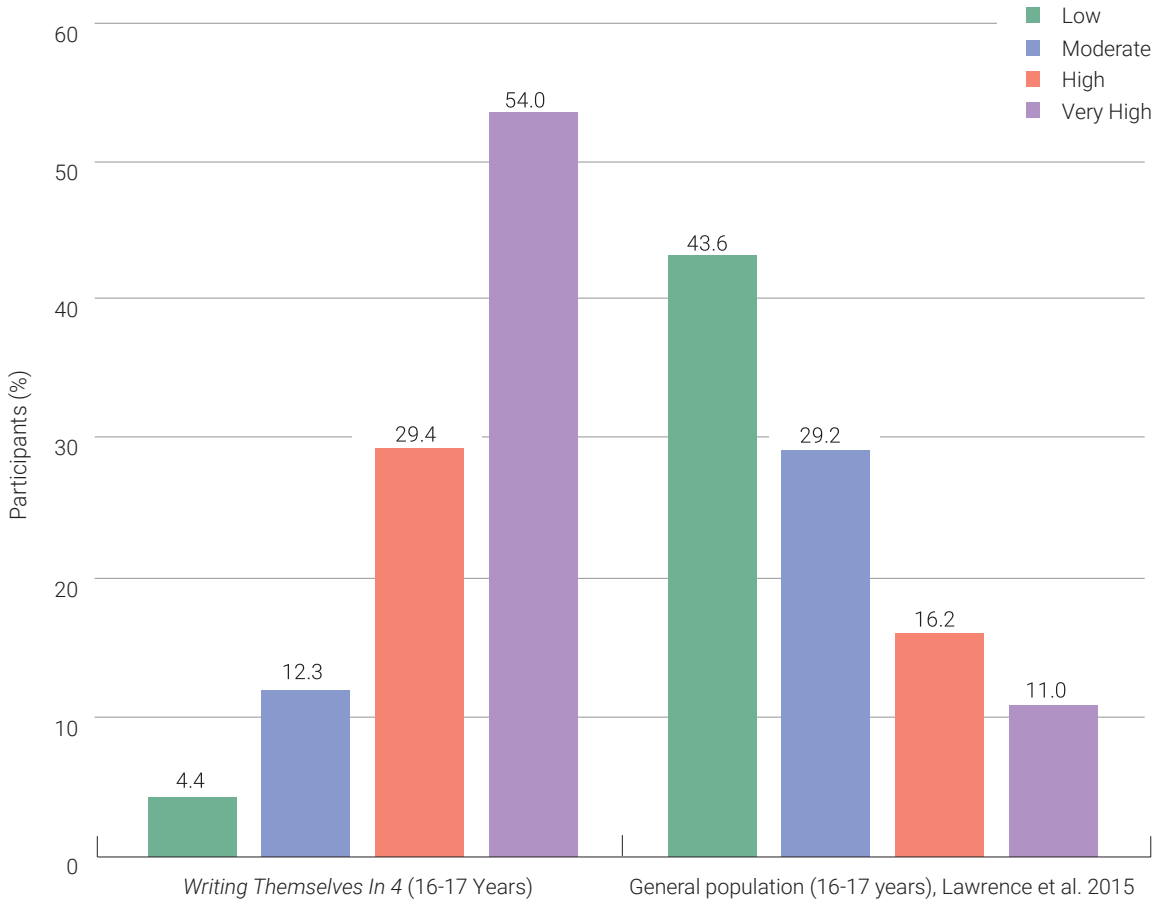
9.2.3 Psychological distress – general population comparisons among 16- to 17-year-olds

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

Compared to this sample, high or very high levels of psychological distress among 16- to 17-year-old participants in *Writing Themselves In 4* (83.3%; n = 1,984) were **more than three times** that of the 27.3% reported among the general population aged 16 to 17 years. Figure 34 below displays a breakdown of results across the spectrum of K10 scores from *Writing Themselves In 4* (n = 2,310) in comparison to responses from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing (5).

Figure 33 shows the proportion of participants aged 16 to 17 years who experienced low, moderate, high or very high levels of psychological distress (n = 6,375).

Figure 33 K10 scores of *Writing Themselves In 4* participants aged 16-17 years compared to among the general population aged 16-17 years



9.3 Mental health diagnoses

Previous research has observed that gay, lesbian and bisexual young people were at higher risk of major depression and generalised anxiety disorder than the general population (44). Research has also shown that trans and gender diverse young people experienced a high prevalence of mental health conditions such as anxiety and depression compared with their cisgender counterparts (57).

Participants were asked if they had ever been diagnosed with one or more mental health conditions at some point in their lives. Those 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 in the past 12 months. Table 42 displays these results.

Table 42 Proportion of participants diagnosed with one or more mental illness in their lifetime and who received treatment or support for this in the past 12 months

	Ever received diagnosis		Received treatment or support in past 12 months	
Condition (n = 6,071)	**n**	**%**	**n**	**%**
Generalised anxiety disorder	3,004	49.5	2,010	33.1
Depression	2,934	48.3	1,993	32.8
Eating disorder	753	12.4	251	4.1
Post-traumatic stress disorder	651	10.7	362	6.0
Social phobia	566	9.3	271	4.5
Panic disorder	487	8.0	281	4.6
Obsessive-compulsive disorder	447	7.4	198	3.3
Bipolar disorder	190	3.1	101	1.7
Agoraphobia	84	1.4	30	0.5
Schizophrenia	54	0.9	16	0.3
Other mental health challenge	634	10.4	387	6.4
Any of the above	3,870	63.8	2,704	44.5

Almost two-thirds (63.8%; n = 3,870) of participants reported having ever been diagnosed with a mental health condition, and over two-fifths (44.5%; n = 2,704) reported receiving treatment or support for a mental health condition in the past 12 months. Almost half (49.5%; n = 3,004) of participants reported ever being diagnosed with generalised anxiety disorder or depression (48.3%; n = 2,934).

Almost seven-tenths (69.9%; n = 2,704) of participants who reported being diagnosed with a mental illness in their lifetime had received professional treatment or support in the past 12 months.

9.3.1 Mental health diagnoses, by gender

The proportion of participants who received treatment or support for depression or generalised anxiety disorder in the past 12 months is analysed by gender (n = 5,913) in Figure 34 (displayed on next page).

The number of participants experiencing depression and generalised anxiety disorder was high across all gender categories, and very high among certain groups.

Half (50.5%; n = 203) of trans men reported receiving treatment or support for depression in the past 12 months, followed by 47.9% (n = 34) of trans women, 40.1% (n = 476) of non-binary participants, 31.2% (n = 940) of cisgender women, and 21.9% (n = 271) of cisgender men.

More than two-fifths of trans men (44.5%; n = 179) and non-binary participants (40.1%; n = 476) reported receiving treatment or support for generalised anxiety disorder in the past 12 months. This compares to one-third of cisgender women (33.5%; n = 1,009) and trans women (31.0%; n = 22) and one-fifth of cisgender men (n = 20.7%; n = 257).

9.3.2 Mental health diagnoses, by sexuality

The proportion of participants who received treatment or support for depression or generalised anxiety disorder in the past 12 months is analysed by sexuality (n = 6,062) in Figure 35 (displayed on next page).

The numbers of those experiencing depression and generalised anxiety disorder was high among all participants, and very high among certain groups.

More than two-fifths of pansexual (41.2%; n = 285) participants reported receiving treatment or support for depression in the past 12 months. This compares to 39.1% (n = 206) of queer, 35.9% (n = 267) of lesbian, 32.3% (n = 93) of asexual, and 23.8% (n = 230) of gay participants.

A greater proportion of queer (43.1%; n = 227), lesbian (38.2%; n = 284) and pansexual (37.1%; n = 257) participants reported receiving treatment or support for generalised anxiety disorder in the past 12 months, compared to bisexual (31.7%; n = 644), asexual (31.6%; n = 91) or gay (23.4%; n = 226) participants.

Figure 34 **Proportion of participants who received treatment or support for depression or generalised anxiety disorder in the past 12 months, by gender**

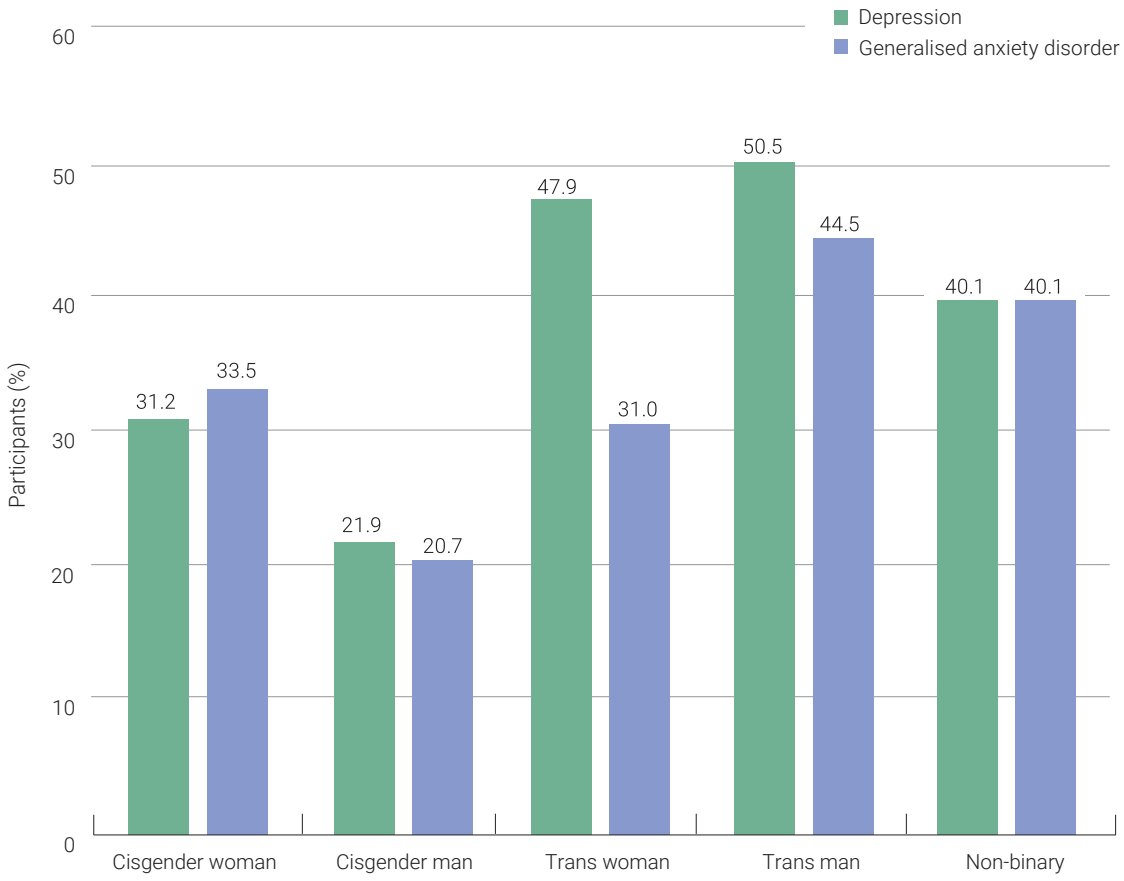
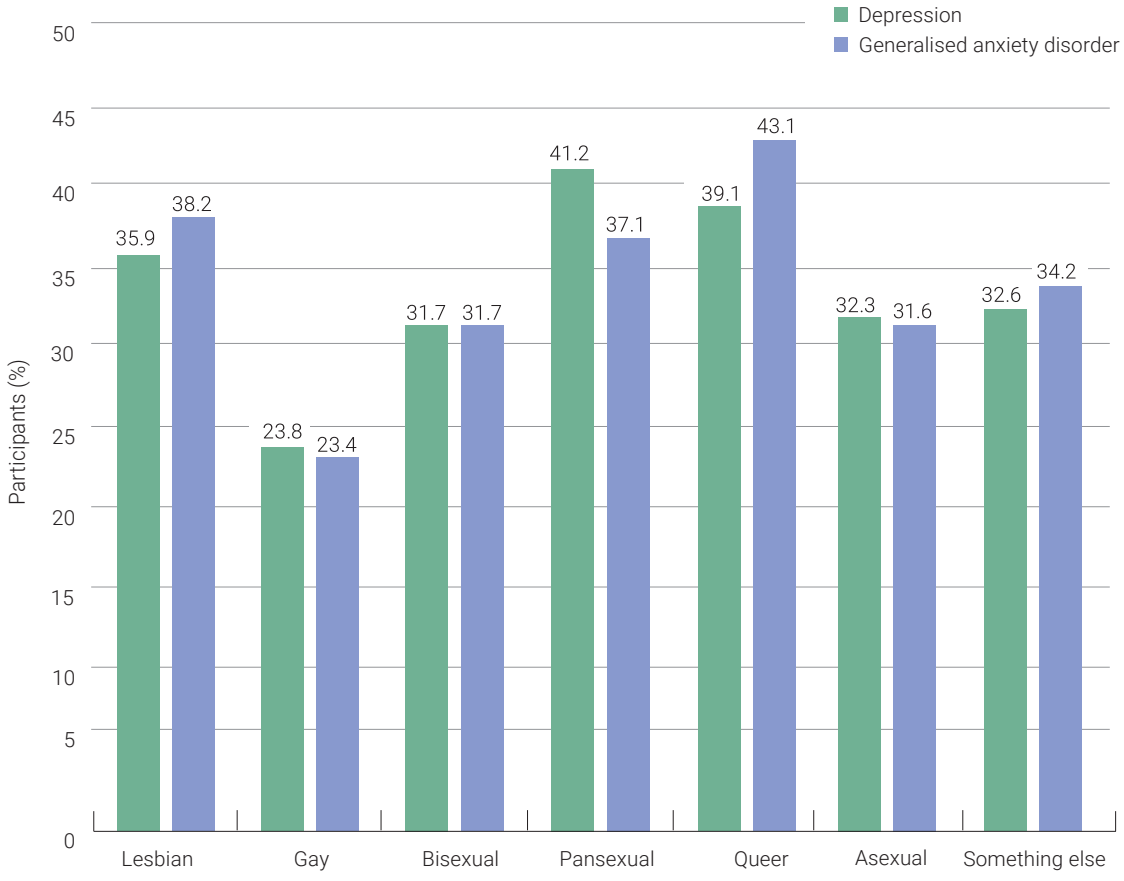


Figure 35 **Proportion of participants who received treatment or support for depression or generalised anxiety disorder in the past 12 months, by sexuality**



9.4 Suicidal ideation, planning and attempts

Suicide is the leading cause of death among people aged between 15 to 24 years in Australia (58). Young LGBTIQ people in Australia reported high levels of suicidal ideation, attempts and self-harm in both *Writing Themselves In 3* (3) and the Growing Up Queer study of 1,032 young Australians aged 16 to 27 (32).

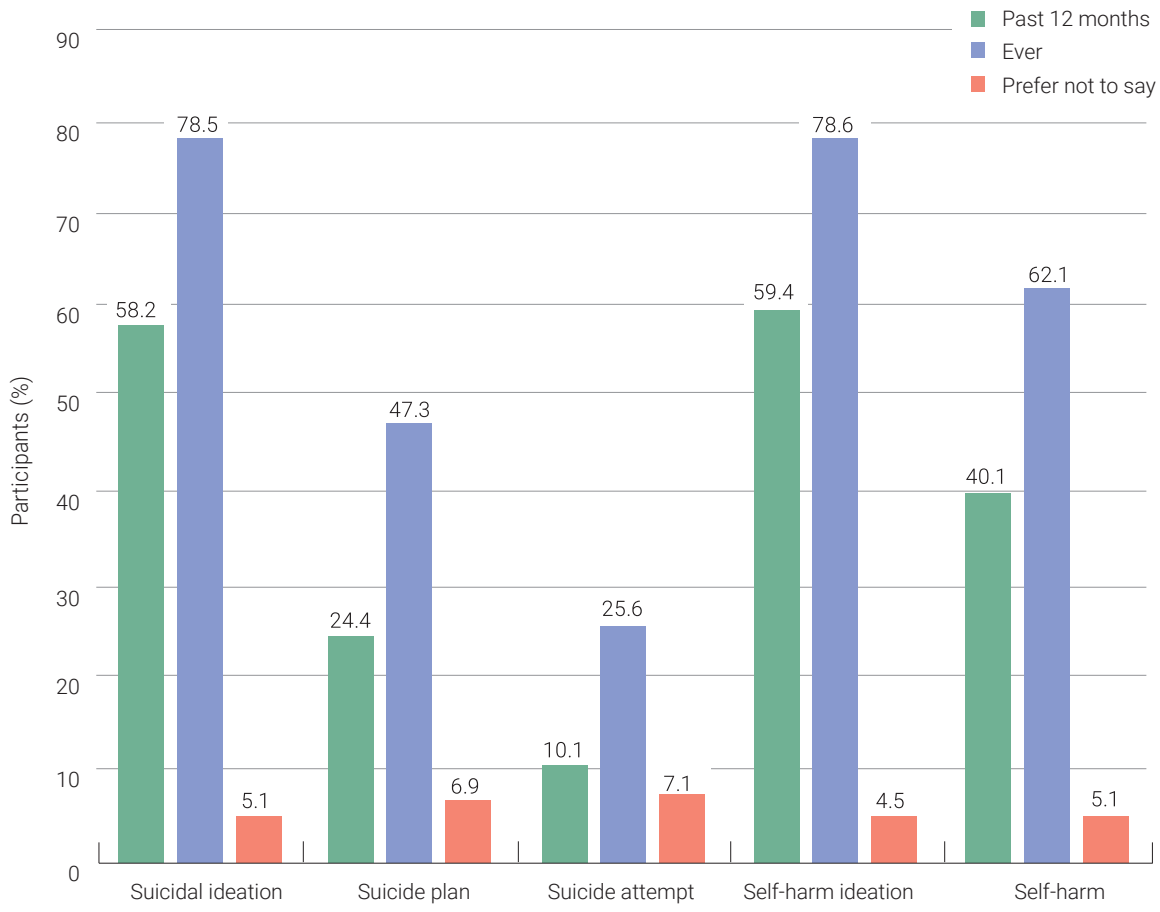
Writing Themselves In 4 asked participants about suicidal ideation (defined as 'experiences of thoughts about suicide, wanting to die, or about ending your life'), suicide plans (defined as having 'made a plan to attempt suicide or end your own life'), suicide attempts (defined as having 'attempted suicide 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').

Previous research has found that asking people about suicide does not increase the risk of suicide (59). Nonetheless, as a precaution, online and telephone resources were provided for Qlife and Kids Helpline prior to these questions as well as at the end of the survey. Prior to the questions being asked, participants were given the option to choose 'prefer not to answer these questions' with, in bold text, 'If you feel uncomfortable answering these questions, please skip them', followed by '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 attempts.

Figure 36 displays the proportion of all *Writing Themselves In 4* participants who responded to questions regarding suicide ideation, planning or attempts, as well as self-harm. Not all participants gave a response to all of these items, hence the sample size for each analysis is shown in brackets below:

- Experiences of thoughts about suicide, wanting to die, or about ending your life (n = 6,373)
- Made a plan to attempt suicide or end your own life (n = 6,296)
- Attempted suicide or to end your life (n = 6,271)
- Thoughts about harming yourself on purpose (n = 6,314)
- Injured or harmed yourself on purpose (n = 6,287)

Figure 36 Suicidal ideation, suicide plan, suicide attempt, self-harm ideation, and self-harm



- Almost three-fifths (58.2%; n = 3,712) of participants had seriously considered attempting suicide in the previous 12 months
- Almost one-quarter (24.4%; n = 1,536) had made a suicide plan in the previous 12 months.
- One-tenth (10.1%; n = 632) had attempted suicide in the past 12 months while over one-quarter (25.6%; n = 1,605) had attempted suicide at some point in their lifetime.
- Almost two-thirds of participants (62.1%; n = 3,903) reported having ever self-harmed, and four in ten (40.1%; n = 2,521) in the past 12 months.
- Between 4.5% and 7.1% of participants answered 'prefer not to say' to the questions. The proportion of young people who have ever experienced suicidal ideation, planning or attempts, or self-harm ideation or attempts may therefore be higher than indicated in these estimates.

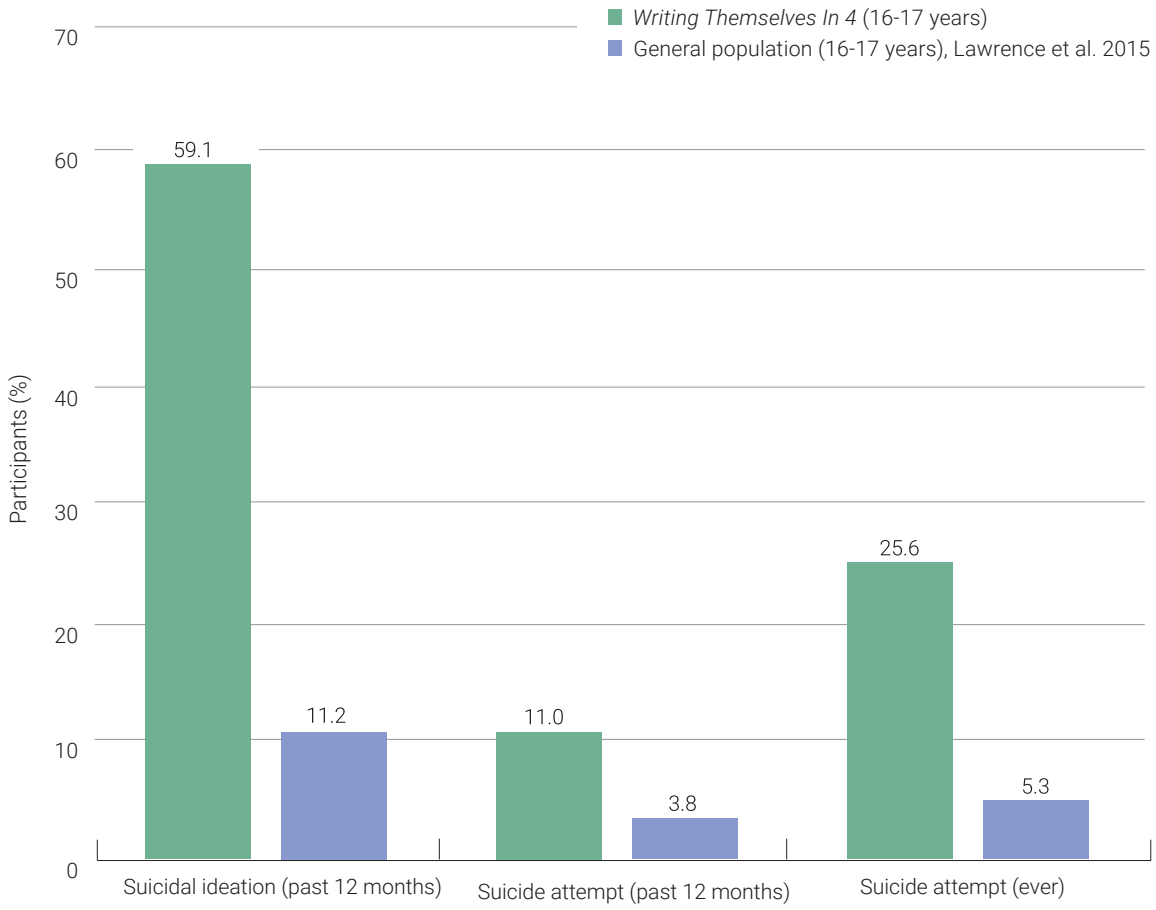
9.4.1 Suicidal ideation and attempts – general population comparisons among 16- to 17-year-olds

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- to 17-year-olds is the most appropriate reference point. A summary of this comparison of suicidal ideation (n = 2,380) and suicide attempts (n = 2,338) among participants aged 16 to 17 years in *Writing Themselves In 4* and those in the general population aged 16 to 17 years is shown in Figure 37 below.

Almost three-fifths (59.1%; n = 1,407) of *Writing Themselves In 4* participants aged 16 to 17 years had seriously considered attempting suicide in the previous 12 months, **more than five times** the proportion observed in a sample of the general population aged 16 to 17 (11.2%) (5).

- More than one-tenth (11.0%; n = 257) of *Writing Themselves In 4* participants aged 16 to 17 years had attempted suicide in the past 12 months, **almost three times** the 3.8% observed in samples of the general population aged 16 to 17 years (5).
- Over one-quarter (25.6%; n = 598) of *Writing Themselves In 4* participants aged 16 to 17 years had attempted suicide in their lifetime, **almost five times** the 5.3% reported among an age-matched sample of the general population aged 16 to 17 years (5).

Figure 37 Suicidal ideation and suicide attempts among *Writing Themselves In 4* participants and the general population aged 16-17 years



9.4.2 Suicidal ideation, planning and attempts in the past 12 months, by gender

Young people who participated were free to leave any question unanswered, which is reflected in the following questions where the total sample size for each question may vary slightly. The number of participants experiencing suicidal ideation (n = 6,209), planning (n = 6,133) and attempts (n = 6,111) in the past 12 months is analysed by gender in Figure 38 below.

The numbers of those experiencing suicidal ideation, suicide planning and suicide attempts were high among all participants, and very high among certain groups. Over three-quarters (77.3%; n = 58) of trans women and seven-tenths of trans men (73.1%; n = 296) and non-binary participants (69.8%; n = 844) reported experiencing suicidal ideation in the past 12 months. In comparison, 56.2% (n = 1,762) of cisgender women and 46.4% (n = 643) of cisgender men reported suicidal ideation in the past 12 months.

One-fifth (20.0%; n = 15) of trans women had attempted suicide in the past 12 months, followed by 16.7% (n = 67) of trans men, 13.2% (n = 158) of non-binary participants, 9.1% (n = 279) of cisgender women, and 6.7% (n = 91) of cisgender men.

9.4.3 Suicidal ideation, planning and attempts in the past 12 months, by sexuality

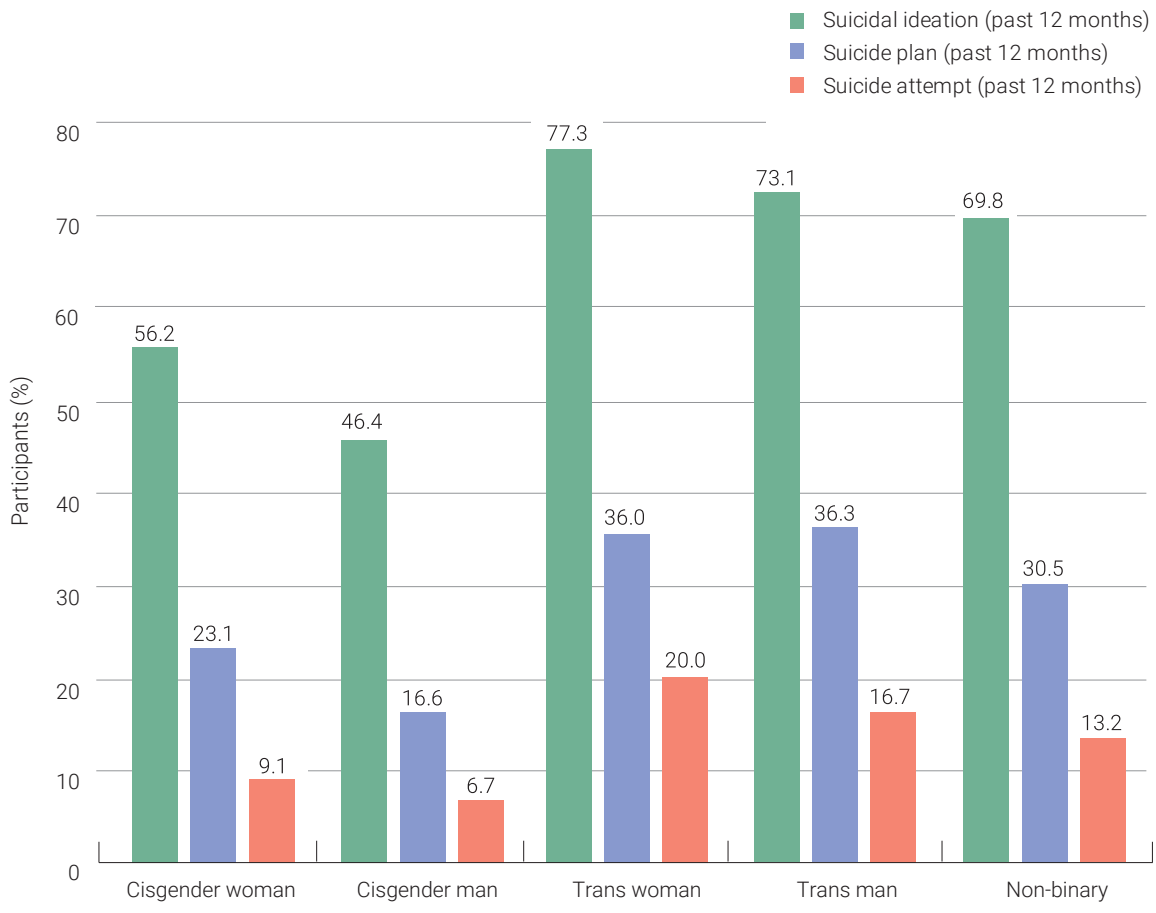
The number of participants experiencing suicidal ideation (n = 6,363), planning (n = 6,286) and attempts (n = 6,261) in the past 12 months is analysed by sexuality in Figure 39 (displayed on next page).

The numbers of those experiencing suicidal ideation, suicide planning and suicide attempts were high among all participants, and very high among certain groups.

More than three-fifths of pansexual (67.4%; n = 480), queer (62.4%; n = 335), and lesbian (61.7%; n = 473) participants had experienced suicidal ideation in the previous 12 months, followed by 59.2% (n = 1,273) of bisexual, 54.6% (n = 160) of asexual, and 47.3% (n = 499) of gay participants.

Lesbian participants reported the highest levels of recent suicide attempts in the past 12 months (14.1%; n = 107), almost twice that of gay participants (7.8%; n = 81).

Figure 38 Suicidal ideation, planning and attempts in past 12 months, by gender



Lesbian participants reported the highest levels of recent suicide attempts in the past 12 months (14.1%), almost twice that of gay participants (7.8%).

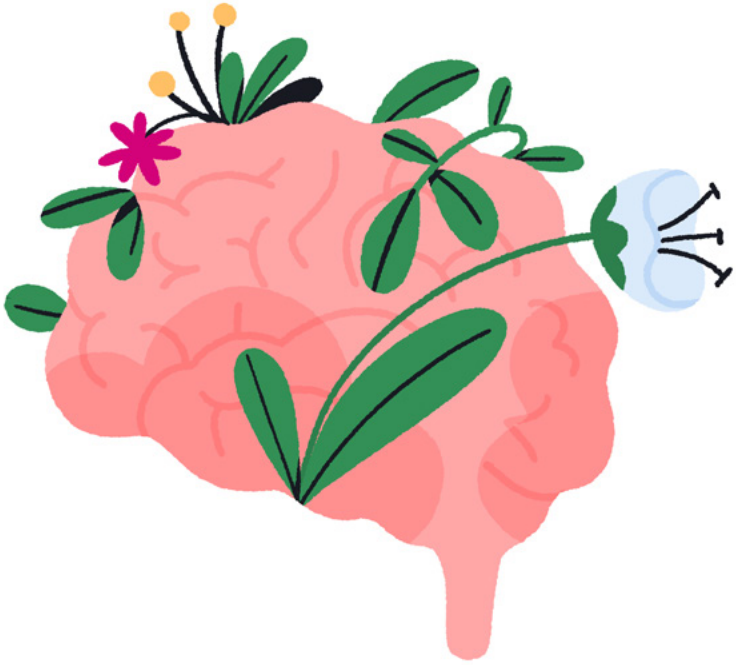
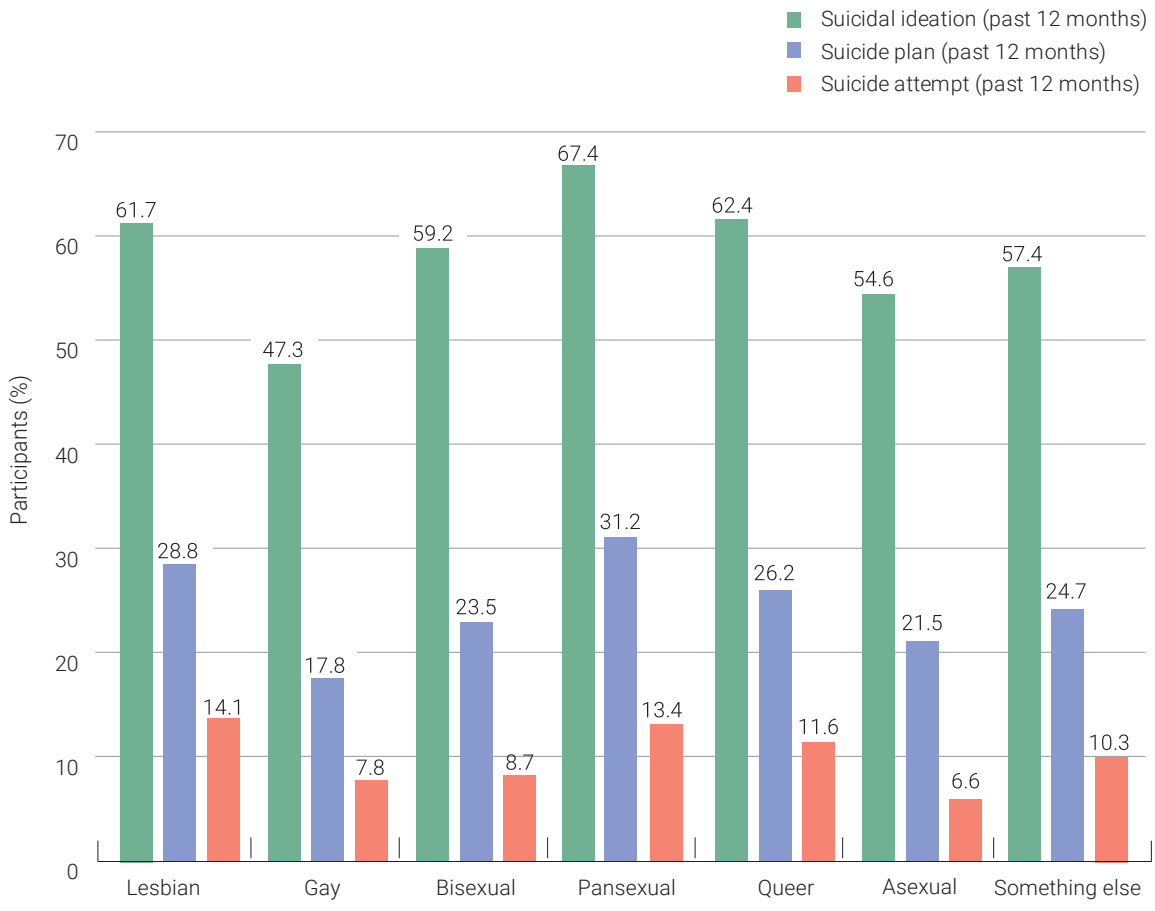


Figure 39 **Suicidal ideation, planning and attempts in past 12 months, by sexuality**



9.4.4 Suicidal ideation, planning and attempts ever, by gender

The number of participants experiencing suicidal ideation (n = 6,209), planning (n = 6,133) and attempts (n = 6,111) ever in their lifetime is analysed by gender in Figure 40 below.

The numbers of those experiencing suicidal ideation, suicide planning and suicide attempts were high among all participants, and very high among certain groups.

Nine-tenths of trans women (90.7%; n = 68), trans men (92.1%; n = 373) and non-binary participants (87.5%; n = 1,059) had ever experienced suicidal ideation in their lifetime. This compares to three-quarters 77.5% (n = 2,427) of cisgender women and two-thirds 67.6% (n = 937) of cisgender men.

Over two-fifths (46.9%; n = 417) of trans men and two-fifths (40.0%; n = 30) of trans women had ever attempted suicide in their lifetime, followed by 34.8% (n = 417) of non-binary participants, one-fifth (22.7%; n = 697) of cisgender women, and 16.6% (n = 226) of cisgender men.

9.4.5 Suicidal ideation, planning and attempts ever, by sexuality

The number of participants experiencing suicidal ideation (n = 6,363), planning (n = 6,286) and attempts (n = 6,261) ever in their lifetime is analysed by sexuality in Figure 41 (displayed on next page).

The numbers of those experiencing suicidal ideation, suicide planning and suicide attempts were high among all participants, and very high among certain groups.

More than four-fifths of pansexual (84.8%; n = 604), queer (83.1%; n = 446) and lesbian (81.5%; n = 624) participants had ever experienced suicidal ideation in their lifetime, followed by 79.3% (n = 1,705) of bisexual, 75.4% (n = 221) of asexual, and 68.8% (n = 727) of gay participants.

Pansexual (35.1%; n = 247), queer (30.0%; n = 158) and lesbian (30.0%; n = 227) participants reported the highest levels of ever attempting suicide.

9.4.6 Experience of self-harm, by gender

The number of participants who experienced self-harm in the past 12 months and ever is displayed, broken down by gender, in Figure 42 (next page) (n = 6,126).

The numbers of those experiencing self-harm, in the past 12 months and ever, were high among all participants, and very high among certain groups.

A greater proportion of trans men (55.5%; n = 223), non-binary participants (53.9%; n =647) and trans women (48.0%; n = 36) had self-harmed in the past 12 months than the 39.6% (n = 1,224) of cisgender women and 23.1% (n = 314) of cisgender men.

Figure 40 Suicidal ideation, planning and attempts ever, by gender

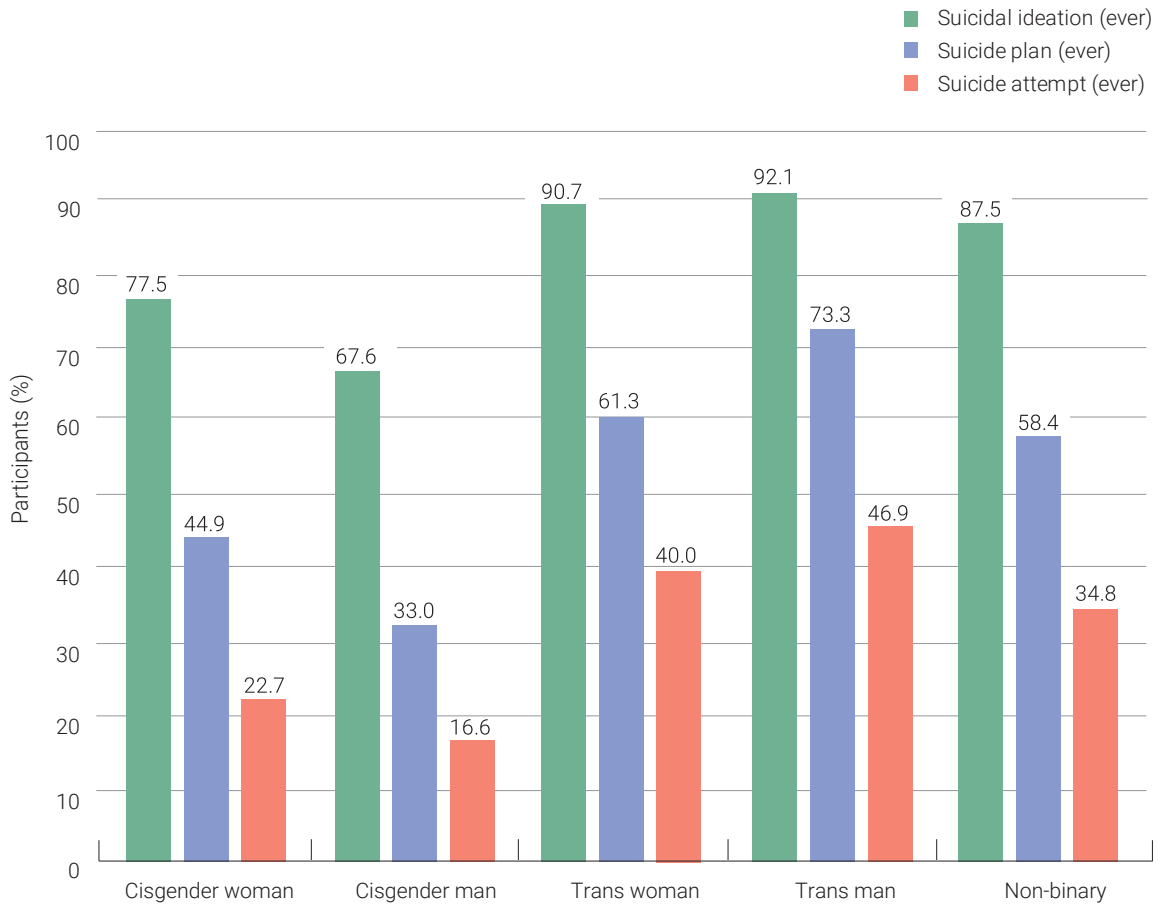


Figure 41 **Suicidal ideation, planning and attempts ever, by sexuality**

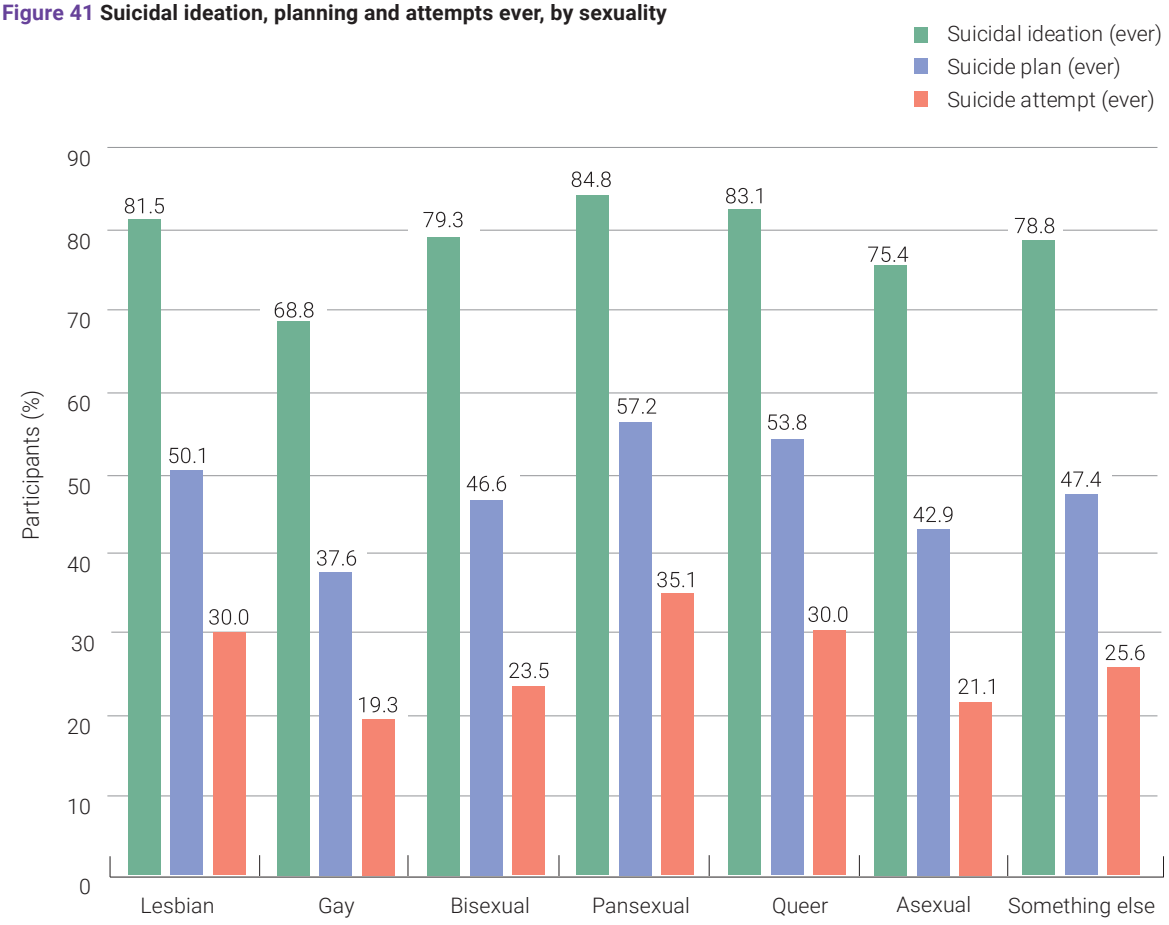
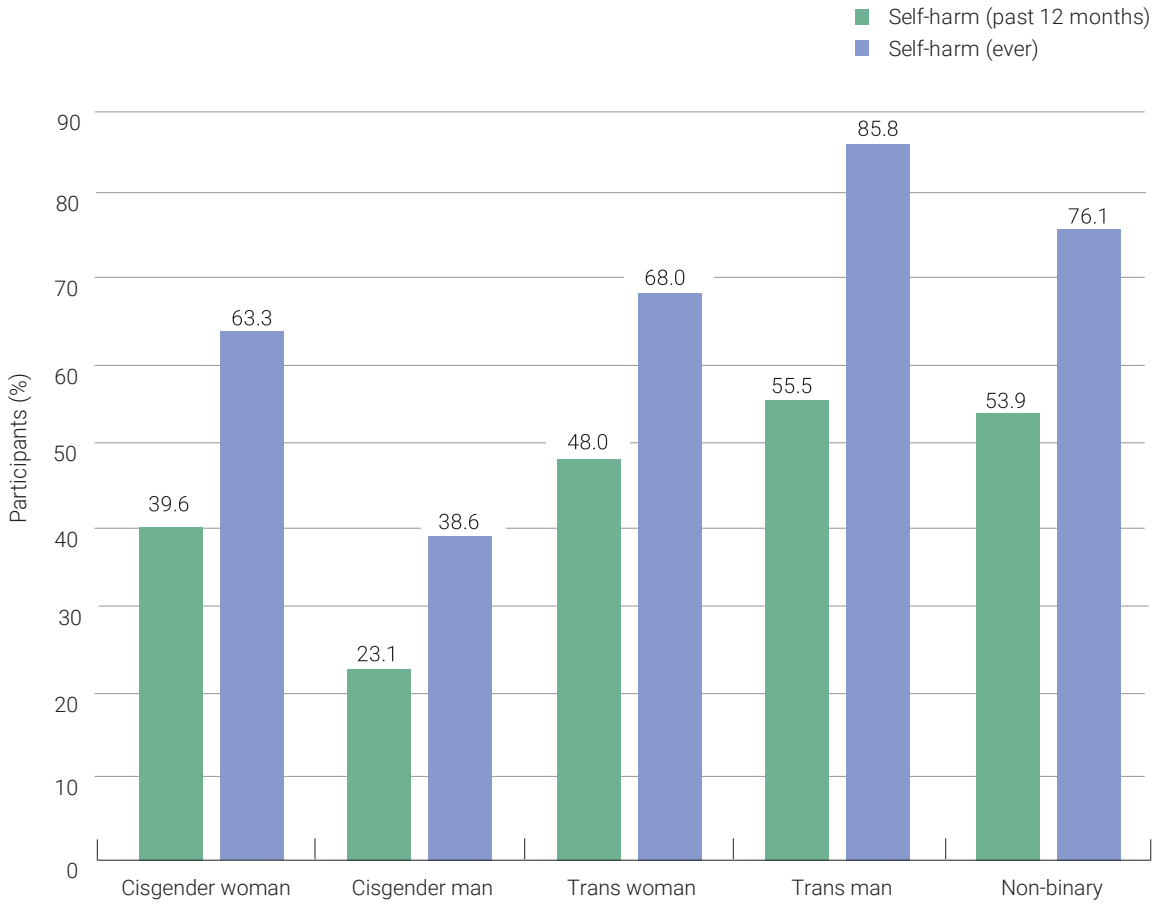


Figure 42 **Experienced self-harm in the past 12 months and ever, by gender**



Over four-fifths (85.8%; n = 345) of trans men, three-quarters (76.1%; n = 913) of non-binary participants and seven-tenths of trans women (68.0%; n = 51) had ever self-harmed. This compares to 63.3% (n = 1,957) of cisgender women and 38.6% (n = 524) of cisgender men.

9.4.7 Experience of self-harm, by sexuality

The number of participants who experienced self-harm in the past 12 months and ever is displayed, broken down by sexuality, in Figure 43 below (n = 6,277).

The numbers of those experiencing self-harm, in the past 12 months and ever, were high among all participants, and very high among certain groups.

Pansexual participants reported the highest levels of self-harm in the past 12 months (51.4%; n = 362) and ever (74.3%; n = 523). This was almost twice that of gay participants (26.4%; n = 275 and 45.1%; n = 469).

9.5 Support for those in distress

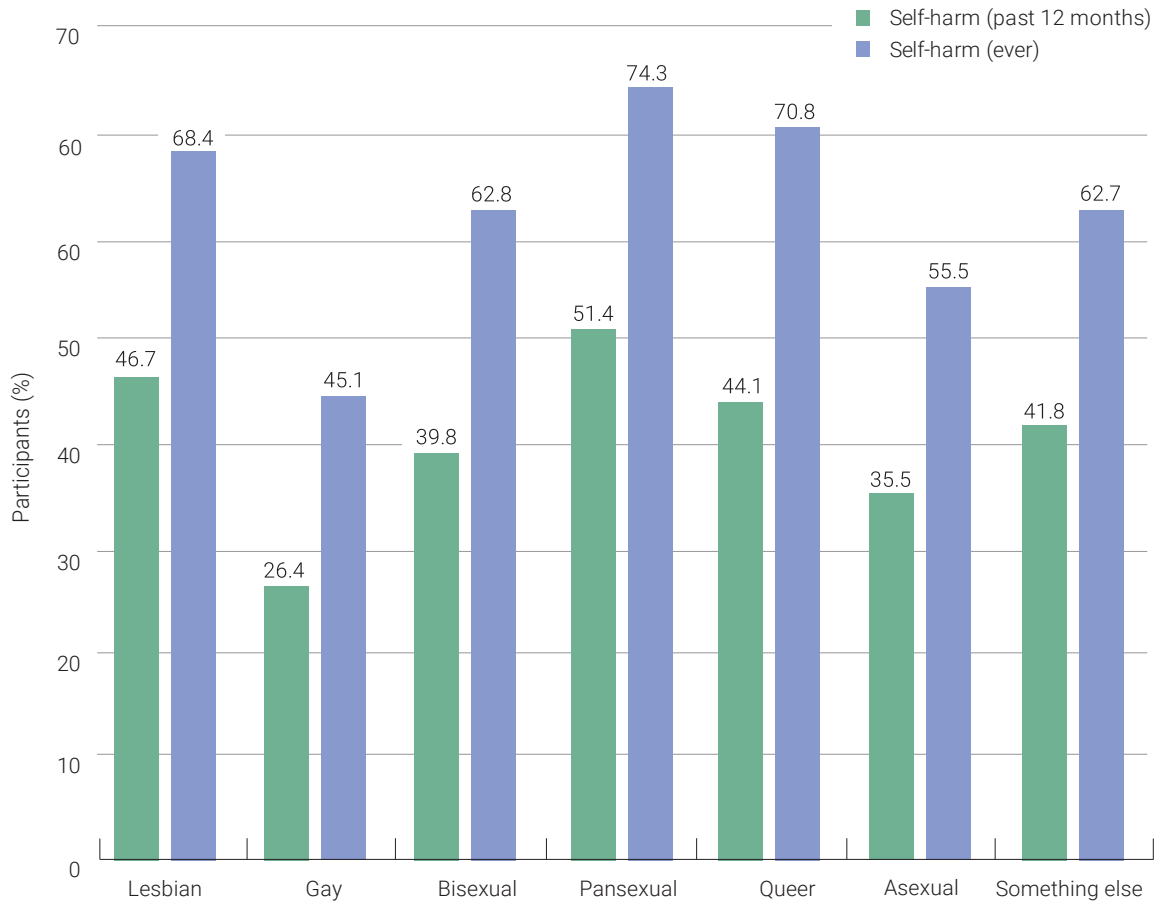
Participants who answered that they had ever experienced suicidal ideation, planning or attempts, or self-harm ideation or attempts in their lifetime were asked if they had ever accessed an in-person professional counselling or support service, a professional telephone support service, or a professional text or webchat support service in relation to suicide or self-harm. Table 43 displays the results.

Table 43 Ever accessed professional support services among those who have experienced suicidal ideation, planning or attempts or self-harm ideation or attempts

Professional support service accessed (n = 5,365)	n	%
In-person professional counselling or support service	2,507	46.7
Professional text or webchat support service	700	13.1
Professional telephone support service	512	9.5
Any of the above*	2,773	51.7

** 'Participants may have used more than one type of service*

Figure 43 Experienced self-harm in the past 12 months and ever, by sexuality



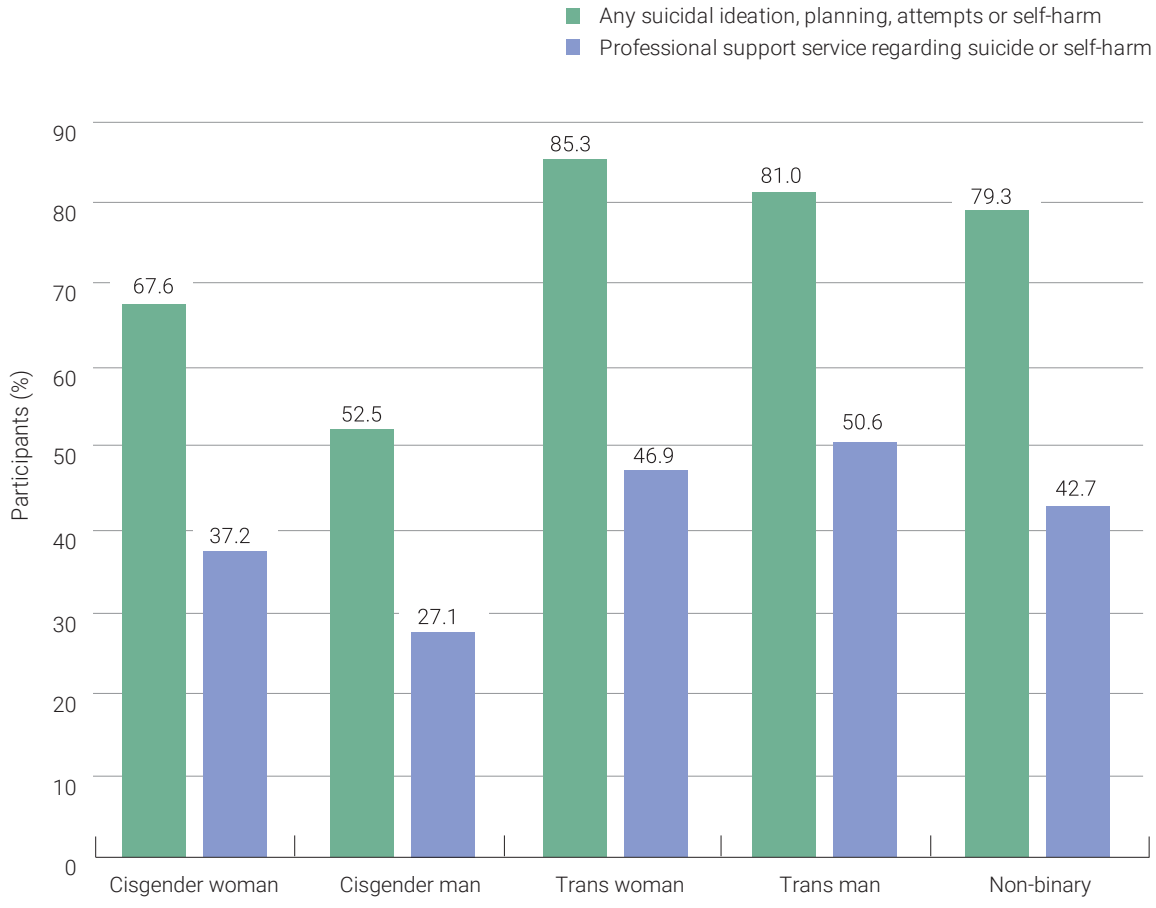
Over half (51.7%; n = 2,773) of participants who had experienced any suicidal ideation, planning or attempts, or self-harm ideation or attempts in their lifetime had ever accessed a professional support service regarding suicide or self-harm. Over two-fifths (46.7%; n = 2,507) had accessed an in-person professional counselling or support service, 13.1% (n = 700) a professional text or webchat support service, and 9.5% (n = 512) a professional telephone support service in relation to suicide or self-harm in their lifetime.

In total, less than one-third (38.1%; n = 1,641) of participants who had experienced any suicidal ideation, planning or attempts, or self-harm ideation or attempts in the past 12 months had accessed a professional service regarding suicide or self-harm in this time frame.

Figure 44 displays engagement with professional support services regarding suicide or self-harm in the past 12 months among those who had experienced suicidal ideation, planning for suicide, suicide attempts or self-harm in this time frame, by gender.

Overall, a greater proportion of trans and gender diverse participants than cisgender men and women experienced any suicidal ideation, planning or attempts, or self-harm ideation or attempts in the past 12 months. However, a greater proportion of trans and gender diverse participants who had experienced any suicidal ideation, planning or attempts, or self-harm ideation or attempts in the past 12 months had accessed professional support services regarding suicide or self-harm in this time frame.

Figure 44 Engagement with professional support services regarding suicide or self-harm in the past 12 months among those who had experienced suicidal ideation, planning, attempts or self-harm in this time frame, by gender



81.0%

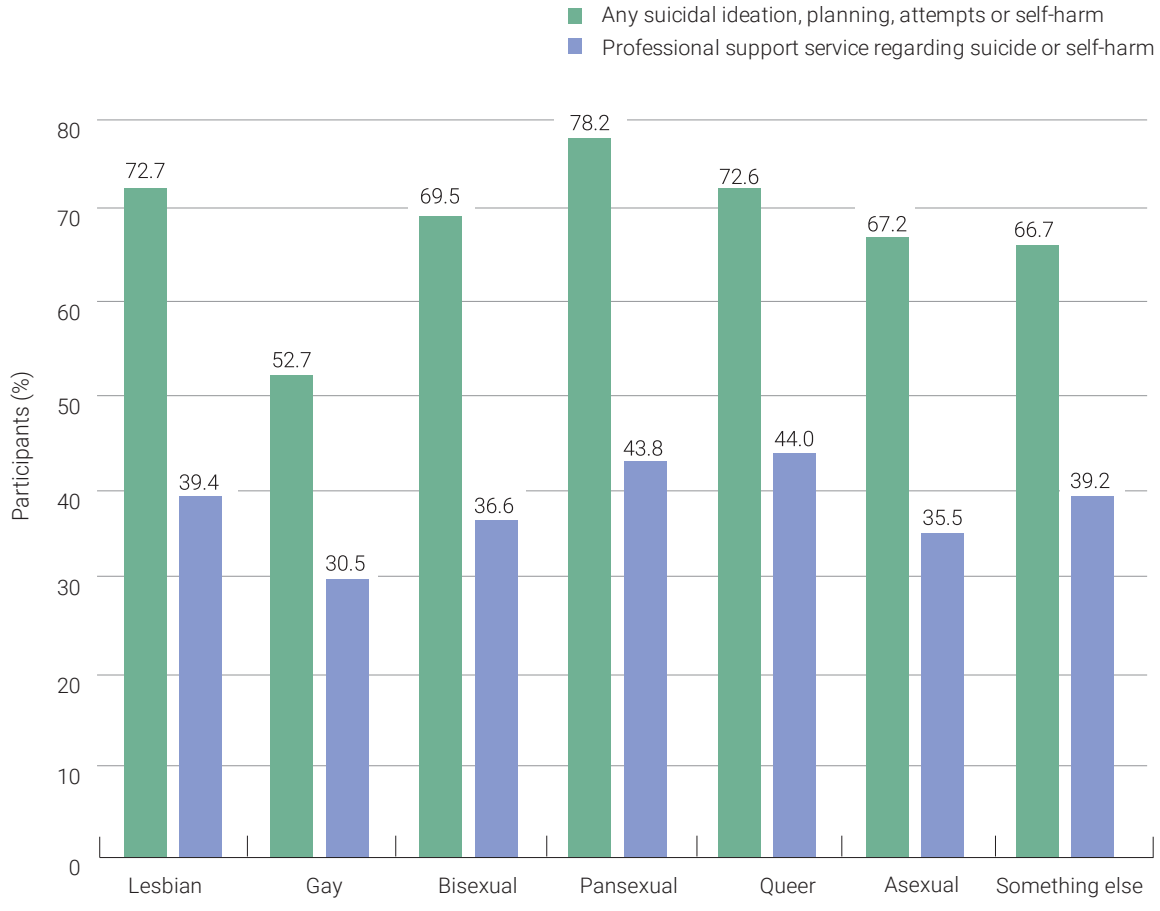
of trans men had experienced any suicidal ideation, planning or attempts, or self-harm ideation or attempts in the past 12 months

Four-fifths of trans women (85.3%; n = 64), trans men (81.0%; n = 329) and non-binary participants (79.3%; n = 960) had experienced any suicidal ideation, planning or attempts, or self-harm ideation or attempts in the past 12 months, compared to two-thirds (67.6%; n = 2,126) of cisgender women and half (52.5%; n = 730) of cisgender men.

Over half of trans men (50.6%; n = 166) and two-fifths (46.9%; n = 30) of trans women and non-binary participants (42.7%; n = 409) who had experienced any suicidal ideation, planning or attempts, or self-harm ideation or attempts in the past 12 months accessed a professional counselling or support service regarding suicide or self-harm in this this time frame. This compares to one-third (37.2%; n = 787) of cisgender women and one-quarter (27.1%; n = 195) of cisgender men.

Almost four-fifths (78.2%; n = 559) of pansexual participants experienced any suicidal ideation, planning or attempts, or self-harm ideation or attempts in the past 12 months. This compares to half (52.7%; n = 559) of gay participants. However, a greater proportion of pansexual participants who had experienced any suicidal ideation, planning or attempts, or self-harm ideation or attempts in the past 12 months had accessed a professional support service in relation to suicide or self-harm in this time frame (43.8%; n = 243), compared to gay participants (30.5%; n = 170). Figure 45 displays these results.

Figure 45 Engagement with professional support services regarding suicide or self-harm in the past 12 months among those who had experienced suicidal ideation, planning or attempts or self-harm in this time frame, by sexuality



9.6 Most recent experience accessing professional support services regarding suicide or self-harm

9.6.1 Services accessed

Participants who reported ever accessing professional support services in relation to suicide or self-harm were asked which service they accessed the most recent time. Table 44 displays these results.

Table 44 Professional support service accessed in relation to suicide or self-harm, most recent time

Professional support service accessed, most recent time (n = 2,768)	n	%
In-person professional counselling or support service	2,323	83.9
Professional text or webchat support service	315	11.4
Professional telephone support service	130	4.7

More than four-fifths (83.9%; n = 2,323) of participants reported accessing in-person professional counselling or support services the most recent time they accessed a professional support service in relation to suicide or self-harm, followed by one-tenth (11.4%; n = 315) accessing a professional text or webchat support service, and 4.7% (n = 130) accessing a professional telephone support service.

9.6.2 Services specifically for LGBTIQA+ people

In total, 3.5% (n = 98) of participants accessed a service that was specifically for LGBTIQA+ people the most recent time they accessed a professional support service in relation to suicide or self-harm. A further 7.6% (n = 210) did not know if the service was specifically for LGBTIQA+ people.

Of those accessing a service that was specifically for LGBTIQA+ people the most recent time they accessed a professional support service in relation to suicide or self-harm, 70.1% (n = 68) accessed an in-person professional counselling or support service, 23.7% (n = 23) accessed a professional text or webchat support service, and 6.2% (n = 6) a professional telephone support service.

A greater proportion of trans women and trans men reported accessing a service that was specifically for LGBTIQA+ people the most recent time they accessed a professional support service in relation to suicide or self-harm. Overall, 10.6% (n = 29) of trans men and 9.1% (n = 4) trans women reported accessing a service that was specifically for LGBTIQA+ people the most recent time they accessed a professional support service in relation to suicide or self-harm, followed by 3.9% (n = 150) of cisgender men, 3.6% (n = 23) of non-binary participants, and 1.6% of (n = 21) cisgender women.

Gay (5.3%; n = 17), queer (4.6%; n = 13), asexual (4.3%; n = 5) and pansexual (4.0%; n = 16) participants reported higher levels than lesbian (2.5%; n = 9) and bisexual (2.4%; n = 22) participants of accessing a service that was specifically for LGBTIQA+ people the most recent time they accessed a professional support service in relation to suicide or self-harm.

9.6.3 Professional support service outcomes

Participants were asked if the professional services they accessed regarding suicide or self-harm the most recent time helped to improve the situation. Responses were on a five-point scale ranging from 'no, made it much worse' to 'yes, made it much better'. Table 45 displays the responses for participants who responded 'yes, made it better' or 'yes, made it much better'.

Table 45 Professional support service contacted regarding suicide or self-harm, made situation better/ much better

Professional support service accessed, most recent time	Made the situation better/much better	
	n	%
LGBTIQA+-specific service (n = 98)	63	64.3
In-person professional counselling or support service (n = 2,322)	1,357	58.4
Professional telephone support service (n = 130)	61	46.9
Professional text or webchat support service (n = 315)	104	33.0

Overall, almost two-thirds (64.3%; n = 63) of participants who accessed an LGBTIQA+-specific service the most recent time when accessing a professional support service regarding suicide or self-harm reported that it had made the situation better or much better. This compared to three-fifths (58.4%; n = 1,357) of those who accessed an in-person professional counselling or support service, 46.9% (n = 61) of those who accessed a professional telephone support service, and one-third (33.0%; n = 104) of those who accessed a professional text or webchat support service.

Figure 46 is a cascade that shows the number of *Writing Themselves In 4* participants who answered the suicide or self-harm questions (n = 6,390), of whom approximately two-thirds (67.8%; n = 4,334)2 of *Writing Themselves In 4* participants had experienced suicidal ideation, planning or attempts or self-harm ideation or attempts in the past 12 months, of which less than two-fifths (38.1%; n = 1,641) had accessed any professional counselling or support service in regard to suicide or self-harm in the past 12 months. Of the group who had accessed any professional counselling or support service in regard to suicide or self-harm in the past 12 months, almost three-fifths (59.3%; n = 972) reported that the support service resulted in their situation improving (either reported as being better or much better) the last time they accessed it in the past 12 months.

9.7 Preferences for accessing professional support services

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 46.

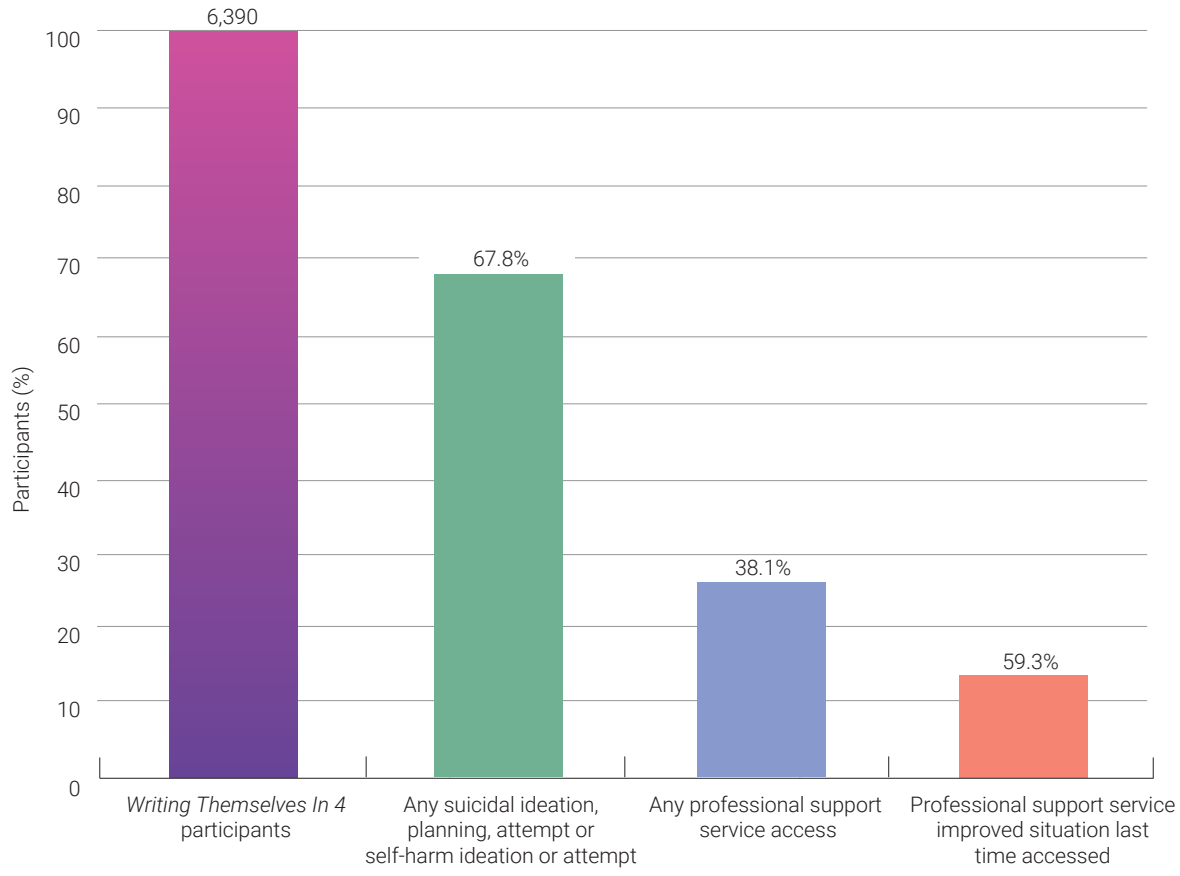
Table 46 Participant preferences for future access to professional suicide support services

Suicide support access method preference (n = 6,396)	**n**	**%**
In person	3,871	60.5
By text or webchat	1,201	18.8
By telephone	318	5.0
Other	31	0.5
Don't know	975	15.2

Three-fifths of participants (60.5%; n = 3,871) reported a preference for accessing a professional suicide support service in person, followed by one-fifth (18.8%; n = 1,201) via text or webchat and 5.0% (n = 318) via telephone.

2 A further 3.2% (n = 201) participants responded 'prefer not to answer' to all of these questions.

Figure 46 Cascade of mental health outcomes, support service access and service-related experience in the past 12 months



64.3%

of participants who accessed an LGBTIQA+ specific service regarding suicide or self-harm reported that doing so had made the situation better

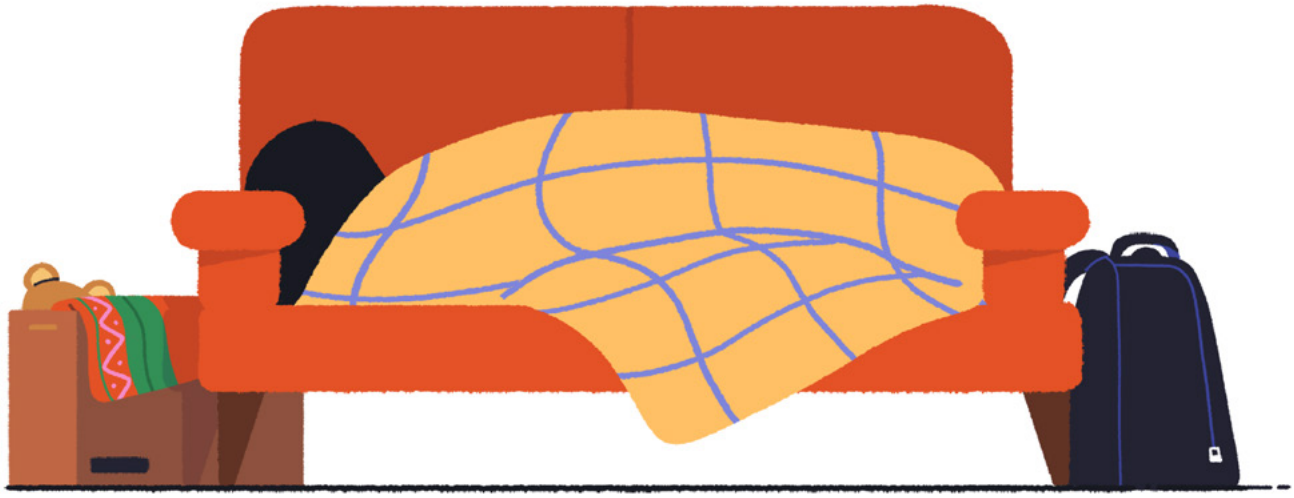
9.8 Summary

Consistent with previous Australian and international research, *Writing Themselves In 4* participants reported high levels of psychological distress, poor mental health and suicidality. Among young people aged 16 to 17 years, *Writing Themselves In 4* participants were more than three times as likely as young people in the general Australian population to report high/very high levels of psychological distress (83.3% compared to 27.3%). *Writing Themselves In 4* participants were also markedly more likely than young people in the general population to have seriously considered suicide in the past 12 months (59.1% compared to 11.2%) or to have attempted suicide in the past 12 months (11.0% compared to 3.8%).

One in ten (10.1%) *Writing Themselves In 4* participants had attempted suicide within the past 12 months, while one in four (25.6%) had attempted suicide at some point in their life. This was most prevalent among trans and gender diverse participants, with 20.0% of trans women and 16.7% of trans men reporting a suicide attempt in the past 12 months. Among participants who had experienced suicidal ideation, planning, attempts or self-harm in the past 12 months, just over one in three (38.1%) had accessed any professional counselling or support service in regard to suicide or self-harm in the past 12 months. In-person counselling was the most common type of service accessed, and the majority of young people who had used this service reported that their situation had improved as a result.

Almost two-thirds (63.8%) of *Writing Themselves In 4* participants reported having ever been diagnosed with a mental health condition. The most commonly reported conditions were generalised anxiety disorder and depression, followed by eating disorders and post-traumatic stress disorder. The majority of people with a mental health diagnosis had received treatment, with 44.5% of *Writing Themselves In 4* participants reporting that they had received treatment or support for a mental health condition in the past 12 months.

10 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 and anxiety; sexually transmitted infections; as well as challenges managing substance use (60,61). Growing evidence suggests that a higher proportion of LGBTIQA+ people have experienced homelessness than the general population (62), often due to rejection from family. However, there has been limited systematic research in Australia, as many mainstream data collections do not record or inadequately record diverse genders, sex characteristics, and sexuality, and Australia lags behind other high income countries in developing research, policy and best practice regarding LGBTIQA+ homelessness (63). There has, to date, been a limited policy and programmatic response to LGBTIQA+ homelessness in Australia (64).

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 (65). Young people have been found to not identify as homeless when asked directly (66). As such, for *Writing Themselves In 4* a set of questions was used based on a previously successful study of 26,161 young people in the United States (67) to capture the broadest aspects of homelessness among young LGBTIQA+ people. These questions capture the experiences of participants who have 1) run away, 2) left home because of being asked to leave, 3) couch surfed, or 4) been homeless in the past 12 months or ever in their lifetime.

10.1 Experiences of homelessness

Participants were first given the following options, asking 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, in relation to each response. Participants could select as many options as applied (i.e. currently experiencing this, and also did so more than 12 months ago). Results for the full sample are shown in Table 47.

Table 47 shows that almost one-quarter (23.6%; n = 1,501) of participants had experienced one or more forms of homelessness in their lifetime, including 11.5% (n = 733) who experienced this in the past 12 months. One-seventh (17.4%; n = 1,105) of participants had ever run away from home or the place they lived, and over one-tenth (10.5%; n = 667) had ever left home or the place they live because they were asked or made to leave. In total, 1.9% (n = 121) of participants reported currently experiencing homelessness at the time of the survey.

The number of participants experiencing homelessness ever (n = 6,200) and in the past 12 months (n = 6,195) is analysed by gender in Figure 47 (displayed on next page).

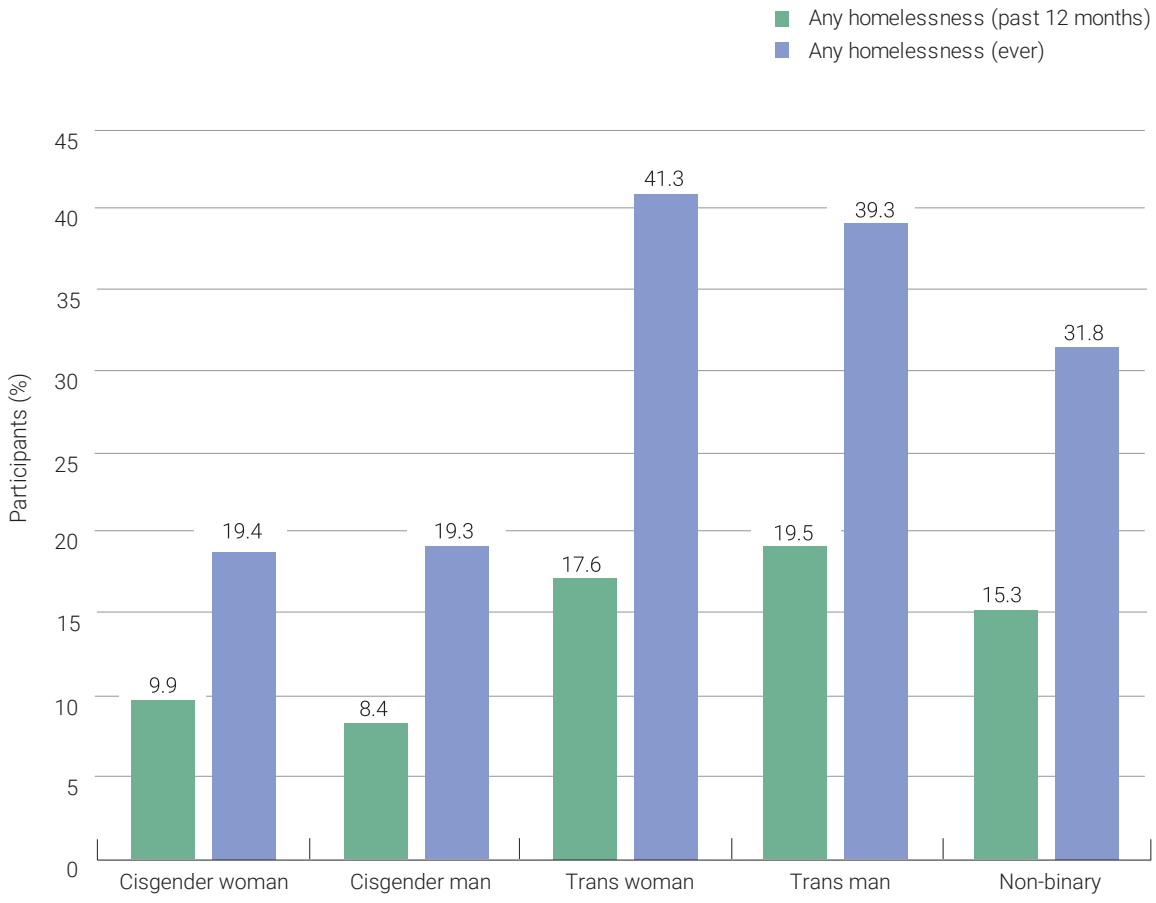
Almost one-fifth of trans men (19.5%; n = 78) and trans women (17.6%; n = 13) reported experiencing one or more forms of homelessness in the past 12 months, followed by 15.3% (n = 184) of non-binary participants, 9.9% (n = 116) of cisgender men, and 8.4% (n = 116) of cisgender women.

Similarly, two-fifths of trans women (41.3%; n = 31) and trans men (39.3%; n = 78) reported ever having experienced one or more forms of homelessness, followed by 31.8% (n = 382) of non-binary participants, 19.4% (n = 609) of cisgender women, and 19.3% (n = 266) of cisgender men.

Table 47 Proportion of participants who had experienced homelessness in their lifetime and in the past 12 months

	Ever		Past 12 months	
Homelessness (n = 6,363)	**n**	**%**	**n**	**%**
Run away from home or the place you live	1,105	17.4	446	7.0
Left home or the place you live because you were asked/made to leave	667	10.5	296	4.7
Couch surfed because you had no other place to stay	423	6.7	223	3.5
Been homeless	260	4.1	105	1.7
One or more experience of homelessness	1,501	23.6	733	11.5

Figure 47 Experience of homelessness ever and in the past 12 months, by gender



The number of participants experiencing homelessness ever (n = 6,352) and in the past 12 months (n = 6,345) is analysed by sexuality in Figure 48 below.

Pansexual participants were the most likely to report homelessness in the past 12 months (16.2%, n = 115). Gay participants were the least likely (8.6%, n = 90).

Pansexual (16.2%; n = 115) and queer (15.0%; n = 80) participants reported higher levels of one or more forms of homelessness in the past 12 months than lesbian (11.7%; n = 89), asexual (10.5%; n = 31), bisexual (10.1%; n = 217) or gay (8.6%; n = 90) participants. Similarly, a greater proportion of pansexual (31.4%; n = 223) and queer (28.8%; n = 154) participants reported ever experiencing one or more forms of homelessness than lesbian (22.8%; n = 174), gay (21.0%; n = 221), bisexual (20.5%; n = 441) or asexual (19.3%; n = 57) participants.

10.2 Homelessness in relation to being LGBTQA+

Participants were asked if any experience/s of homelessness in their lifetime were related to being LGBTQA+. Over one-quarter (26.0%; n = 388) of participants reported that their experience/s of homelessness in their lifetime were related to being LGBTQA+. Figure 49 displays this experience, broken down by gender (see next page).

A greater proportion of trans men (45.2%; n = 71), trans women (37.9%; n = 11), and non-binary participants (30.3%; n = 115) than cisgender men (25.4%; n = 67) and cisgender women (17.2%; n = 104) reported that their experience/s of homelessness were related to being LGBTQA+.

Figure 50 (next page) displays this experience broken down by sexuality. Gay (37.0%; n = 81) and queer (35.9%; n = 55) participants were the most likely to report their experience/s of homelessness being related to being LGBTQA+, followed by lesbian (28.3%; n = 49), pansexual (21.3%; n = 21.3), asexual (21.1%; n = 12), and bisexual (18.7%; n = 82) participants.

Figure 48 Experience of homelessness ever and in the past 12 months, by sexuality

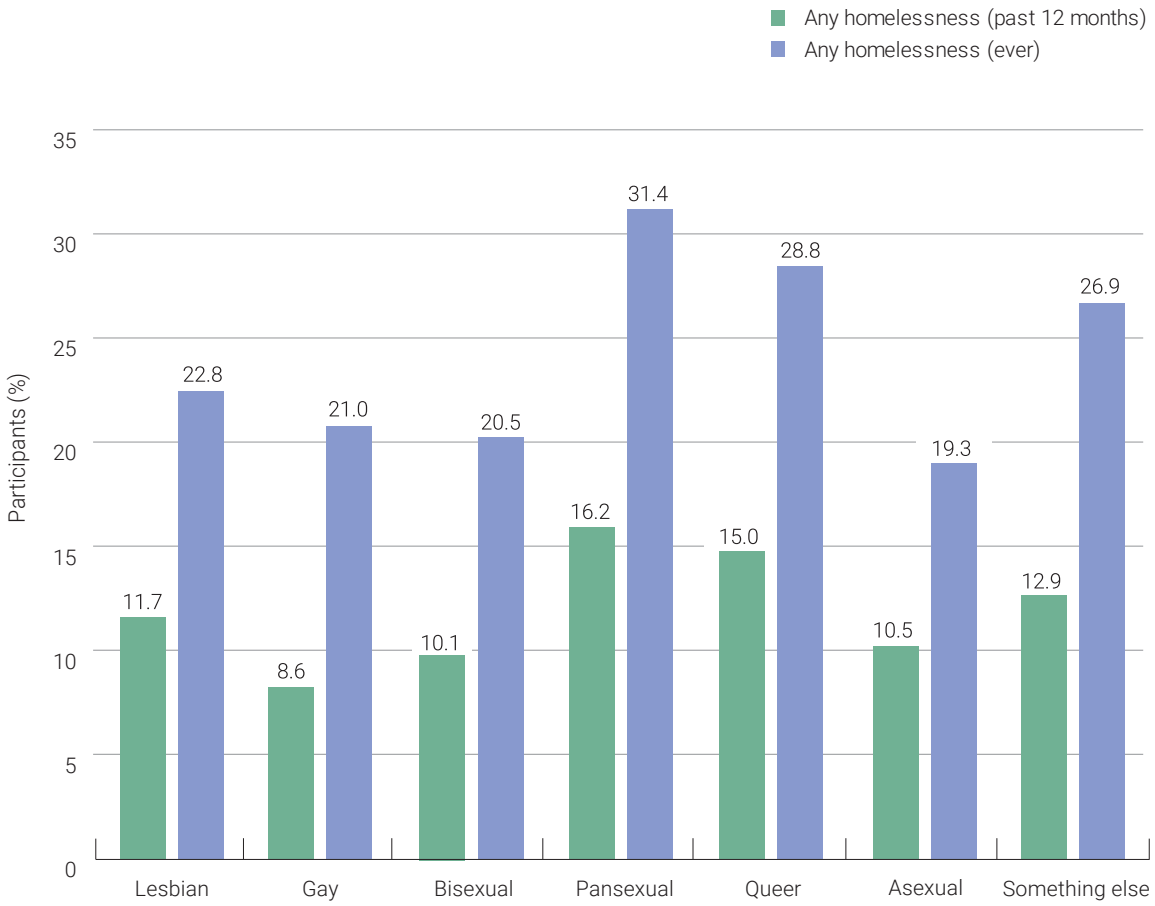


Figure 49 Experience/s of homelessness related to being LGBTQA+, by gender

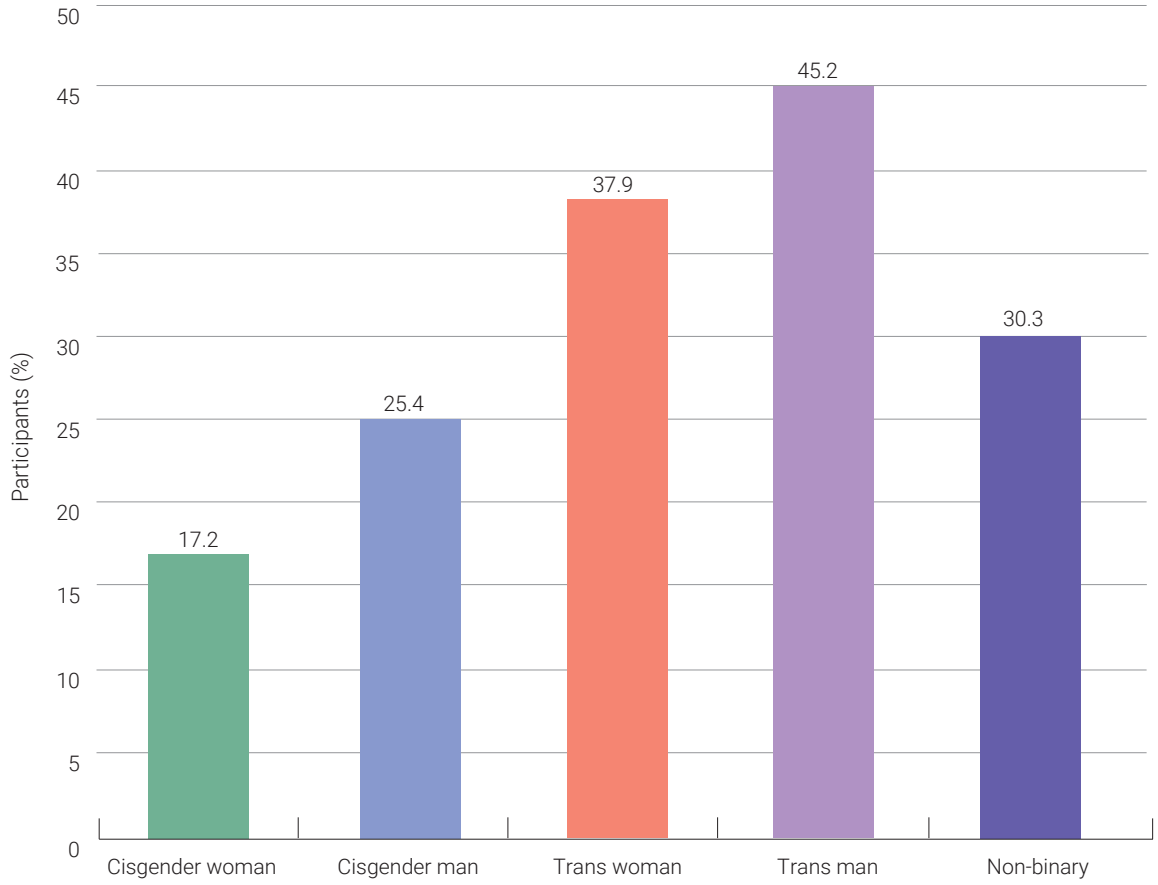
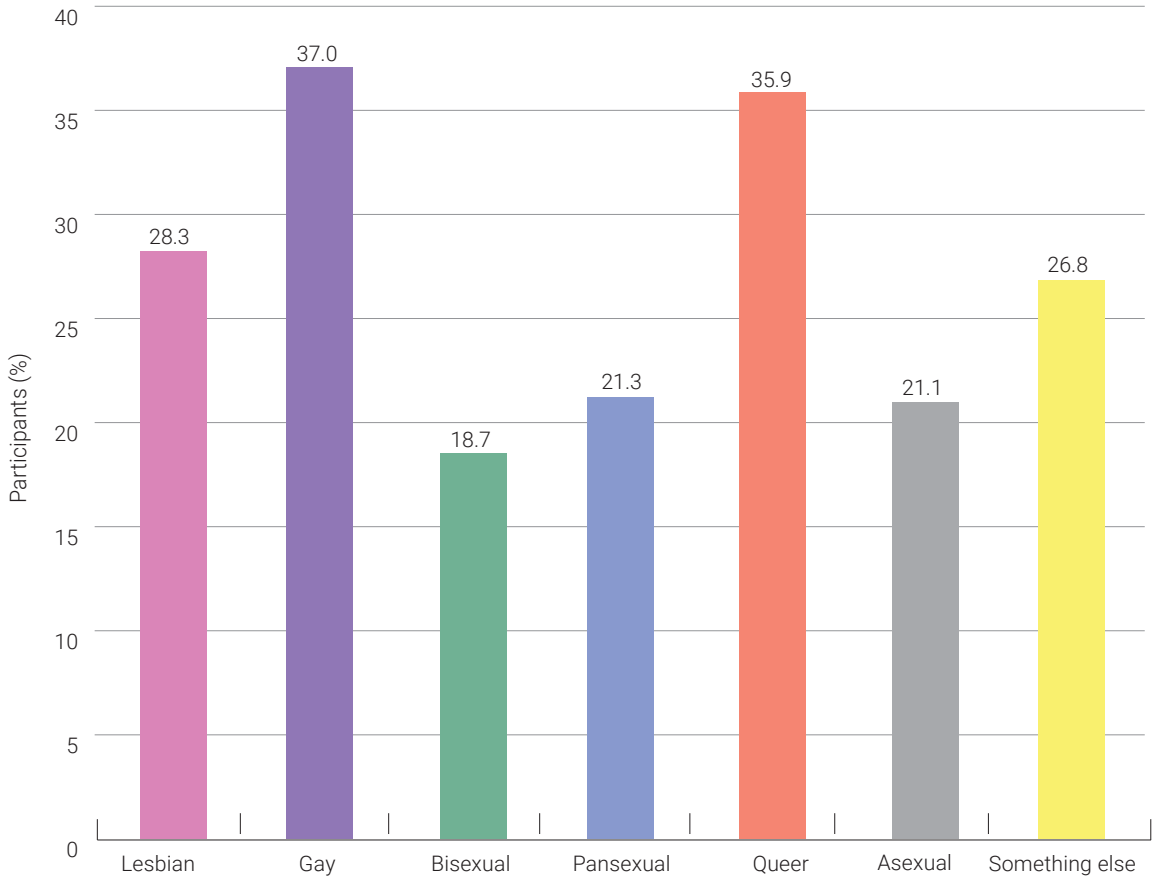


Figure 50 Experience/s of homelessness related to being LGBTQA+, by sexuality



26.0%

of participants reported that their experience/s of homelessness in their lifetime were related to being LGBTQA+

10.3 Perceived causes of homelessness

Participants who reported experiences of homelessness were asked about specific causes of their homelessness. Participants could select more than one response. Table 48 displays these results.

Table 48 Perceived causes of homelessness

Perceived cause of homelessness (n = 1,464)	n	%
Mental health issues	913	62.4
Rejection from family	654	44.7
Family violence	634	43.3
Financial stress	287	19.6
Violence/harassment in previous accommodation	190	13.0
Discrimination (such as from school, employment, services)	162	11.1
Rejection from peers	148	10.1
Substance use	136	9.3
Unemployment/underemployment	135	9.2
Disability	70	4.8
Chronic illness	59	4.0
Other	134	9.2

Table 48 shows that of the 1,464 participants who reported specific causes of the experiences of homelessness, over three-fifths (62.4%; n = 913) cited mental health issues as the cause of their homelessness, over two-fifths cited rejection from family (44.7%; n = 654) or family violence (43.3%; n = 634), and one-fifth (19.6%; n = 287) cited financial stress as the cause of their homelessness.

10.4 Summary

Almost one in four (23.6%) *Writing Themselves In 4* participants had experienced one or more forms of homelessness in their lifetime while, for 11.5%, this had occurred within the past 12 months. Trans men and trans women were the groups most likely report experiences of homelessness. Almost one in five trans men (19.5%) and trans women (17.6%) reported experiencing one or more forms of homelessness in the past 12 months.

Over one-quarter (26.0%) of participants reported that their experience/s of homelessness in their lifetime were related to being LGBTQA+. This percentage was higher for trans men (45.2%) and trans women (37.9%). Further specific causes of homelessness reported by participants were mental health issues, rejection from family, family violence, and financial stress. Close to one in five participants reported that they had become homeless after running away from home or the place they live (17.4%) or being asked to leave home (10.5%).

11 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 people (39,68–70). 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 (71). 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) (72,73). Marginalisation, discrimination and poorer mental health among LGBTIQ+ people have also been suggested as potential explanations for these disparities (74).

Differences in substance use have been identified within sub-populations of LGBT communities. For example, in one study, psychological distress and sexual orientation-based victimisation were associated with increased alcohol use for young LGBT women only, whereas perceived family support was negatively associated with alcohol use for all LGBT young people (75).

11.1 Tobacco use

Participants were asked if they had prior or current experience of smoking cigarettes or any other tobacco product. Table 49 displays smoking-related experience for the total sample as well as those aged 14 to 17 and 18 to 21, separately.

Over one-tenth (11.5%; n = 740) of participants were current smokers, including 8.0% (n = 300) of participants aged 14 to 17 years, and over one-eighth (16.6%; n = 440) aged 18 to 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 *Writing Themselves In 4* participants aged 18 to 21 (7.8%; n = 206) were lower than those observed in a survey of young people aged 18 to 24 years in the general population (76).

Among participants aged 14 to 17, over one-tenth (12.5%; n = 4) of trans women and trans men (11.0%; n = 26) were current smokers, followed by cisgender men (9.6%; n = 67), non-binary participants (8.3%; n = 95) and cisgender women (6.8%; n = 138).

Among participants aged 18 to 21 one-fifth (21.8%; n = 37) of trans men and cisgender men (20.0%; n = 139) were current smokers, followed by 17.6% (n = 95) of non-binary participants, 14.3% (n = 6) of trans women, and 13.5% (n = 153) of cisgender women.

Of the full *Writing Themselves In 4* sample, 5.0% (n = 324) of participants reported currently using e-cigarettes or vaping. Approximately one-twenty-fifth (4.2%; n = 159) of participants aged 14 to 17 years, and 6.2% (n = 165) of participants aged 18 to 21 years reported currently using e-cigarettes or vaping.

11.2 Alcohol use

To assess levels of alcohol consumption, *Writing Themselves In 4* included the three-item AUDIT-C scale. Responses to the first and third items of this scale, 'How often do you have a drink containing alcohol?' and 'How often do you have six or more drinks on one occasion?', pertaining to frequency and amount of alcohol consumption, are shown in below in Tables 50 and 51.

Less than half (47.7%; n = 460) of participants aged 14 to 17 years reported drinking alcohol, fewer than the 66% among young people aged 12-17 years in the general population (77). Overall, 85.8% of participants aged 18 to 21 years reported drinking alcohol, while less than one-fifth (17.5%; n = 463) drank alcohol more than twice per week. Similar to cigarette smoking, there was a lower rate of reported drinking than found by *Writing Themselves In 3,* in which 48% of participants reported weekly drinking (3).

Participants who drank alcohol (n = 4,072) were asked how often they consumed six or more alcoholic drinks on one occasion. Table 51 displays the results.

Among those who drank alcohol, under one-quarter (23.0%; n = 937) reported drinking six or more drinks on one occasion monthly or more frequently. Also among participants who drank alcohol, half (51.0%; n = 917) of those aged 14 to 17 years and almost one-quarter (23.8%; n = 541) of those aged 18 to 21 years never drank six or more drinks on one occasion.

Table 49 Proportion of participants reporting tobacco use

	14-17 years		18-21 years		Total	
Smoking (n = 6,413)	n	%	n	%	n	%
No, I have never smoked	3,207	85.2	1,902	71.9	5,109	79.7
No, I used to smoke but I no longer smoke	259	6.9	305	11.5	564	8.8
Yes, I smoke less often than weekly	172	4.6	234	8.8	406	6.3
Yes, I smoke at least weekly (but not daily)	61	1.6	63	2.4	124	1.9
Yes, I smoke daily	67	1.8	143	5.4	210	3.3

Table 50 Frequency of alcohol consumption

	14-17 years		18-21 years		Total	
Alcohol consumption (n = 6,418)	n	%	n	%	n	%
Never	1,971	52.3	375	14.2	2,346	36.6
Monthly or less	1,279	33.9	910	34.4	2,189	34.1
2-4 times per month	439	11.6	900	34.0	1,339	20.9
2-3 times per week	69	1.8	373	14.1	442	6.9
4 or more times a week	12	0.3	90	3.4	102	1.6

11.3 Other non-medicinal drug use

Participants were asked if they had used one or more drugs for non-medical purposes in the past six months. Approximately one-third (33.4%, n = 1,875) of participants reported using any drug for non-medical purposes in the past six months. Almost three-tenths (28.2%; n = 1,581) had used cannabis in the past six months, followed by 7.0% (n = 395) who had used ecstasy/MDMA, 5.6% (n = 315) antidepressants, 4.0% (n = 222) amyl nitrite, 3.4% (n = 193) LSD, 3.4% (n = 188) nitrous oxide, 3.0% (n = 170) cocaine, and 1.3% (n = 70) meth/amphetamine.

Drug use was analysed among participants aged 14 to 17 years (n = 3,199) and those aged 18 to 21 years (n = 2,418), as displayed in Table 52 below.

Table 51 Frequency of consuming six or more drinks on one occasion

	14-17 years		18-21 years		Total	
Six or more drinks on one occasion (n = 4,069)	**n**	**%**	**n**	**%**	**n**	**%**
Never	917	51.0	541	23.8	1,458	35.8
Less than monthly	642	35.7	1,032	45.4	1,674	41.1
Monthly	201	11.2	480	21.1	681	16.7
Weekly	33	1.8	204	9.0	237	5.8
Daily or almost daily	5	0.3	14	0.6	19	0.5

Table 52 Drug use for non-medical purposes in the past six months by participants aged 14-17 and 18-21 years

	14-17 years (n = 3,199)		18-21 years (n = 2,418)	
Drug	**n**	**%**	**n**	**%**
Cannabis	709	22.2	872	36.1
Ecstasy/MDMA	104	3.3	291	12.0
Amyl nitrite/alkyl nitrite	32	1.0	190	7.9
Antidepressants	161	5.0	154	6.4
Nitrous oxide	58	1.8	130	5.4
Cocaine	30	0.9	140	5.8
LSD	63	2.0	130	5.4
Benzodiazepines	78	2.4	103	4.3
Natural hallucinogens	50	1.6	81	3.4
Ketamine	28	0.9	70	2.9
Pharmaceutical opioids	42	1.3	54	2.2
Antipsychotics	38	1.2	26	1.1
Synthetic cannabis	28	0.9	15	0.6
Meth/amphetamine	22	0.7	48	2.0
GHB/GBL/1,4-BD	5	0.2	12	0.5
Heroin	8	0.3	5	0.2
Steroids	5	0.2	7	0.3
Mephedrone	1	0.0	2	0.1
Other drug	50	1.6	43	1.8
Any drug use	848	26.5	1,027	42.5

Table 52 shows that when analysed by age, over one-quarter (26.5%; n = 848) of participants aged 14 to 17 years and over two-fifths (42.5%; n = 1,027) of participants aged 18 to 21 years reported using any drug for non-medical purposes in the past six months, compared to 18% having ever used illicit drugs in their lifetime among people aged 12 to 17 years in the general population (77).

Over one-quarter (28.2%; n = 1,581) of participants reported using cannabis in the past six months, followed by ecstasy/MDMA (7.0%; n = 395) and amyl nitrite/alkyl nitrite (4.0%; n = 222). Among participants aged 14 to 17 years, one-fifth (22.2%; n = 709) of participants reported using cannabis in the past six months, followed by antidepressants (5.0%; n = 161), ecstasy/MDMA (3.3%; n = 104) and nitrous oxide (1.8%; n = 58). Among participants aged 18 to 21 years, 36.1% (n = 872) of participants reported using cannabis in the past six months, followed by ecstasy/MDMA (12.0%; n = 291), amyl nitrite/alkyl nitrite (7.9%; n = 190), and cocaine (5.8%; n = 140).

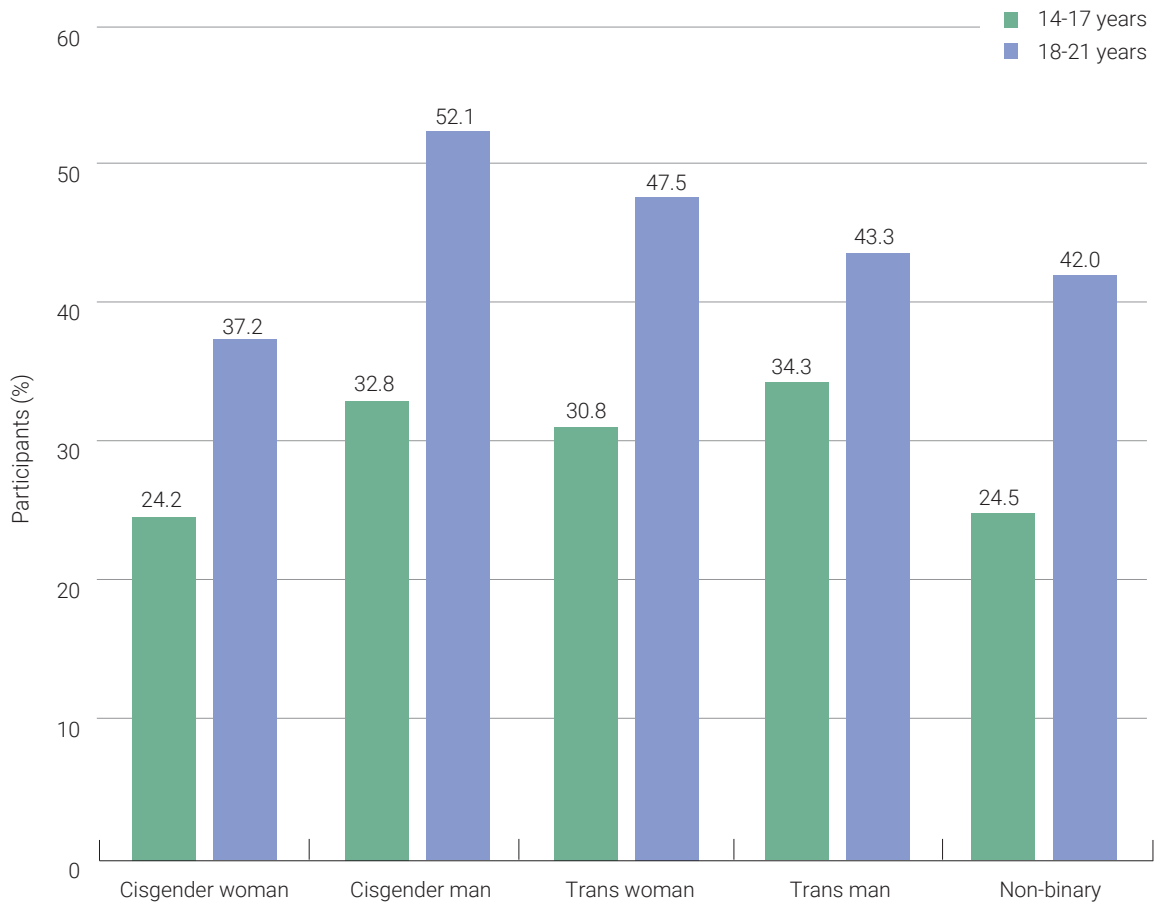
11.3.1 Drug use in past six months, by gender

Any drug use for non-medical purposes in the past six months among participants aged 14 to 17 years (n = 3,119) and those aged 18 to 21 (n = 2,356) was analysed by gender, as displayed in Figure 51 below.

Among participants aged 14 to 17 years, the proportion reporting any drug use for non-medical purposes in the past six months was highest among trans men (34.3%; n = 74), cisgender men (32.8%; n = 188) and trans women (30.8%; n = 8), followed by non-binary participants (24.5%; n = 144) and cisgender women (24.2%; n = 415).

Among participants aged 18 to 21 years, the proportion reporting any drug use for non-medical purposes in the past six months was highest among cisgender men (52.1%; n = 322), followed by trans women (47.5%; n = 19), trans men (43.3%; n = 65), non-binary participants (42.0%; n = 214) and cisgender women (37.2%; n = 386).

Figure 51 Any drug use in the past six months among participants aged 14-17 and 18-21, by gender



11.3.2 Drug use in past six months, by sexuality

Any drug use for non-medical purposes in the past six months among participants aged 14 to 17 years (n = 3,194) and those aged 18 to 21 years (n = 2,412) was analysed by sexuality in Figure 52 below.

Among participants aged 14 to 17 years, any drug use for non-medical purposes in the past six months was highest among queer participants (32.2%; n = 76) and lowest among asexual participants (8.4%; n = 10).

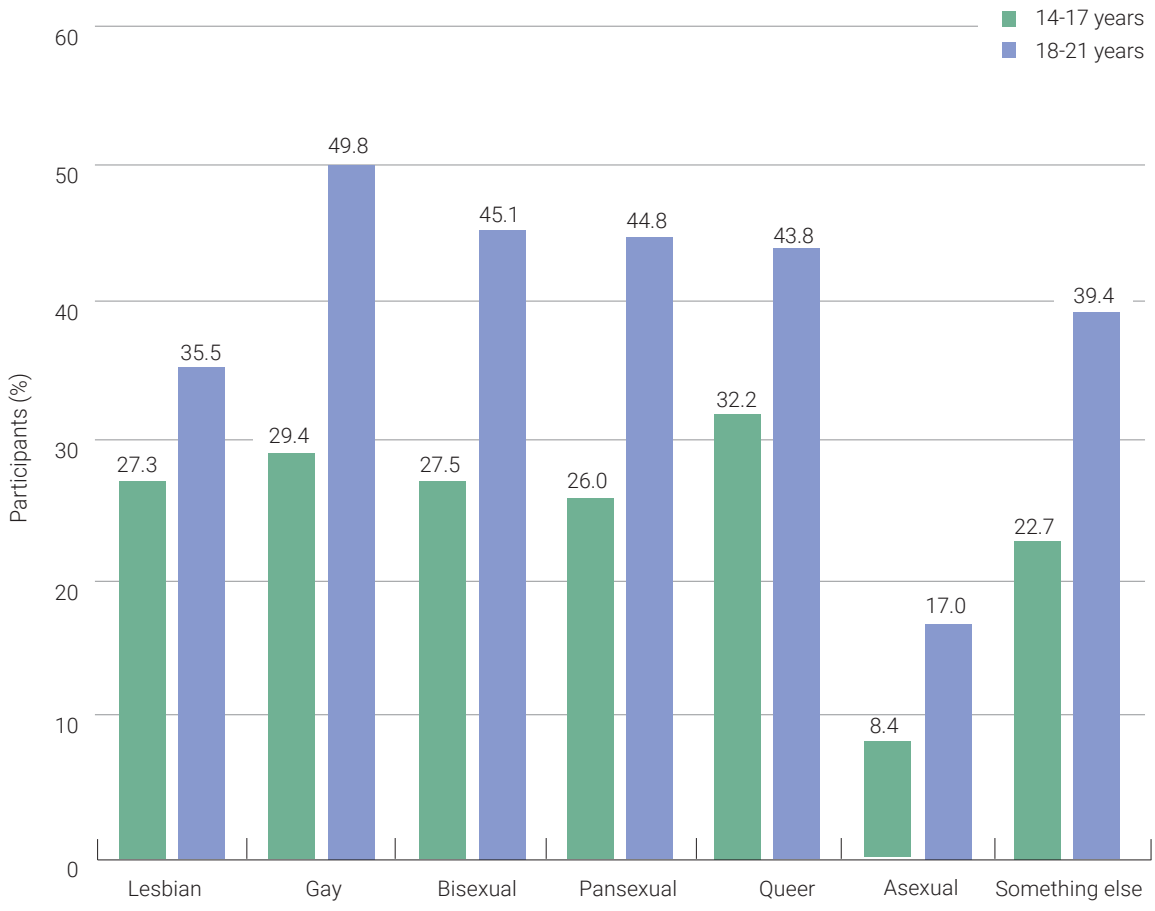
Among participants aged 18 to 21 years, any drug use for non-medical purposes in the past six months was highest among gay participants (49.8%; n = 236), followed by bisexual (45.1%; n = 331), pansexual (44.8%; n = 117), and queer participants (43.8%; n = 106). Lesbian (35.5%; n = 94) and asexual participants (17.0%; n = 25) reported lower drug use for non-medical purposes in the past six months than those of other sexual orientations.

11.3.3 Concern about drug use

Participants who reported using drugs (n = 1,875) 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 (23.5%; n = 440) reported ever being concerned about their drug use, with 25.9% (n = 220) of 14- to 17-year-olds and 21.4% (n = 220) of 18- to 21-year-olds reporting this.
- Three-tenths (29.1%; n = 545) reported their family or friends ever being concerned about their drug use, with 34.7% (n = 294) of 14- to 17-year-olds and 24.5% (n = 545) of 18- to 21-year-olds reporting this.

Figure 52 Any drug use in the past six months among participants aged 14-17 and 18-21, by sexuality



23.5%

of those using drugs reported ever being concerned about their use but only 11.8% of these same participants had accessed professional support in relation to their drug use in the past six months

11.3.4 Professional support access among participants concerned about drug use

Of participants who reported ever being concerned about their drug use (n = 440), 88.2% (n = 388) had not sought professional support for drug use in the past six months.

Of participants who reported ever being concerned about their drug use, 11.8% (n = 52) in total sought professional support for drug use in the past six months, 9.3% (n = 41) sought professional support from a mainstream drug service, 3.6% (n = 16) from a mainstream drug service that was LGBTIQA+ inclusive, and 0.7% (n = 3) 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.

11.4 Future support preferences

Participants were asked if they were to need help in relation to drug use in the future, where they would prefer to receive it. Table 53 displays their responses from all participants (n = 6,370) and those who had used drugs in the past six months (n = 1,872)

When asked where participants would prefer to access support services if they struggled with drug use in the future, one-third (34.6%; n = 2,202) responded 'from a mainstream drug service that is LGBTIQA+ inclusive', one-tenth (12.6%; n = 235) from 'a mainstream drug service', and 6.0% (n = 384) 'from a drug service that caters only to LGBTIQA+', and 0.3% (n = 18) from 'a drug service that caters to Aboriginal/Torres Strait Islanders' (7.1% of Aboriginal or Torres Strait Islander participants reported a preference for this service). A further 49.0% (n = 3,120) reported not knowing or not having a preference.

Participants who reported using drugs in the past six months were asked where they would prefer to access support services if they struggled with drug use in the future, almost one-third (32.2%; n = 602) responded 'from a mainstream drug service that is LGBTIQA+ inclusive', over one-tenth (12.6%; n = 235) from 'a mainstream drug service', 7.5% (n = 140) 'from a drug service that caters only to LGBTIQA+', and 0.2% (n = 4) from 'a drug service that caters to Aboriginal/Torres Strait Islanders' (4.7% of Aboriginal or Torres Strait Islander participants who had used drugs in the past six months reported a preference for this service). A further 47.6% (n = 891) reported not knowing or not having a preference.

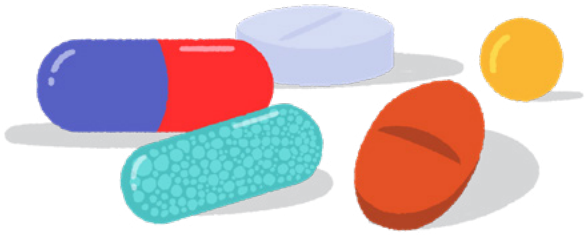
Table 53 **Preference for drug-use-related support in the future, if required**

	All participants (n = 6,370)		Participants who had used drugs in past six months (n = 1,872)	
Service	**n**	**%**	**n**	**%**
From a mainstream service	646	10.1	235	12.6
Mainstream service that is known to be LGBTIQA+ inclusive	2,202	34.6	602	32.2
Service that only caters to LGBTIQA+ people	384	6.0	140	7.5
Drug service that caters to Aboriginal/Torres Strait Islanders	18	0.3	4	0.2
I don't know	1,511	23.7	388	20.7
I have no preference	1,609	25.3	503	26.9

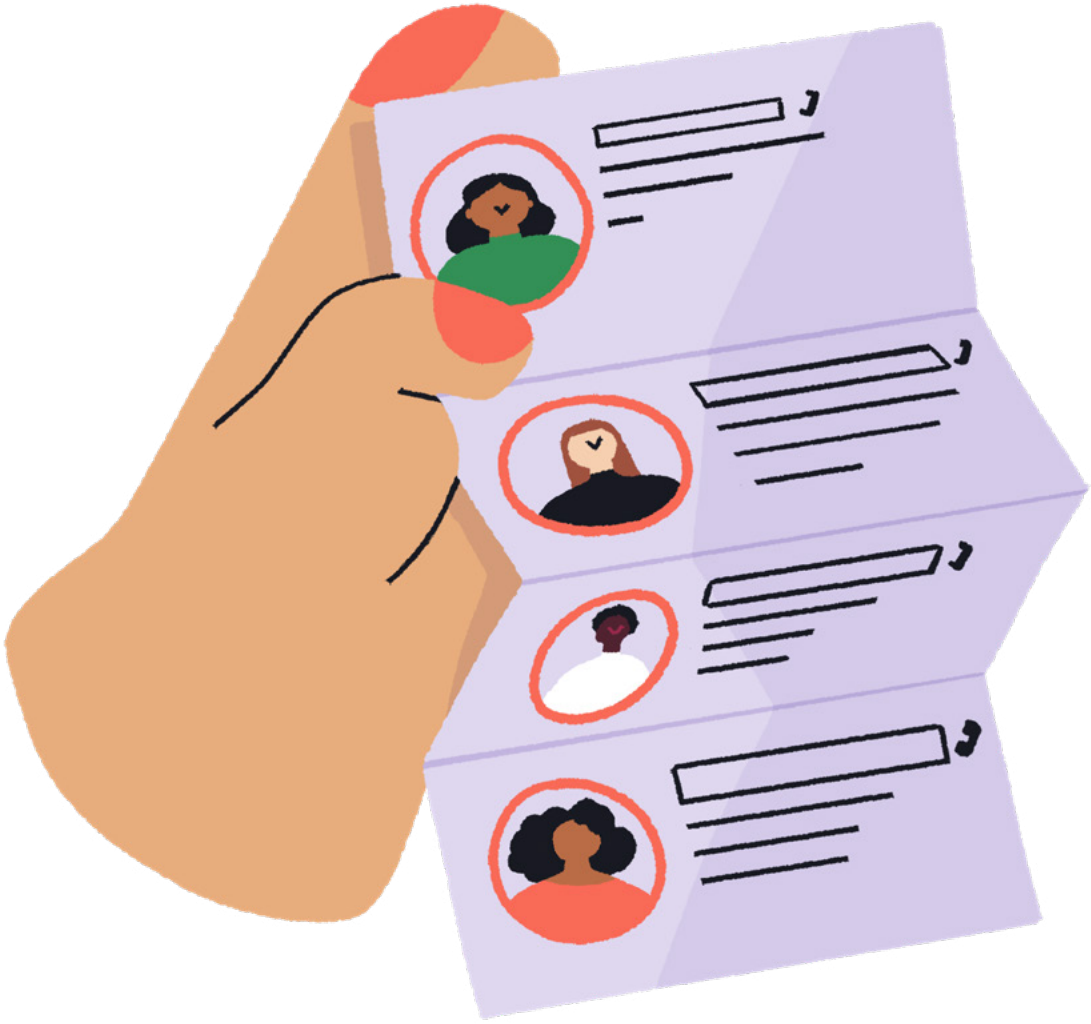
11.5 Summary

Just over one in ten participants were current smokers, including 8.0% of participants aged 14 to 17 years, and 16.6% aged 18 to 21 years. Less than half (47.7%) of participants aged 14 to 17 years reported drinking alcohol, which is slightly lower than the proportion of 14- to 17-year-olds documented in general population studies. A much higher proportion of 18- to 21-year-olds (85.8%) reported drinking alcohol, with around one-fifth doing so more than twice per week.

Around a third of participants reported using any drug for non-medical purposes in the past six months, and the most popular of these were cannabis, ecstasy, amyl nitrite and antidepressants. While there were differences according to age, use of any illicit drug tended to be highest among cisgender men, with high rates also reported by trans women and trans men. Around a quarter of those who had used illicit drugs reported they had been concerned about their use at some point in the past, with a similar proportion reporting that friends or family had expressed concern about their drug use. Only a small proportion of those expressing concern had accessed professional support relating to their drug use.



12 **Engagement with professional support services**



Previous research has identified significant barriers for LGBTIQ young people when accessing professional support services such as counselling or mental health services. Australian and international studies show that LGBTI people under-utilise health services and delay seeking treatment due to actual or anticipated bias from service providers. In a large study of LGBT adults, Private Lives 2, nearly 34% of LGBT Australians reported 'usually or occasionally' hiding their sexual orientation or gender identity when accessing services to avoid possible discrimination and abuse (39).

The Trans Pathways study (23) found that young people seeking health services encountered inexperienced or transphobic service providers, and long waiting lists to see providers who were seen as 'trans-friendly'. Feeling isolated from services was found to have a significant negative impact on mental health (23). Community-controlled, or LGBTIQA+, health services may help overcome this issue, but access to such services may be limited for some, particularly in rural or remote locations. Meanwhile, various efforts have been made in the last decade to improve the inclusion of LGBTIQ people within mainstream services, in order to encourage people to access services and improve their experiences and promote positive outcomes.

12.1 Understanding experiences of access to professional support services

In order to understand their experiences of accessing professional support services, including the outcomes achieved in doing so, a sequence of questions was asked to step through specific experiences of service engagement in detail.

All *Writing Themselves In 4* participants were initially asked, 'Have you ever accessed any of the following professional support services?' (Multiple responses were permitted.) Response options were as follows:

- In-person professional counselling or support service (e.g. school counsellor, Headspace)
- Professional telephone support service (e.g. Qlife, Kids Helpline)
- Professional text or webchat support service (e.g. Qlife, Kids Helpline)
- No, I have never accessed professional support services

Participants who had accessed any of the above professional services were then asked if it was 'in the previous 12 months' or 'more than 12 months ago' (multiple responses permitted).

Participants who had ever accessed any professional services in their lifetime were then asked, 'The most recent time you received professional help, which of the following did you access?'

- In-person professional counselling or support service (e.g. school counsellor, Headspace)
- Professional telephone support service (e.g. Qlife, Kids Helpline)
- Professional text or webchat support service (e.g. Qlife, Kids Helpline)

Participants were then asked, regarding the most recent time they accessed a professional service, 'Was it in relation to your sexuality or gender identity?' Response options were 'yes' or 'no'.

Participants were then asked, regarding the most recent time they accessed a professional service, 'Was this service specifically for LGBTIQA+ people?' Response options were 'yes' or 'no'.

Finally, participants were asked, regarding the most recent time they accessed a professional service, 'Did they help improve the situation?' Response options were on a five-point scale ranging from 'no, made it much worse' to 'yes, made it much better'.

47.5%

of participants had ever accessed a professional counselling or support service in the past 12 months.

12.2 Experiences of accessing professional support services

Participants were asked if they had accessed one of the following professional support services ever in their lifetime.

Table 54 Professional support service accessed, ever

Professional support service (n = 6,388)	n	%
In-person professional counselling or support service	4,018	62.9
Professional telephone support service	840	13.2
Professional text or webchat support service	1,357	21.2
Any of the above	4,343	68.0

Over three-fifths (62.9%; n = 4,018) of participants had accessed an in-person professional counselling or support service, over one-tenth (13.2%; n = 840) a professional telephone support service, and over one-fifth (21.2%; n = 1,357) a professional text or webchat support service in their lifetime.

In total, over two-thirds (68.0%; n = 4,343) of participants had ever accessed a professional counselling or support service in their lifetime, and 47.5% (n = 3,032) had accessed one in the past 12 months.

12.3 Most recent experience accessing professional support services

12.3.1 Services accessed

Participants reporting ever accessing professional support services were asked which service they accessed the most recent time. Table 55 displays these results.

Table 55 Professional support service accessed, most recent time

Professional support service accessed, most recent time (n = 4,331)	n	%
In-person professional counselling or support service	3,684	85.1
Professional telephone support service	139	3.2
Professional text or webchat support service	508	11.7

More than four-fifths (85.1%; n = 3,684) of participants reported accessing in-person professional counselling or support services the most recent time they accessed a professional support service, followed by one-tenth (11.7%; n = 508) a professional text or webchat support service, and 3.2% (n = 139) a professional telephone support service.

12.3.2 Accessing a service specifically to address LGBTIQ-related concerns

Overall, over one-quarter (28.9%; n = 1,252) of participants said that the most recent time they accessed a professional support service was to discuss matter specifically relating to their sexuality or gender identity.

Table 56 Professional support service accessed in relation to sexuality or gender identity, most recent time

	No		Yes	
Professional support service (n = 4,331)	n	%	n	%
In-person professional counselling or support service	2,701	73.3	983	26.7
Professional telephone support service	98	70.5	41	29.5
Professional text or webchat support service	282	55.5	226	44.5

The most recent time participants accessed a professional support service, it was in relation to their sexuality or gender identity for more than two-fifths (44.5%; n = 226) of those accessing a professional text or webchat support service, compared to three-tenths (29.5%; n = 41) of those accessing a professional telephone support service, and one-quarter (26.7%; n = 983) of those accessing an in-person professional counselling or support service.

12.3.3 Accessing services specifically for LGBTIQA+ people

In total, 6.2% (n = 267) of participants said that the most recent professional support service they accessed was one that specifically caters for LGBTIQA+ people. Of those, 70.4% (n = 188) accessed an in-person professional counselling or support service, 25.5% (n = 68) accessed a professional text or webchat support service, and 4.1% (n = 11) accessed a professional telephone support service.

Trans women and trans men were more likely to report recently accessing a service that was specifically for LGBTIQA+ people: (29.4%, n = 20 and 22.8%, n = 79, respectively). This compared to 8.8% (n = 82) of non-binary participants, 3.6% (n = 25) of cisgender men, and 2.4% of (n = 52) cisgender women.

Similarly, pansexual (9.3%; n = 50) and queer (9.5%; n = 40) participants were more likely to have recently accessed a service that was specifically for LGBTIQA+ people, compared to lesbian (4.3%; n = 24), bisexual (4.9%; n = 70), asexual (4.6%; n = 9), or gay (6.4%; n = 39) participants.

12.3.4 Professional support service outcomes

Participants were asked if the professional services they accessed the most recent time helped to improve the situation. Responses were on a five-point scale ranging from 'no, made it much worse' to 'yes, made it much better'. Table 57 displays the responses for participants who responded 'yes, made it better' or 'yes, made it much better'.

Table 57 Professional support service made situation better/much better

Professional support service accessed most recent time made situation better/much better	n	%
LGBTIQA+-specific service (n = 267)	168	63.2
In-person professional counselling or support service (n = 3,633)	1,822	50.2
Professional telephone support service (n = 139)	55	39.6
Professional text or webchat support service (n = 505)	176	34.9

Overall, almost two-thirds (63.2%; n = 168) of participants who accessed an LGBTIQA+-specific service the most recent time they accessed a professional support service reported that it had made the situation 'better/much better', compared to half (50.2%; n = 1,822) of those accessing an in-person professional counselling or support service, two fifths (39.6%; n = 55) of those accessing a professional telephone support service, and one third (34.9%; n = 176) of those accessing a professional text or webchat support service.

12.4 Preferences for accessing professional support services

Participants were asked, 'If you were to ever need help or support from a professional counselling service in the future, where would you prefer to receive it?' Table 58 displays their responses.

Table 58 Preferences for accessing types of professional support service, if required in the future

Professional support service (n = 6,414)	n	%
From a mainstream service that is known to be LGBTIQA+ inclusive	2,934	45.7
From a service that is only for LGBTIQA+ people	750	11.7
From a mainstream service	556	8.7
From an Aboriginal/Torres Strait Islander service	16	0.2
I don't know	864	13.5
I have no preference	1,294	20.2

More than two-fifths (45.7%; n = 2,934) of participants said they would prefer to access a mainstream service that is LGBTIQA+ inclusive, compared to approximately one-tenth (11.7%; n = 750) who preferred a service that is only for LGBTIQA+ people, and 8.7% (n = 556) who preferred a mainstream service. In total, 6.3% (n = 16) of Aboriginal or Torres Strait Islander participants said they would prefer to access an Aboriginal/Torres Strait Islander service.

Over one-quarter (26.9%; n = 109) of trans men and trans women (26.7%; n = 20) said they would prefer to access a service that is only for LGBTIQA+ people, followed by one-fifth (19.8%; n = 241) of non-binary participants, 8.3% (n = 116) of cisgender men, and 7.5% (n = 237) of cisgender women. It is notable that over a third of participants did not know or had no preference.

Participants were asked, 'If you were to ever need help or support from a professional counselling service in the future, how would you prefer to receive it?' Table 59 represents their responses.

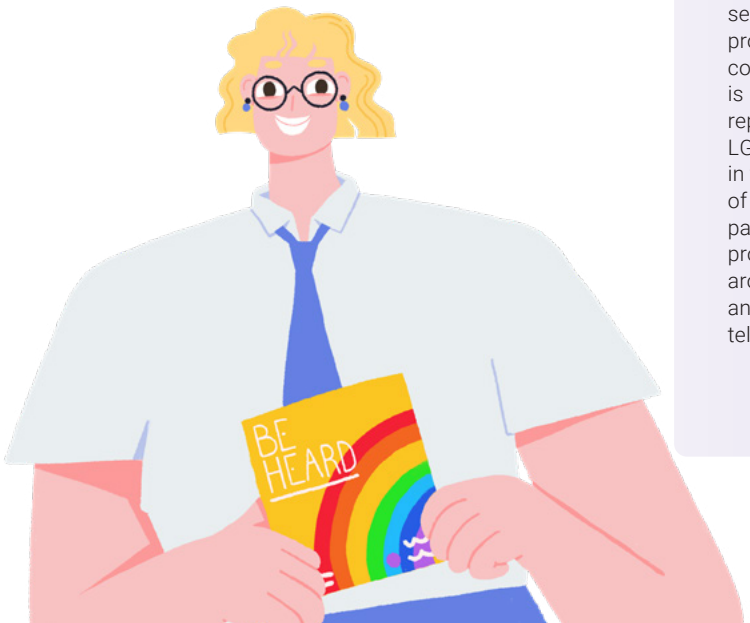


Table 59 Preferences for method of access to professional support service, if required in the future

Method of access to professional support service (n = 6,408)	n	%
In person	4,351	67.9
By text or webchat	1,226	19.1
By telephone	135	2.1
Other	36	0.6
I don't know	660	10.3

Over two-thirds (67.9%; n = 4,351) of participants reported in the future they would prefer to access a professional support service in person, followed by 19.1% (n = 1,226) by text or webchat, and 2.1% (n = 135) by telephone.

12.5 Summary

A large proportion of participants had accessed a professional support service at some point in their lives, including nearly two-thirds who had accessed an in-person professional counselling or support service, with smaller proportions who had accessed telephone helplines, or text or webchat support services. Around half of participants had accessed a professional support service in the past 12 months.

Of those who had accessed a professional support service of any kind, almost two-thirds (63.2%) of participants who accessed an LGBTIQA+-specific service the most recent time they accessed a professional support service reported that it had made the situation 'better/much better', compared to half (50.2%) of those accessing an in-person professional counselling or support service, two fifths (39.6%; n = 55) of those accessing a professional telephone support service, and one third (34.9%) of those accessing a professional text or webchat support service.

When asked to indicate their preference for the type of service if they were ever to need help or support from a professional counselling service in the future, the most common response was for a mainstream service that is known to be LGBTQA+ inclusive. Smaller proportions reported a preference for services that are only for LGBTQA+ people, but this finding should be interpreted in the context of limited access to and awareness of such services in the first place. Over two-thirds of participants reported they would prefer to access a professional support service in the future in person, with around one-fifth preferring a text or webchat service and a smaller proportion expressing a preference for telephone-based support.

13 **Community connection**

A sense of community connection is known to support resilience among lesbian, gay, bisexual, trans and gender diverse people. Community connection can foster social support and companionship, both of which enable people to cope with stress and live well (78–80). A study of trans and gender diverse young people, From Blues to Rainbows (4), found that many trans and gender diverse youth spoke of community activism as a means of building connections with other queer young people and of facilitating gender affirmation. International research has observed that family support is a strong protective factor against poorer mental health outcomes among LGBT young people, while LGBQ community connectedness is associated with resilience and wellbeing among LGBQ adults (81). It is most likely that both these forms of support and connection are important. LGBTIQA+ community connections and supports, working in conjunction with supportive family, friends, educational settings and professional support services, could foster improved wellbeing for LGBTQA+ young people in Australia.

13.1 Engagement with LGBTIQA+ support groups or organisations

Participants were asked how often they had attended a range of supportive groups or event within 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. The sample for each is thus indicated below.

- School/university LGBTIQA+ youth group (n = 6,040)
- Non-school/university LGBTIQA+ youth group (n = 6,304)
- Trans and gender diverse youth group (n = 1,472)
- LGBTIQA+ youth event (n = 6,269)
- Other LGBTIQA+ support group (n = 5,410)

The frequency of engagement with such groups or events in the past 12 months is displayed in Figure 53.

Almost one in five (17.2%; n = 1,037) participants had attended a school/university LGBTIQA+ youth group in the past 12 months, 11.6% (n = 734) a non-school/university LGBTIQA+ youth group, 10.6% (n = 156) a trans and gender diverse youth group, 14.7% (n = 920) an LGBTIQA+ youth event, and 3.2% (n = 171) an other LGBTIQA+ support group.

13.2 Community volunteering and engagement

All participants were asked whether they had engaged in any face-to-face activities supportive of LGBTIQA+ people within the previous 12 months. Table 60 displays the findings.

Table 60 Proportion of participants engaging in LGBTIQA+-supportive activities in the past 12 months

LGBTIQA+-supportive activity engagement (n = 6,290)	n	%
Created or posted something online supporting LGBTIQA+	2,368	37.7
Stood up for the rights of LGBTIQA+ people at school/work	2,131	33.9
Attended a rally or protest about LGBTIQA+ rights	1,288	20.5
Volunteered for an LGBTIQA+ organisation or cause	493	7.8
Any of the above	3,635	57.8

Figure 53 Proportion of participants attending LGBTIQA+ groups/events in the past 12 months

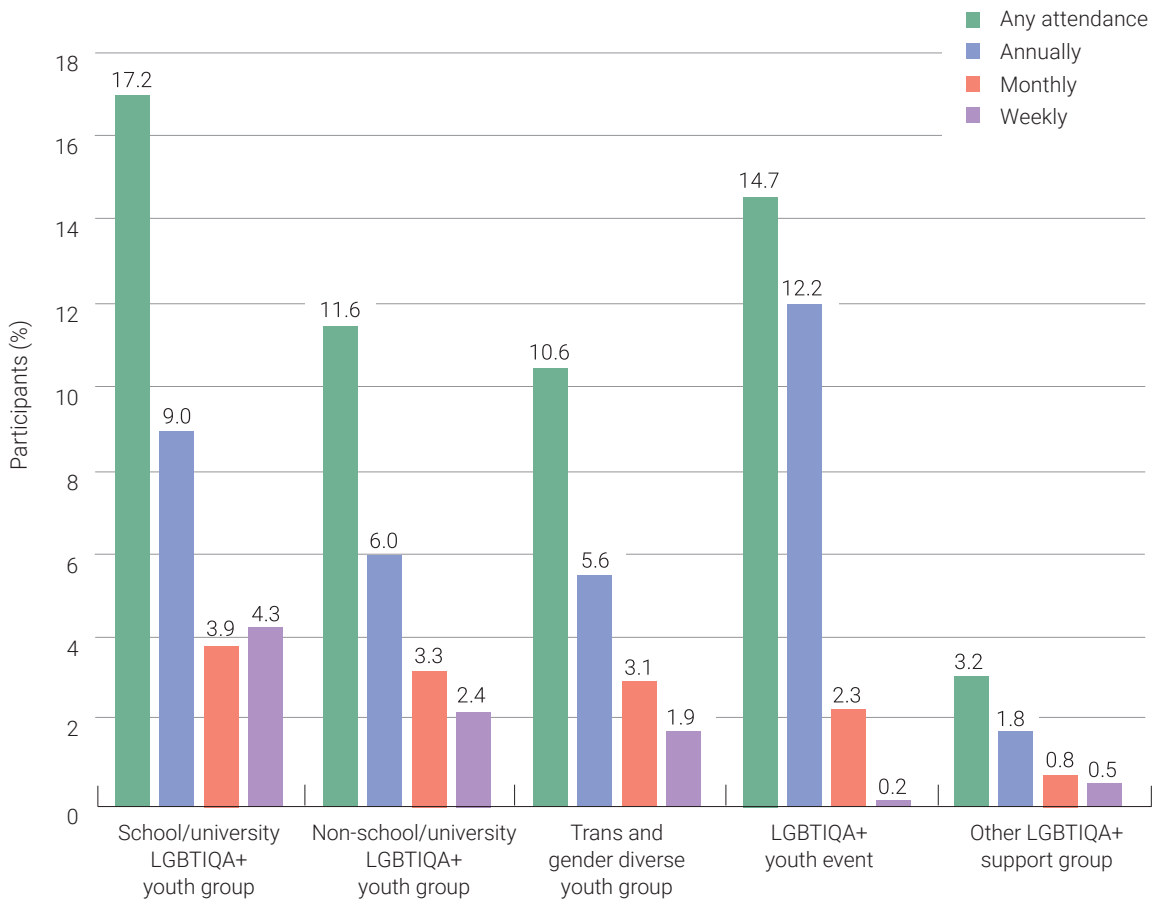


Figure 54 **Proportion of participants engaging in one or more LGBTIQA+-supportive activities in the past 12 months, by gender**

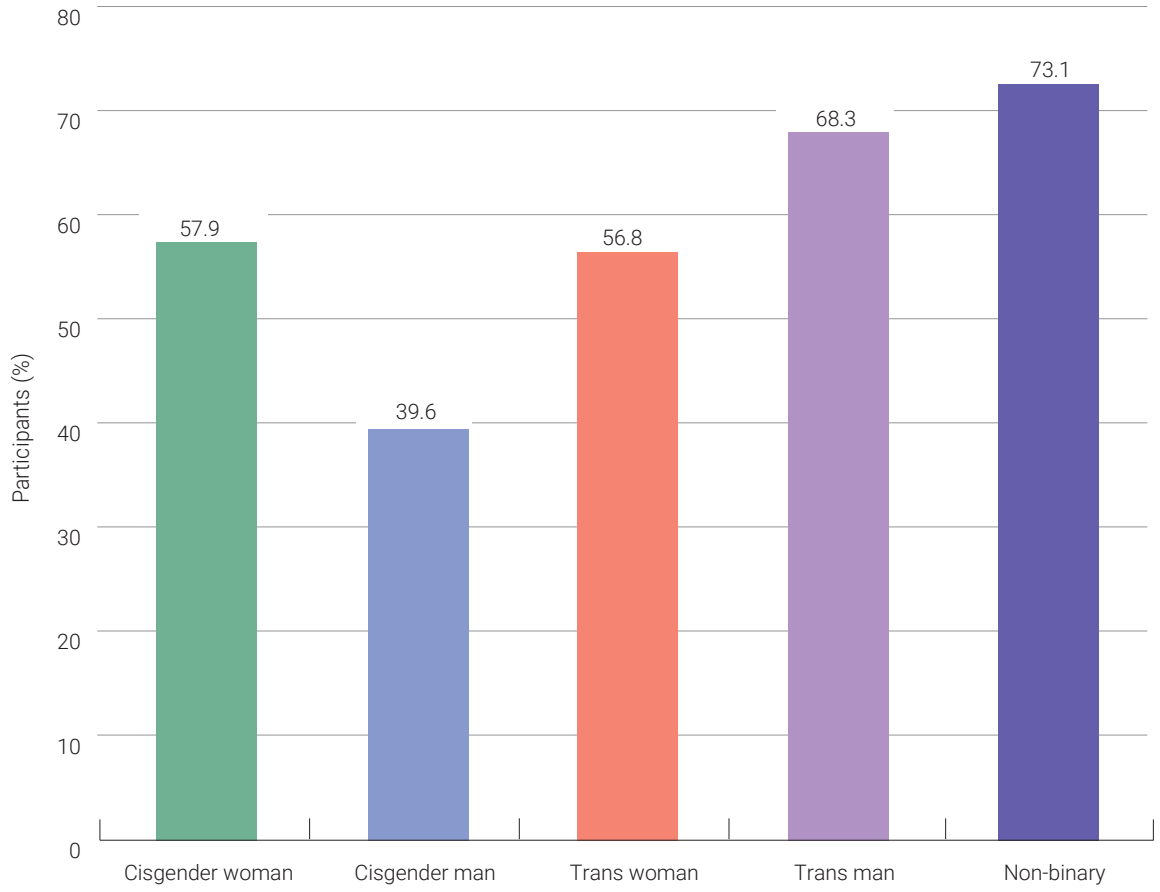
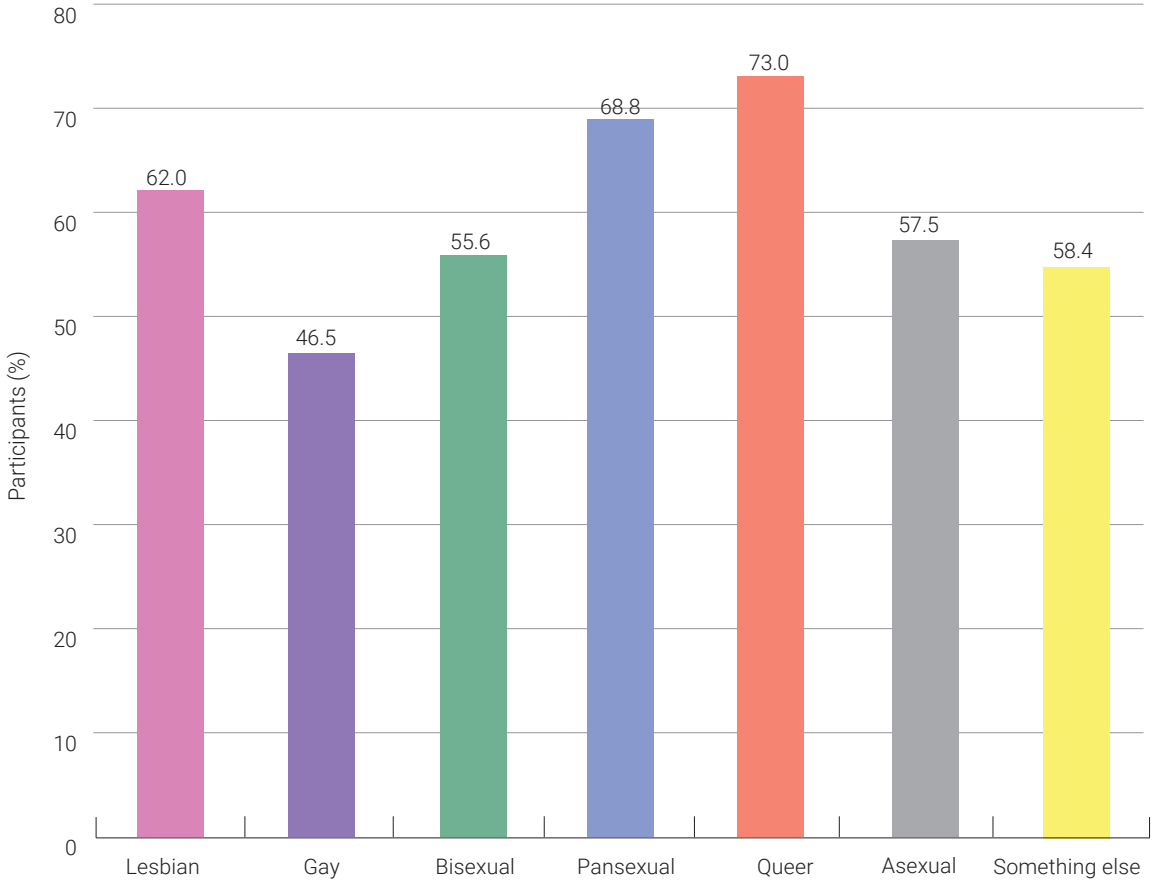


Figure 55 **Proportion of participants engaging in one or more LGBTIQA+-supportive activities in the past 12 months, by sexuality**



Over half the participants (57.8%; n = 3,635) had engaged in one or more community engagement or volunteering activities in the past 12 months. Online political engagement was the most common form of community volunteering or engagement. Over one-third (37.7%; n = 2,368) of participants had created or posted something online supporting LGBTIQA+. However, a similar number were involved in face-to-face community action, with 33.9% (n = 2,131) of participants stating that they had stood up for the rights of LGBTIQA+ people at school or work, 20.5% (n = 1,288) had attended a rally or protest about LGBTIQA+ rights, and 7.8% (n = 493) had volunteered for an LGBTIQA+ organisation or cause in the past 12 months.

Figure 54 displays the proportion of participants engaging in one or more LGBTIQA+-supportive activities in the past 12 months, by gender (n = 6,126).

Non-binary participants and trans men were more actively engaged in the LGBTIQA+ community than other gender identities. Almost three-quarters (73.1%; n = 877) of non-binary participants had engaged in one of more LGBTIQA+-supportive activities in the past 12 months, followed by 68.3% (n = 276) of trans men, 57.9% (n = 1,798) of cisgender women, 56.8% (n = 42) of trans women and 39.6% (n = 530) of cisgender men.

Figure 55 displays the proportion of participants engaging in one or more LGBTIQA+-supportive activities in the past 12 months, by sexuality (n = 6,282).

Queer (73.0%; n = 389) and pansexual (68.8%; n = 485) participants were the most actively engaged in the LGBTIQA+ community, followed by lesbian (62.0%; n = 470), asexual (57.5%; n = 168), bisexual (55.6%; n = 1,179), and gay (46.5%; n = 480) participants.

33.9%

of participants had stood up for the rights of LGBTIQA+ people at school or at work

13.3 Online LGBTIQA+ engagement

All participants were asked whether they had engaged in any online activities relating to LGBTIQA+ friendship, health or wellbeing. Table 61 displays the findings.

Table 61 Proportion of participants using mobile applications or websites for LGBTIQA+ purposes in the past 12 months

Mobile app/website use (n = 6,376)	n	%
Become a member or follow any social media groups specifically for LGBTIQA+ people	2,825	44.3
Make new friendships with LGBTIQA+ people	2,376	37.3
Access LGBTIQA+-specific sexual health information	1,459	22.9
Access LGBTIQA+-specific mental health information	1,249	19.6
Any of the above	4,046	63.5

Almost two-thirds (63.5%; n = 4,046) of participants had used a website or mobile application to engage with the LGBTIQA+ community or to access LGBTIQA+ information in the past 12 months. Just under half (44.3%; n = 2,825) became a member or follower of social media groups specifically for LGBTIQA+ people, 37.3% (n = 2,376) made new friendships with LGBTIQA+ people, 22.9% (n = 1,459) accessed LGBTIQA+-specific sexual health information, and 19.6% (n = 1,249) accessed LGBTIQA+-specific mental health information.

13.4 Attachment in educational settings

To assess participant levels of attachment to their educational institution, *Writing Themselves In 4* included the three-item 'school connection' scale. Participants were asked three questions regarding their attachment to their educational institution on a five-point scale ranging from strongly disagree to strongly agree. Figure 56 (displayed on next page) below displays the results by educational setting for participants who responded 'agree' or 'strongly agree' with the following questions:

- You feel close to people at your school (n = 6,045)
- You feel like you are a part of your school (n = 6,041)
- You are happy to be at your school (n = 6,040)

Participants at secondary school reported the highest levels of feeling 'close to people at your educational institution' (50.7%; n = 1,939), followed by university (43.5%; n = 664), and TAFE, with almost half the proportion (27.3%; n = 102).

A greater proportion of participants at university (66.8%; n = 1,019) agreed or strongly agreed with the statement 'You are happy to be at your educational institution' than those at TAFE (46.6%; n = 173) or secondary school (42.2%; n = 1,611).

More than half of cisgender men and approximately half of cisgender women were attached to their educational institution and peers, compared to approximately one-third of non-binary participants and trans men, and one-quarter of trans women (analysis displayed in Figure 57 on next page). For example, approximately half of cisgender men (55.4%; n = 718) and cisgender women (49.3%; n = 1,498) reported feeling close to people at their educational institution, compared to one-third of trans men (35.7%; n = 131) and non-binary participants (36.6%; n = 411), and less than three-tenths of trans women (28.4%; n = 19). These findings may reflect the higher levels of verbal, physical, and sexual harassment or assault faced by trans and gender diverse participants (see Chapter 8) and the higher rates of feeling uncomfortable at their educational institution in the past 12 months, as well as a higher number of days at their educational institution missed by trans and gender diverse participants than cisgender participants (see Chapter 5).

Overall, more gay, bisexual, and queer participants were attached to their educational institution and peers, compared to lesbian, pansexual and asexual participants (analysis displayed in Figure 58 on next page)

. For example, 52.4% (n = 518) of gay participants, 50.8% (n = 1,055) of bisexual participants, and 46.9% (n = 235) of queer participants reported feeling close to people at their educational institution, compared to 42.6% (n = 315) of lesbian, 39.7% (n = 261) of pansexual, and 37.1% (n = 99) of asexual participants.

More cisgender men and women were attached to their education institution compared to trans and gender diverse participants

Figure 56 **Perceived connection to educational institution, by educational setting**

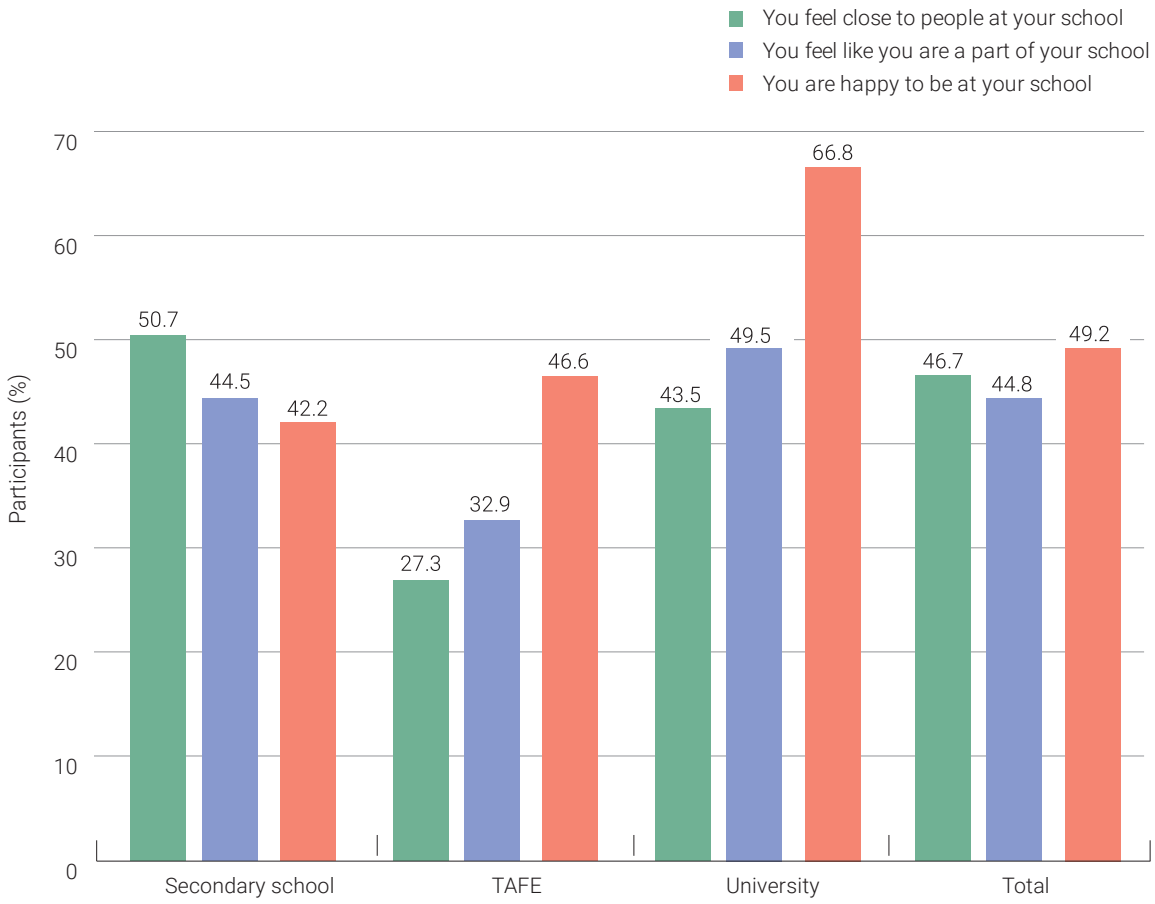


Figure 57 **Perceived connection to educational institution, by gender**

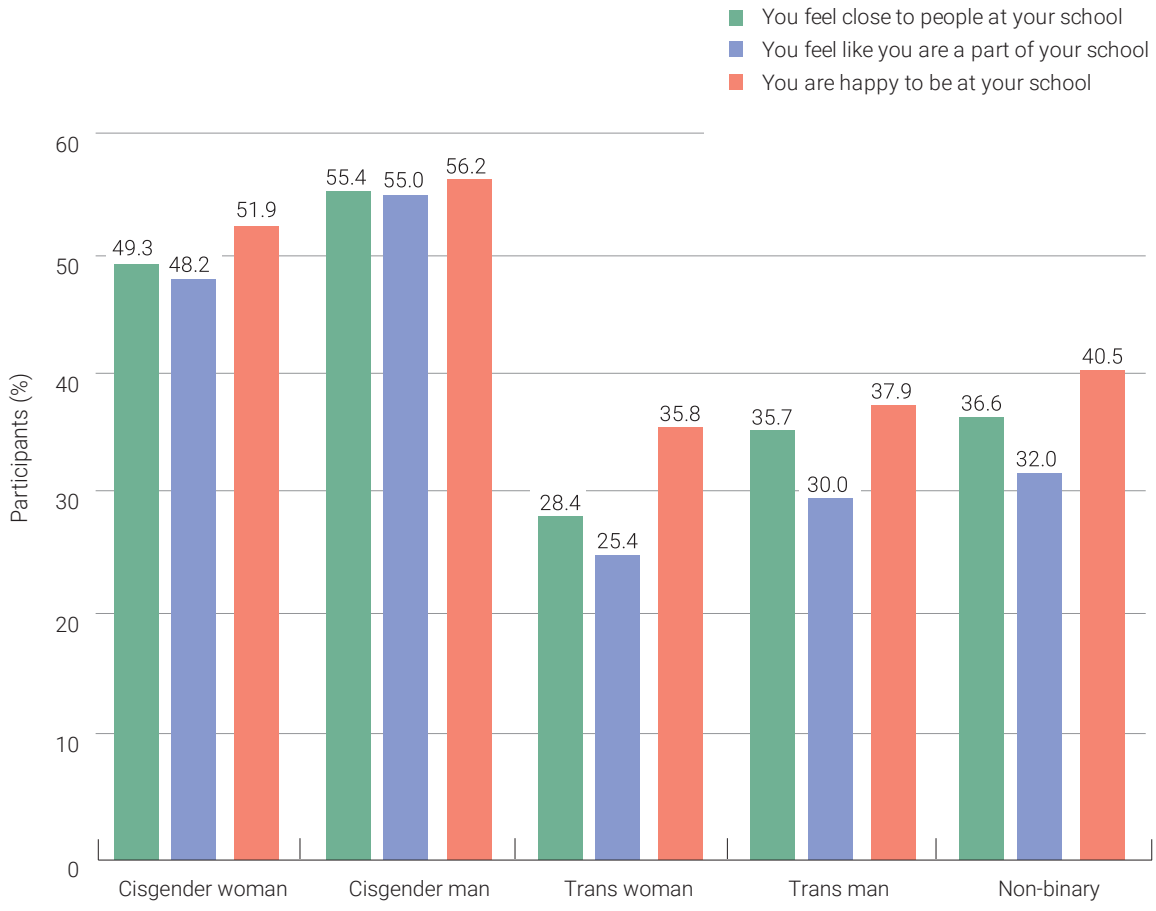
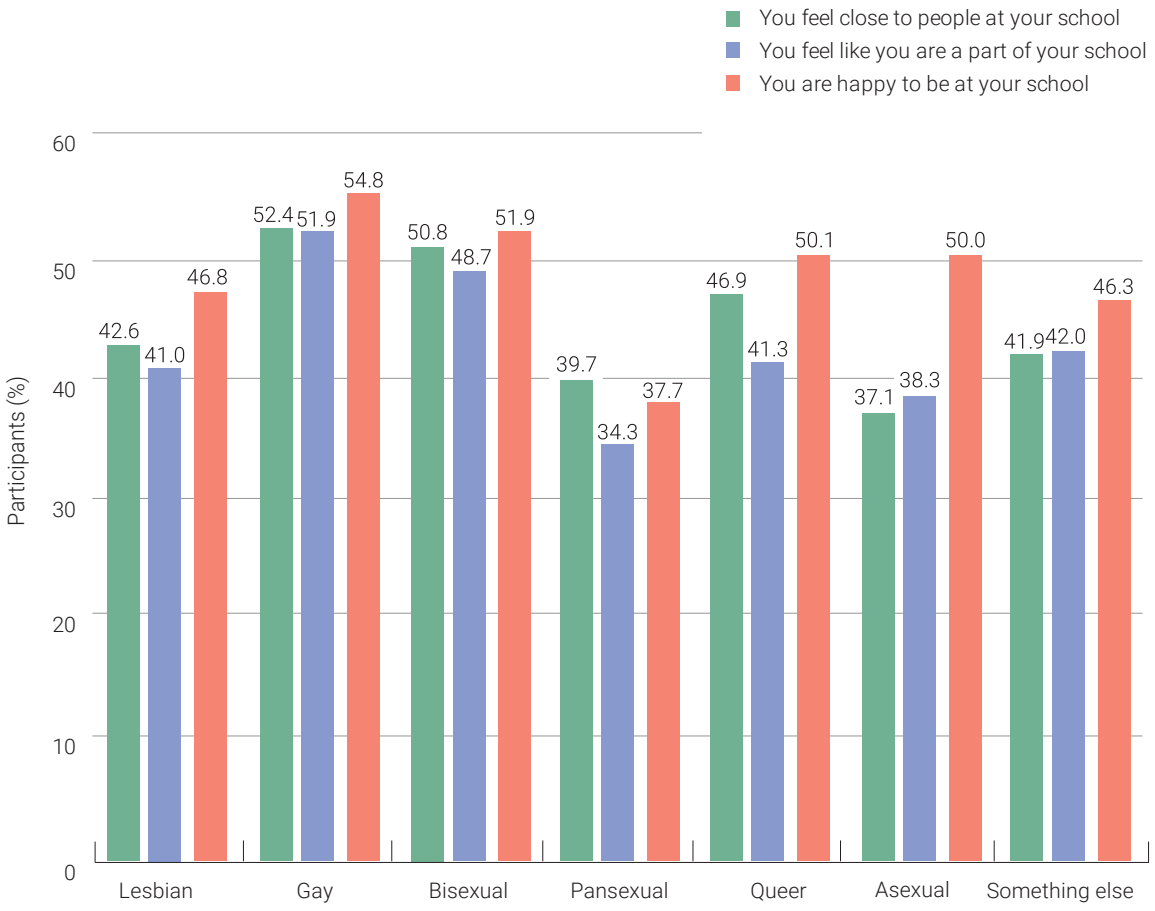


Figure 58 **Perceived connection to educational institution, by sexuality**



13.5 Summary

Approximately one in five *Writing Themselves In 4* participants were involved with LGBTIQA+ groups or activities at their school or university or a peer support group. However, a larger proportion connected with the LGBTIQA+ community online; two in five reported they were a member or followed any social media groups specifically for LGBTIQA+ people online and one in three reported they had made new friends from the LGBTIQA+ community online. Participants were also involved in online activism relating to LGBTIQA+ issues, with one in three indicating they had created or posted something online in support of LGBTIQA+ people within the past 12 months.

Activism was part of the lives of many *Writing Themselves 4* in participants, with more than one in three indicating that they had stood up for the rights of LGBTIQA+ people at their educational institution or workplace, while one in five had attended a rally or protest in the past 12 months. Non-binary participants and trans men were more actively engaged in the LGBTIQA+ community, compared to other gender identities.

We asked participants to tell us how connected they felt to their school, TAFE or university. Secondary school students were more likely than TAFE or university students to report that they felt close to people at their educational institution, although they were least likely to report being happy at their educational institution. Trans and gender diverse participants were less likely than cisgender young people to report feeling close to others and happy at their educational institution.

14 Feeling good as an LGBTQA+ young person

Writing Themselves In 4 asked participants, 'What makes you feel good about yourself?' This question was asked towards the very end of the survey, in part to step participants out of the survey in a positive manner after answering many questions that they may have found emotionally challenging. Importantly, this question also provided participants a space to share more about themselves, their strengths and the ways in which they affirm their LGBTQA+ identity. Much previous research among this population has focussed on 'problems' and challenges. While it is crucial to capture data about experiences of harm and mental health issues to inform health and social care interventions, it is also essential that research highlights what LGBTQA+ young people value, and what supports and promotes their wellbeing. Such findings are needed to inspire health promotion and community interventions that seek to improve the health and wellbeing of young LGBTQA+ communities. They can illuminate the more complex stories and lives of LGBTQA+ young people, and allow more nuance than a focus only on risk and protective factors. Without depictions of the positive aspects of young LGBTQA+ people's lives, there is risk that young people will come to understand themselves and their peers only as an 'at risk' group (82)

In total, 4,754 participants provided an answer to this question, and responses ranged in length from a few words to a paragraph or more of text. The responses from young LGBTQA+ people in Australia 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 finding creative and diverse ways of celebrating their identities. These responses help paint a picture of what can happen for young LGBTQA+ people when they are surrounded by affirming friends, family, romantic partners and other adults in educational institutions, workplaces, or other social networks. They show us how many young LGBTQA+ people find happiness in volunteering, in helping others, and in their creative and extra curricula pursuits. Throughout this report there are findings that may leave many sad or unsettled. The responses from young LGBTQA+ people in this chapter give us a valuable insight into what we can be enhancing, embracing or transforming to ensure LGBTQA+ young people in Australia are able to feel good about themselves more of the time.

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). Many young people simply responded that nothing made them feel good. The breadth of responses indicates the vastly different experiences young LGBTQA+ people are having across Australia. A number of themes emerged following textual analysis of these responses, the most common of which are described below.

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 friends or family members who also identified as LGBTIQA+, and reported how they could provide important support, advice and guidance. Often face-to-face connection was considered important, but online friendship and engagement was also commonly valued.

When I'm laughing with my friends and I'm able to forget anxiety and depression because I love them and they make me happy.

(Aged 17, WA)

Being around my friends who I know will affirm my identity.

(Aged 18, VIC)

Talking about gay things I have in common with my other queer friends.

(Aged 19, VIC)

Talking online with my friends.

(Aged 20, ACT)

Being surrounded by people that understand.

(Aged 16, TAS)

Being supported by other LGBTQ+ people and feeling like a part of a community/family.

(Aged 16, QLD)

Romantic connection

Many *Writing Themselves In* participants were clear to reflect the ways in which their romantic and sexual 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 committed, romantic relationships but also extended to 'crushes' and fun found in flirting.

When my girlfriend says she loves me out of nowhere.

(Aged 20, WA)

That I have a boyfriend.

(Aged 14, SA)

My Partner, how amazing our future immediate family will be – raising two babies into the LGBT community

(Aged 20, VIC)

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

(Aged 20, NSW)

Creating and achieving

Creativity and a sense of accomplishment was central to feeling good about oneself for a great many participants. 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.

Going to rehearsal and being in shows.

(Aged 14, VIC)

Writing, painting, baking and mending clothes (but only when they work out well).

(Aged 19, SA)

When I achieve in something and I get congratulated. Because other than those events I don't really get recognized. So sporting and gaming are my way of getting recognition in school and in general life.

(Aged 15, VIC)

Writing. When I can express myself and hide behind a website or fake screen name. I can be me but no one knows who I am. I love expressing myself through poems and stories.

(Aged 15, WA)

Being really masculine like playing sport.

(Aged 14, NSW)

When I complete an assignment or when I work really hard it makes me feel useful and good.

(Aged 17, ACT)

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 feeling confident about styling their hair, the freedom to wear gender-affirming clothes, or feeling confident in their bodies and their abilities. These responses highlight how when young people feel safe, they can explore new and comforting ways to affirm their sense of self, and present in ways that enable them to hold on to an inner strength. Often their responses here spoke to a sense of self-growth, which may have emerged over time as they found pride in their identity.

When I think I look like the gender I'm feeling that day.

(Aged 14, QLD)

When I look in a mirror and don't see a gender, which rarely happens.

(Aged 18, SA)

I like my hair; I've cut it to collarbone length and I really enjoy it. It's the one thing I wouldn't change about myself. It makes me feel good.

(Aged 16, VIC)

When I dress the way I want to without noticing judging stares.

(Aged 18, QLD)

Wearing baggy clothes. Small amounts of make-up and a mixture and masculine and feminine jewellery.

(Aged 17, QLD)

Thinking of me as a girl.

(Aged 14, QLD)

Wearing clothes that are androgynous and affirm my gender (or lack of gender). (Aged 21, VIC)

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, focussed 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.

Seeing representation of people like me! And more diversity in media!

(Aged 15, VIC)

When someone tells me I look handsome or masc.

(Aged 17, QLD)

When I (a girl) tell people about my girlfriend and they react just like they would if I were dating a boy.

(Aged 16, VIC)

When people tell me I'm doing a good job and that they are proud of me.

(Aged 19, QLD)

When my friends call me handsome and a boy.

(Aged 14, NSW)

When people use correct pronouns.

(Aged 20, NT)

When I see or hear anything supportive of the community.

(Aged 16, VIC)

Seeing people actively trying to use my correct name and pronouns.

(Aged 19, ACT)

Wearing the clothes and makeup I want without being judged.

(Aged 16, QLD)

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 LGBTQA+ human rights but often encompassing other matters of social justice, such as protecting the environment. It was especially rewarding for many participants to have a positive influence on LGBTQA+ peers younger than themselves. Influence on others also included everyday experiences, such as making others laugh or caring for those in need.

I feel good about myself when I make other people feel good.

(Aged 15, NT)

Attending LGBTQIA+ events and having the opportunity to provide guidance and advice to younger queeros.

(Aged 20, WA)

When I make other people happy.

(Aged 19, TAS)

Helping others especially when I help them grow in their gender identity or sexuality or helping with mental health issues.

(Aged 17 VIC)

Volunteering, going to rallies, being involved in political action.

(Aged 19, NSW)

Standing up for what's right.

(Aged 17, NSW)

That I am I leader for the younger gay boys at my school.

(Aged 16, NSW)

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.

Nothing, I'm surrounded by negativity and LGBT-phobia. I am worthless.

(Aged 17, South Australia)

Summary

In total, 4,754 Writing Themselves 4 In participants wrote short answers describing what makes them feel good about themselves. While a small number found it difficult to answer this question or indicated that there is very little, or nothing, that makes them feel good, the majority of young people were able to identify people, situations or activities that helped them feel good about themselves. What is striking is the 'everyday' nature of these responses. Most young people felt good about themselves when they felt connected to friends, family or partners; when they were able to make someone else laugh or feel happy; or when they achieved something in their schoolwork or creative pursuits. Affirmation was also important to young people in the sense of being recognised for who they are with respect to gender or sexuality, including from connection with the LGBTIQA+ community. These responses show that supporting young LGBTQA+ people is not just about provision of mental health services, although these are crucially important in response to the high levels of poor mental health and suicidality shown in this report, but to ensure programs are in place that support and affirm LGBTQA+ young people in their everyday lives. This might include school-based programs that affirm LGBTQA+ people, such as gay–straight alliances or other forms of peer-based programs that help to build connections and friendship between LGBTQA+ young people. Family and parents also clearly play an important part in ensuring young LGBTQA+ young people feel good and confident about themselves. Information and support for families of LGBTQA+ young people may also play an important role in supporting young people in their everyday lives.

15 Trans and gender diverse participants

It is difficult to estimate how many young people in Australia identify as trans or gender diverse, as questions about gender identity are rarely included in population-based surveys and not included in the Australian census. A systematic review of studies published internationally between 2009-2019 found that estimates of the number of trans of gender diverse adults in the population ranged from 0.3% to 0.5% in surveys that specifically enquired about 'transgender' identity. In surveys that inquired about a broader category of 'gender diversity', estimates are slightly higher at 0.5% to 4.5% of the adult population (83). Over time, there has been a trend toward more people identifying as trans or gender diverse in surveys where gender identity questions are asked.

This chapter presents data relating to key findings regarding all trans and gender diverse participants, as well as those who completed the subsequent supplemental questions. In total, 75 trans women, 406 trans men and 1,216 non-binary participants (a total of **1,697 trans and gender diverse participants**) completed the *Writing Themselves In 4* survey. To the best of our knowledge, this is the largest sample of trans and gender diverse young people in Australia at the time of publication. Trans and gender participants were presented with a supplementary section of the survey specifically designed in consultation with a trans and gender diverse expert advisory board. In total, 1,411 trans and gender diverse participants completed these questions. The findings below are presented in a way that shows responses from trans women, trans men, and non-binary participants, as well as the total number of responses from all trans and gender diverse participants.

15.1 Gender affirmation

Participants were asked, 'Have you ever wanted to affirm your gender identity in the following ways?' Response options were as follows:

- Socially (i.e. change your name/pronouns or gender presentation)
- Legally (i.e. change your legal name or gender markers on ID documents)
- Medically (i.e. puberty blockers, hormone therapy, gender-affirming surgeries)
- No, none of the above

Participants who responded that they had ever wanted to affirm their gender identity were then asked, 'Have you ever affirmed your gender identity in the following ways?' and given the same response options. Figures 59 to 61 (shown across the next 3 pages) display these results.

Figure 59 displays the proportion of participants who had ever wanted to affirm their gender socially (n = 1,416) and, of those, who had ever affirmed their gender socially (n = 1,379).

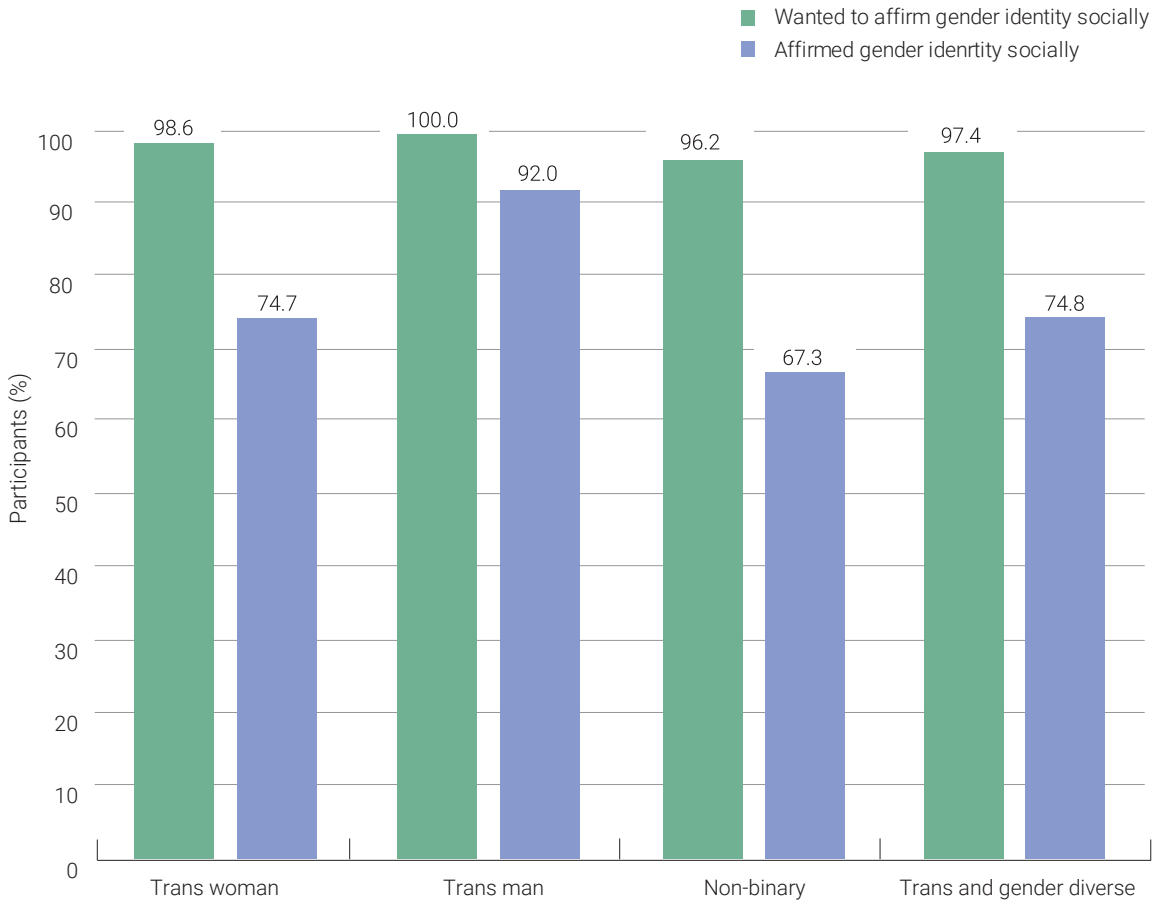
The majority of trans and gender diverse participants (97.4%; n = 1,379) reported ever wanting to affirm their gender identity socially, while just under three-quarters (74.8%; n = 1,032) of those participants had ever affirmed their gender identity socially. Trans men were most likely to report ever wanting to affirm their identity socially (100%, n = 401) and having ever taken steps to affirm their gender identity socially (92.0%; n = 369). Trans women were similarly likely to report ever wanting to affirm their gender identity socially (98.6%, n = 71), but less likely than trans men to have ever taken steps to do so (74.7% of those reporting ever wanting to; n = 53). This was also the case for non-binary participants, the vast majority of whom reported wanting to affirm their gender identity socially (96.2%; n = 907), while around two-thirds of those ever wanting to had taken steps to do so (67.3%; n = 610).

Figure 60 displays the proportion of participants who ever wanted to affirm their gender legally (n = 1,416) and, of those, who had ever affirmed their gender legally (n = 1,065).

Compared to socially affirming their gender identity, young people were less likely to report wanting to legally affirm their gender or ever having taken steps to do so. Overall three in four (75.2%; n = 1,065) trans and gender diverse participants reported ever wanting to affirm their gender identity legally; however, less than one-quarter of those who reported this (22.5%; n = 240) had done so.

Trans men and women were more likely than non-binary participants to report ever wanting to affirm their gender identity legally. Over nine in ten trans men (98.3%; n = 394) and

Figure 59 Ever wanted to affirm gender socially and ever affirmed gender socially



trans women (94.4%; n = 68) reported ever wanting to affirm their gender identity legally, compared to six in ten (63.9%; n = 603) non-binary participants.

Trans men and women were similarly more likely than non-binary participants to report having taken steps to legally affirm their gender identity. However, the majority of participants had not legally affirmed their gender identity. Approximately one-third (33.5%; n = 132) of trans men and one-quarter of trans women (27.9%, n = 19) had ever affirmed their gender legally, compared to one in seven (14.8%; n = 89) non-binary participants.

Figure 61 displays the proportion of participants who had ever wanted to affirm their gender medically (n = 1,416) and, of those, who had ever affirmed their gender medically (n = 1,024).

The majority of trans men (98.0%; n = 393 and trans women (98.6%; n = 71) reported that they had ever wanted to affirm their gender medically. Fewer non-binary participants reported ever wanting this (59.4%; n = 560). In total, 72.3% (n = 1,024) reported ever wanting to affirm their gender medically. However, just three-tenths of participants (29.4%; n = 301) reported that they had taken steps to affirm their gender medically. Just under half of all trans women (47.9%; n = 34) and trans men (45.0%; n = 177) had affirmed their gender identity medically, compared to less than one-fifth of non-binary participants (16.1%; n = 90).

Finally, participants who indicated that they had medically affirmed their gender identity were asked, 'Have you accessed any of the following?' Response options were:

- Puberty blockers
- HRT (hormone therapy)
- Gender-affirming surgeries
- No, none of the above

Figure 62 displays the proportion of participants among those who reported medically affirming their gender identity who had accessed puberty blockers, HRT (hormone therapy), or gender-affirming surgeries (n = 301).

Hormone therapy was the most common type of medical gender affirmation. Almost nine-tenths (87.4%; n = 263) of trans and gender diverse participants who reported medically affirming their gender identity had accessed hormone therapy. Hormone therapy was accessed most by non-binary participants (88.9%; n = 80), followed by trans men (87.6%; n = 155), and trans women (82.4%; n = 28).

Figure 60 Ever wanted to affirm gender legally and ever affirmed gender legally

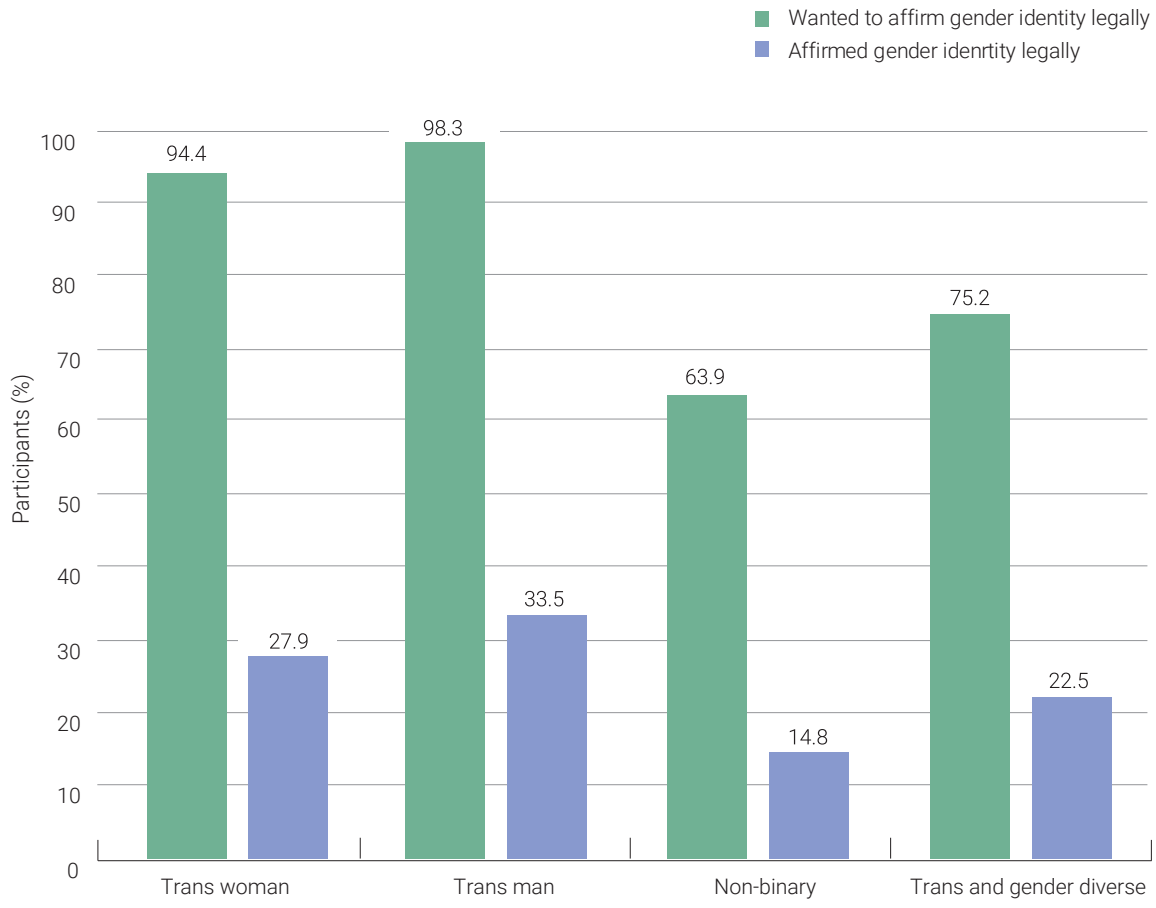


Figure 61 **Ever wanted to affirm gender medically and ever affirmed gender medically**

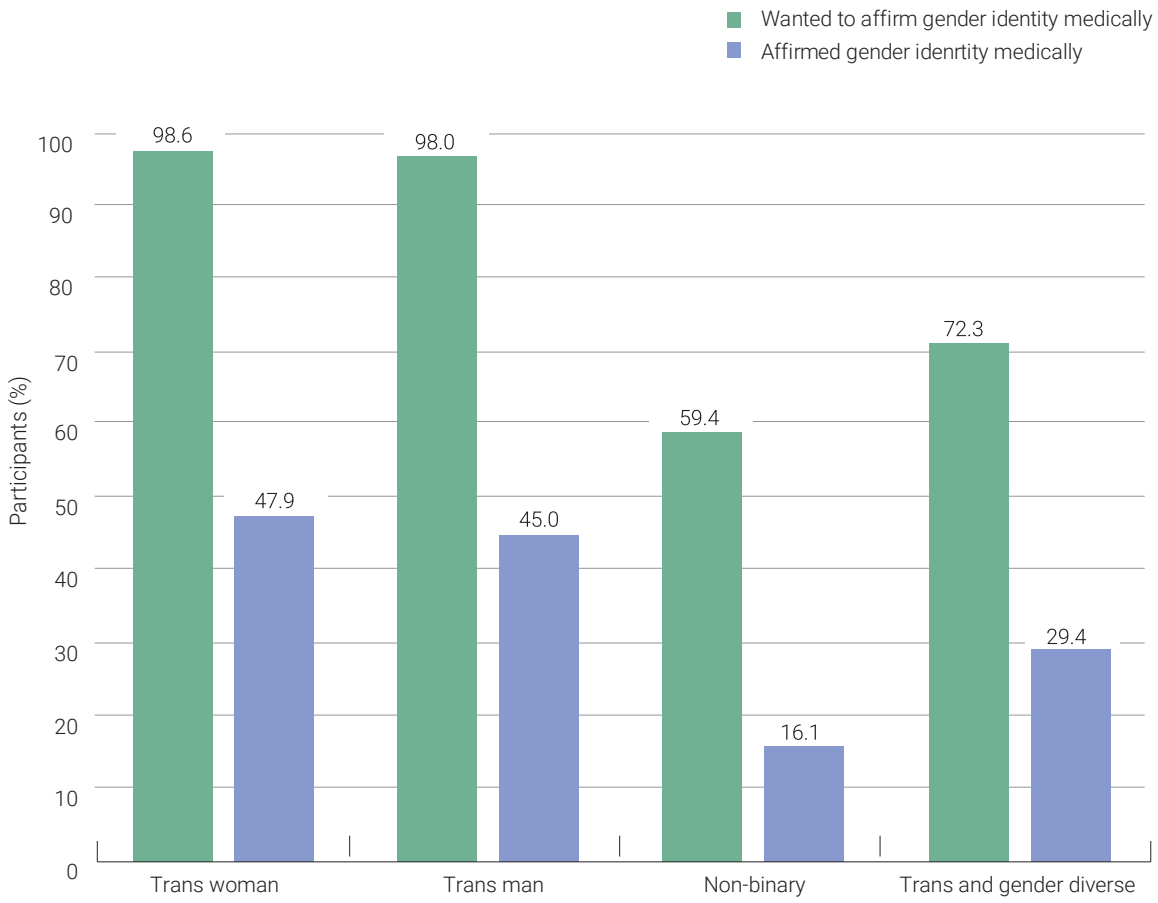
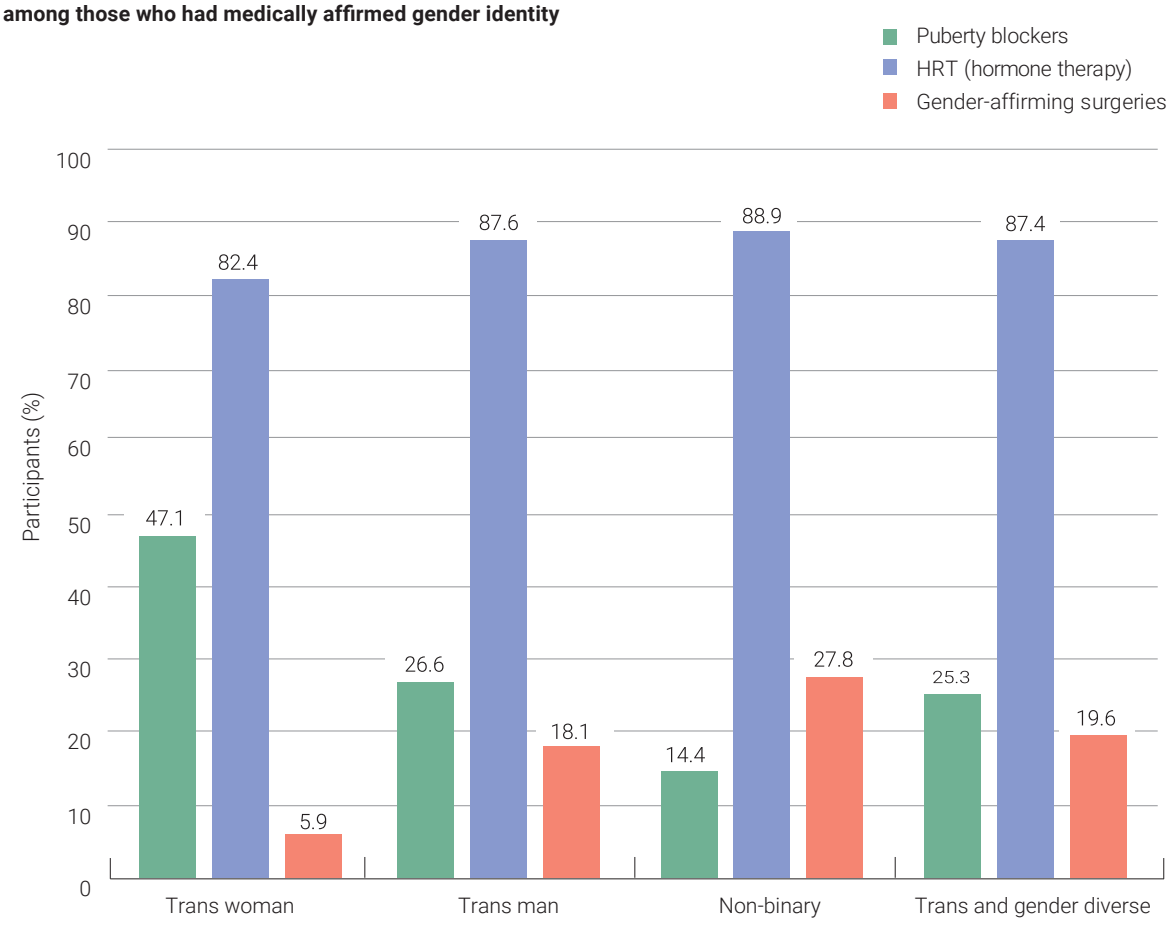


Figure 62 **Ever accessed puberty blockers, HRT, or gender-affirming surgeries, among those who had medically affirmed gender identity**



Trans women were most likely to report accessing puberty blockers, with nearly half the trans women who reported medically affirming their gender reporting use of puberty blockers (47.1%; n = 16). Use of puberty blocking medication was less common among trans men (26.6%; n = 47) and non-binary young people (14.4%, n = 13).

Gender-affirming surgery was less common than other forms of medical gender affirmation, with a total of 19.6% (n = 59) of young people reporting they had had gender affirmation surgery. Non-binary young people were most likely to report having had surgery (27.8%; n = 25), followed by trans men (18.1%; n = 32) and trans women (5.9%; n = 2).

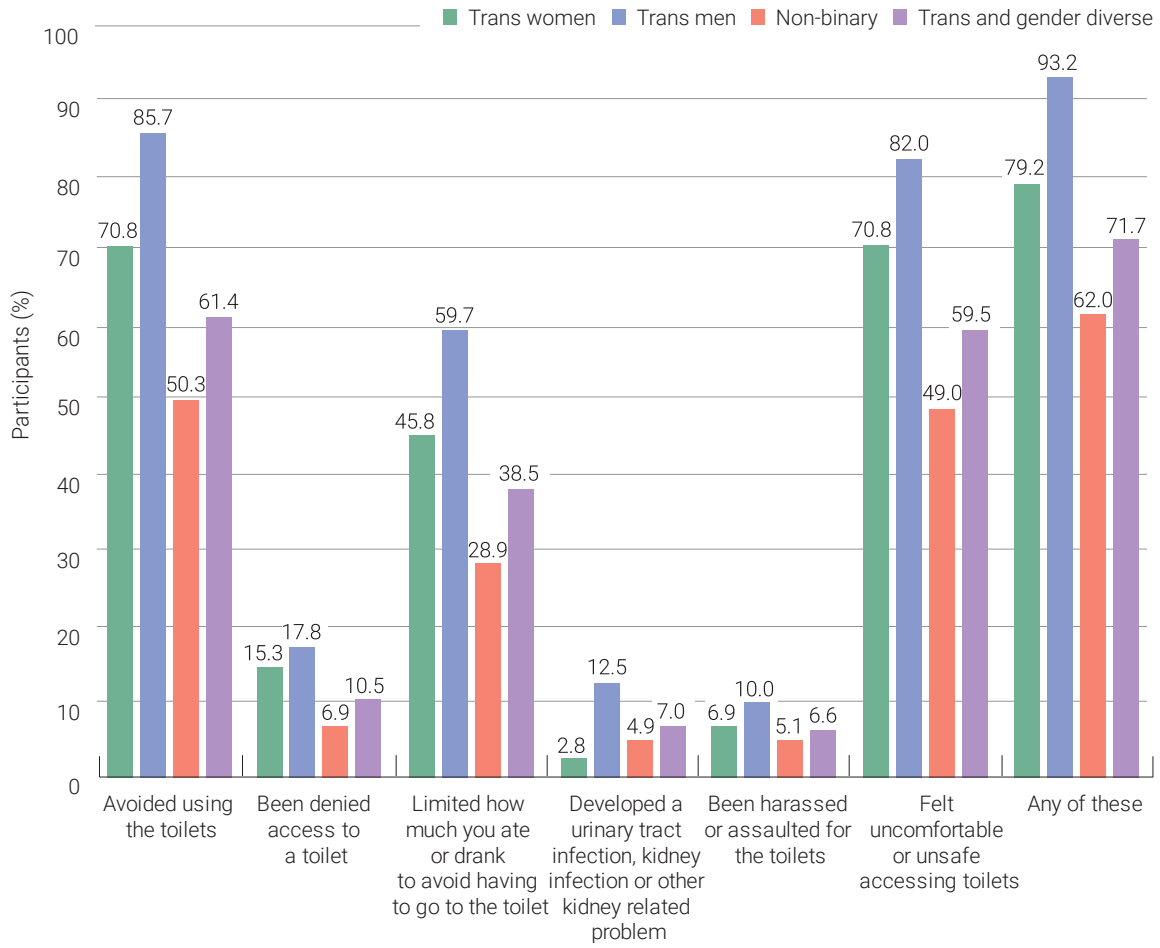
15.2 Accessing toilets

Many trans and gender diverse young people have difficulties accessing toilets that align with their gender identities, which can result in discrimination, embarrassment or health problems, including kidney infections (12). In order to quantitatively assess the particular difficulties trans and gender diverse participants were asked the following questions regarding toilet access: 'In the past 12 months, have you …'

- Avoided using the toilets
- Been denied access to a toilet
- Limited how much you ate or drank to avoid having to go to the toilet
- Developed a urinary tract infection, kidney infection or other kidney-related problem as a result of avoiding the toilets
- Been harassed or assaulted for using the toilets
- Felt uncomfortable or unsafe accessing toilets
- No, none of the above

Responses of the 1,407 trans and gender diverse participants who responded are displayed in Figure 63 below.

Figure 63 Issues relating to toilet access in the past 12 months



Seven-tenths of all trans and gender diverse young people (71.7%; n = 1,009) reported they had difficulties relating to toilet access in the past 12 months. Trans men were most likely to report this, with over nine in ten trans men (93.2%; n = 372) reporting they had problems accessing toilets in the past 12 months. Similarly, nearly eight in ten trans women (79.2%; n = 57) and six in ten non-binary people (62.0%, n = 580) reported issues relating to toilet access in the past 12 months.

The most commonly reported difficulties with toilet access were avoiding using toilets, feeling uncomfortable or unsafe using toilets, or limiting food or drink to avoid having to use the toilet. Trans men were most likely to report these. In the past 12 months, more than four-fifths of trans men avoided using the toilets (85.7%; n = 342) or felt uncomfortable or unsafe accessing toilets (82.0%; n = 327), and approximately three-fifths (59.7%; n = 238) limited their eating or drinking to avoid having to go to the toilet.

Trans women were similarly likely to report these difficulties accessing toilets. In the past 12 months, seven out of ten trans women felt uncomfortable or unsafe accessing toilets (70.8%; n = 51) or avoided using the toilets (70.8%; n = 51), and almost half (45.8%, n = 33) limited food or drink to avoid having to go to the toilet. Half (50.3%; n = 471) of non-binary participants avoided using the toilets or felt uncomfortable or unsafe accessing toilets (49.0%; n = 459) and over one-quarter (28.9%; n = 270) limited how much they ate or drank to avoid having to go to the toilet.

The findings are comparable to the findings of the 2015 US Transgender Survey (84), in which 59% of participants had avoided bathrooms, 12% had been harassed or assaulted in a bathroom, 31% avoided drinking or eating to avoid using the bathroom, 9% were denied access to a toilet, and 8% had developed a urinary tract infection.

15.3 Experiences of pressure to conform

Participants were given the following options, asking if they had ever felt or experienced pressure to:

- Prove that you are 'trans enough' or 'really trans' (n = 1,178)
- Express your gender in a binary way (i.e. to express your gender only as either a man or a woman) (n = 1,336)
- Meet typical gender stereotypes (n = 1,379)
- Pass as cisgender (someone whose gender identity corresponds to their sex assigned at birth) (n = 1,340)

Participants could respond 'not applicable' to any questions that were not relevant to them. Questions were on a five-point scale ranging from 'strongly disagree' to 'strongly agree'. Table 62 displays the proportion of participants who responded 'agree' or 'strongly agree' below.

Approximately nine-tenths of all trans and gender diverse participants reported ever feeling pressured to pass as cisgender (90.1%; n = 1,207), to express their gender in a binary way (88.5%, n = 1,183) or to meet typical gender stereotypes (87.2%, n = 1,203), and more than four-fifths (86.5%, n = 1,019) felt pressured to prove they were 'trans enough' or 'really trans'.

Non-binary participants felt the most pressured to prove they were 'trans enough' or 'really trans' (88.0%; n = 638), compared to trans women (85.7%; n = 60) or trans men (83.8%; n = 321). Trans women felt the most pressured to express their gender in a binary way (90.8%; n = 59), followed by non-binary participants (89.7%; n = 808) and trans men (85.4%; n = 316). Furthermore, trans women felt the most pressured to pass as cisgender (94.2%; n = 65), followed by trans men (91.3%; n = 356) and non-binary participants (89.2%; n = 786).

Table 62 Perceived pressures in gender conformity

	Trans woman		Trans man		Non-binary		All trans and gender diverse	
Have you ever felt or experienced pressure to …	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Prove that you are 'trans enough' or 'really trans'	60	85.7	321	83.8	638	88.0	1,019	86.5
Express your gender in a binary way	59	90.8	316	85.4	808	89.7	1,183	88.5
Meet typical gender stereotypes	63	88.7	343	87.5	797	87.0	1,203	87.2
Pass as cisgender	65	94.2	356	91.3	786	89.2	1,207	90.1

15.4 Experiences of being misgendered in the past 12 months

Trans and gender diverse participants were asked, 'In the past 12 months how often have you been misgendered (called by a pronoun that does not reflect the gender which you identify with)?' Table 63 represents the results.

Close to nine-tenths (86.8%, n = 1,198) of all trans and diverse participants were misgendered in the past 12 months, including 94.5% (n = 376) of trans men, 91.5% (n = 65) of trans women, and 83.1% (n = 757) of non-binary participants. More than half (52.9%; n = 482) of non-binary participants, trans women (50.7%, n = 36) and trans men 50.5% (n = 201) were misgendered more than once a day.

Participants who reported being misgendered in the past 12 months were asked, 'Who did this?' Multiple responses were permitted. Table 64 displays the results.

Table 64 Perpetrators of misgendering in the past 12 months

Misgendered in the past 12 months by … (n = 1,188)	n	%
Family member	931	78.4
Classmate	753	63.4
Teacher	670	56.4
Friend	596	50.2
Co-worker	363	30.6
Service provider (e.g. mental health worker, counsellor, youth worker)	283	23.8
Boss	266	22.4
Someone else	186	15.7

Family members were most likely to be reported as the person or people who misgendered trans and gender diverse young people, followed by classmates, teachers and friends. Over three-quarters (78.4%; n = 931) of trans and gender diverse participants were misgendered by a family member in the past 12 months, over three-fifths (63.4%; n = 753) by a classmate, over half (56.4%; n = 670) by a teacher, and half (50.2%; n = 596) by a friend.

Misgendering was less commonly reported within the service sector, although it is worth noting that many young people would likely have had less contact with these services than they would with family, friends and educational institutions. Less than half of all trans and gender diverse young people reported that they had been misgendered by a co-worker (30.6%; n = 363), service provider (23.8%; n = 283), boss (22.4%; n = 266), or 'someone else' (15.7%; n = 186) in the past 12 months.

Table 63 Experiences of being misgendered in the past 12 months

	Trans woman		Trans man		Non-binary		All trans and gender diverse	
Misgendered in the past 12 months (n = 1,380)	n	%	n	%	n	%	n	%
Never	6	8.5	22	5.5	154	16.9	182	13.2
Once a day or less	29	40.8	175	44.0	275	30.2	479	34.7
More than once a day	36	50.7	201	50.5	482	52.9	719	52.1

54.2%

of all trans and gender diverse young participants had their gender identity disclosed without their consent at some point in their life

15.5 Experiences of having gender disclosed without consent

Participants were asked, 'Have you ever been outed (having your gender identity disclosed without your consent)?' Response options were 'no', 'yes, in the past 12 months', and 'yes, more than 12 months ago'. Multiple responses were permitted. Table 65 displays the results.

Just over half (54.2%; n = 754) of all trans and gender diverse participants had had their gender identity disclosed without their consent at some point in their life. This was most commonly reported by trans men, with 76.6% (n = 406) reporting have been outed, along with 59.7% (n = 43) of trans women and 44.1% (n = 406) of non-binary participants.

Trans men were also most likely to report having been outed in the past 12 months, with over half (56.3%; n = 224) reporting this, followed by 45.8% (n = 33) of trans women and 33.3% (n = 306) of non-binary young people.

Participants who reported having ever being outed in their lifetime were asked, 'Who did this?' Multiple responses were permitted. Table 66 displays the results.

Table 66 Outed in their lifetime by …

Outed in their lifetime by … (n = 1,188)	n	%
Friend	432	57.4
Family member	277	36.8
Classmate	244	32.4
Teacher	62	8.2
Co-worker	42	5.6
Service provider (e.g. mental health worker, counsellor, youth worker)	28	3.7
Boss	21	2.8
Someone else	41	5.4

Over half (57.4%; n = 432) of trans and gender diverse participants had been outed by a friend in their lifetime, more than one-third (36.8%; n = 277) by a family member, and 32.4% (n = 244) by a classmate. Less than one-tenth had been outed by a teacher (8.2%; n = 62), co-worker (5.6%; n = 42), service provider (3.7%; n = 28), or boss (2.4%; n = 21), whilst 5.4% (n = 41) had been outed by 'someone else'.

Table 65 Experiences of being outed

	Trans woman		Trans man		Non-binary		All trans and gender diverse	
Experience of being outed (n = 1,390)	n	%	n	%	n	%	n	%
Past 12 months	33	45.8	224	56.3	306	33.3	563	40.5
Ever	43	59.7	305	76.6	406	44.1	754	54.2

15.6 Experiences of autonomy in gender affirmation process

Participants were asked if they had ever felt that other people had controlled, denied, or delayed their gender affirmation process socially, medically, or legally. Multiple responses were permitted. Figure 64 displays the proportion of trans and gender diverse participants who reported feeling their social gender affirmation process had been controlled, denied, or delayed, or that they had been 'supported to affirm'. Participants could respond 'not applicable' to any questions that were not relevant to them.

Figure 64 displays these results by gender (n = 1,184).

Young people were more likely to report that social affirmation of their gender identity had been delayed than that it had been denied, controlled, or supported. Trans women and trans men were more likely to report that their gender affirmation process had been supported than they were to report that it had been controlled or denied. However, this was not the case for non-binary people, who were least likely to report that their gender affirmation had been supported, and most likely to report that it had been denied. Close to one in three trans and gender diverse young people (30.7%; n = 363) reported that their gender affirmation had been denied, including 33.0% (n = 245) of non-binary participants, 27.3% (n = 18) of trans women, and 26.7% (n = 100) of trans men.

Nearly half (47.3%; n = 560) of trans and gender diverse participants reported feeling their social gender affirmation process had been delayed, with trans women least likely to report that their gender affirmation had been delayed. Within the specific gender categories, 48.3% (n = 181) of trans men, 47.5% (n = 353) of non-binary participants, and 39.4% (n = 26) of trans women reported their gender affirmation had been delayed.

One-quarter (25.4%; n = 301) of trans and gender diverse participants felt their social gender affirmation process had been controlled, including 25.8% (n = 17) of trans women, 25.7% (n = 191) of non-binary participants, and 24.8% (n = 93) of trans men.

Trans women were most likely to report feeling supported in their gender affirmation, with 37.9% (n = 25) of trans women reporting feeling supported, compared to 29.1% (n = 109) of trans men, and 19.9% (n = 48) of non-binary participants. In total, less than one-quarter (23.8%; n = 282) had felt supported to affirm their gender.

Figure 64 Social gender affirmation process autonomy

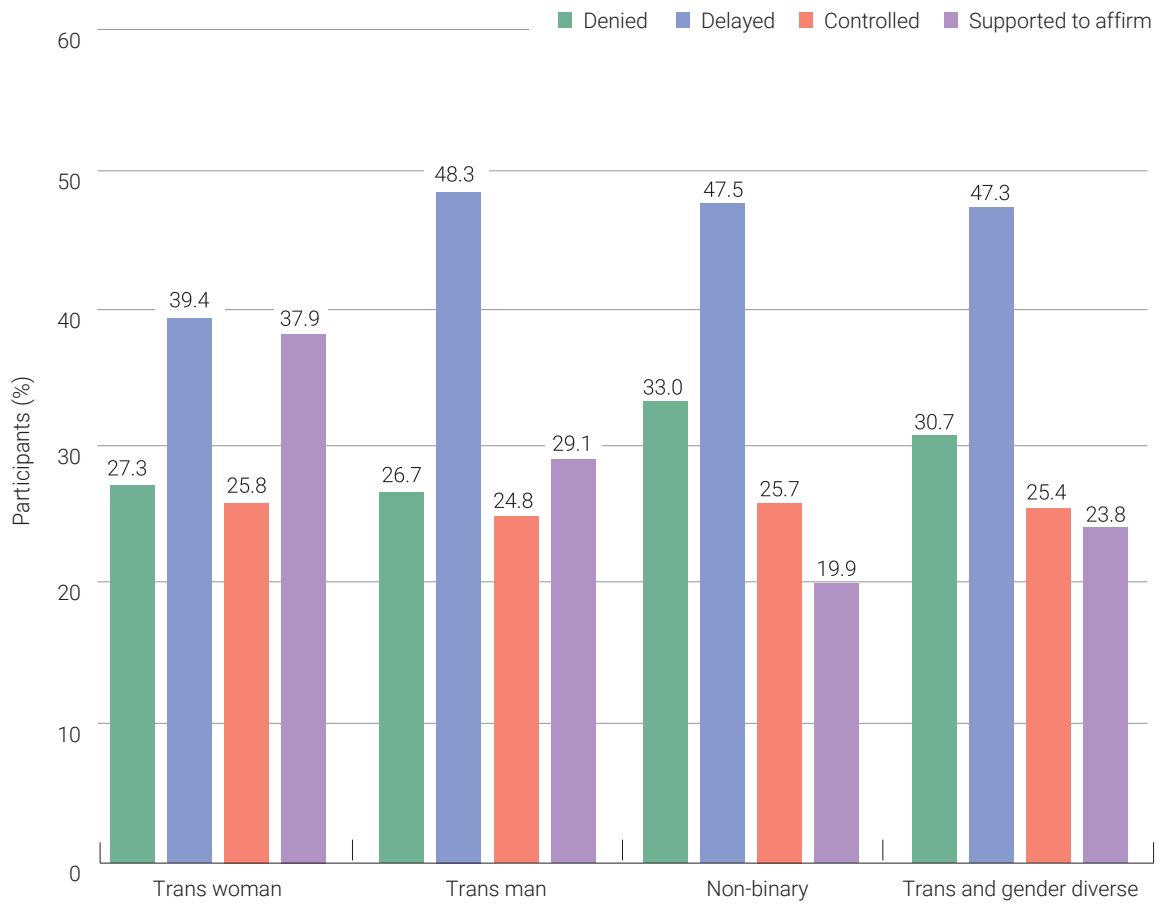


Figure 65 displays the proportion of trans and gender diverse participants who reported feeling their legal gender affirmation process had been controlled, denied, or delayed, or that they had been 'supported to affirm'. Participants could respond 'not applicable' to any questions that were not relevant to them. Figure 65 displays these results by gender (n = 603).

Half (50.9%; n = 307) of trans and gender diverse participants reported feeling their legal gender affirmation process had been delayed, including more than half of trans women (52.8%; n = 19) and trans men (52.1%; n = 149), and half (49.5%; n = 139) of non-binary participants. More than one-third (37.2%; n = 224) felt their legal gender affirmation process had been denied, including over two-fifths (42.7%; n = 120) of non-binary participants, one-third (33.6%; n = 96) of trans men, and over one-fifth (22.2%; n = 8) of trans women.

One-fifth (21.4%; n = 129) of trans and gender diverse participants felt their legal gender affirmation process had been controlled, including one-quarter (25.0%; n = 9) of trans women, 21.3% (n = 61) of trans men, and 21.0% (n = 59) of non-binary participants.

Similarly to with social affirmation, non-binary participants were least likely to report feeling supported in legal gender affirmation. Just over one in ten (11.7%; n = 33) of non-binary participants reported feeling supported, compared to one-quarter (25.0%; n = 9) of trans women and one-fifth (19.9%; n = 57) of trans men. In total, less than one-fifth (16.4%; n = 99) felt they had been supported to affirm their gender legally,

Figure 65 Legal gender affirmation process autonomy

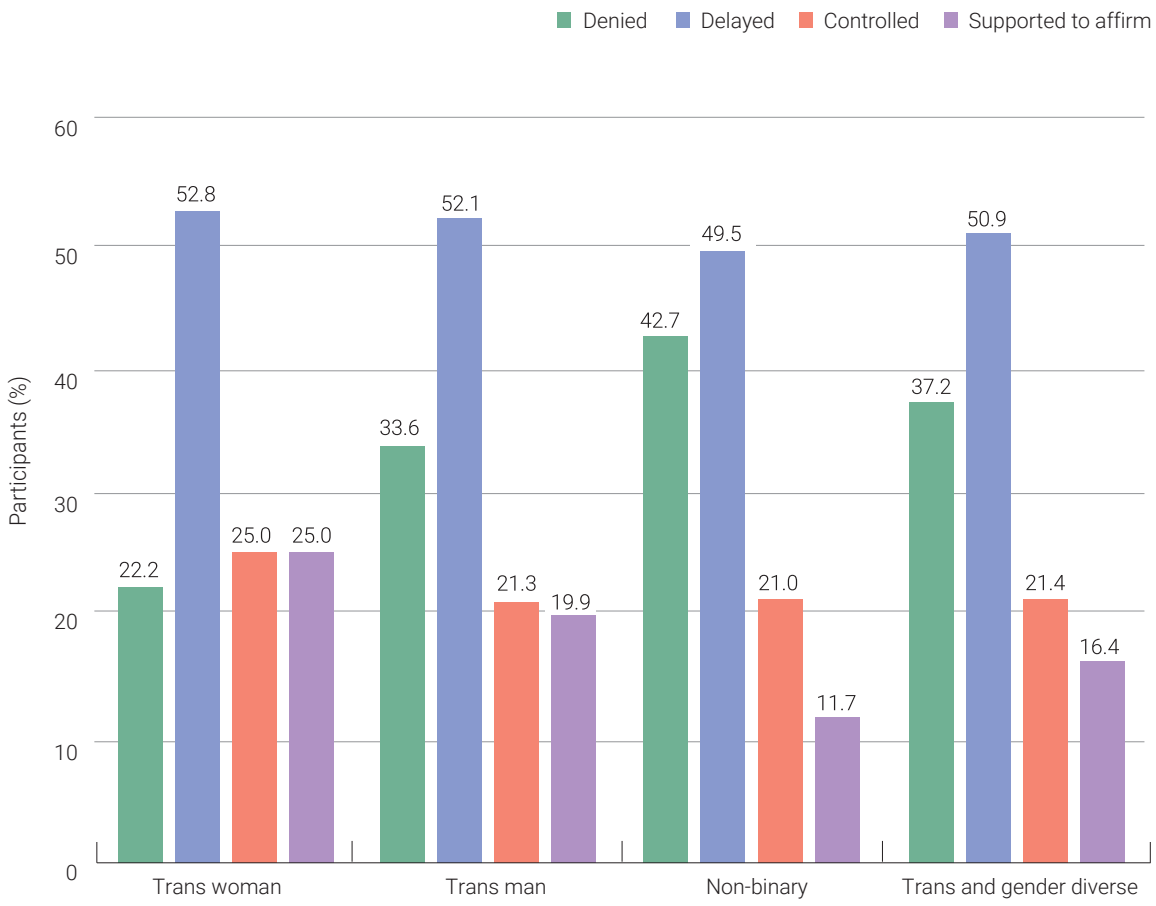


Figure 66 displays the proportion of trans and gender diverse participants who reported feeling their access to puberty blockers had been controlled, denied, or delayed, or that they had been 'supported to affirm' (n = 356). Participants could respond 'not applicable' to any questions that were not relevant to them.

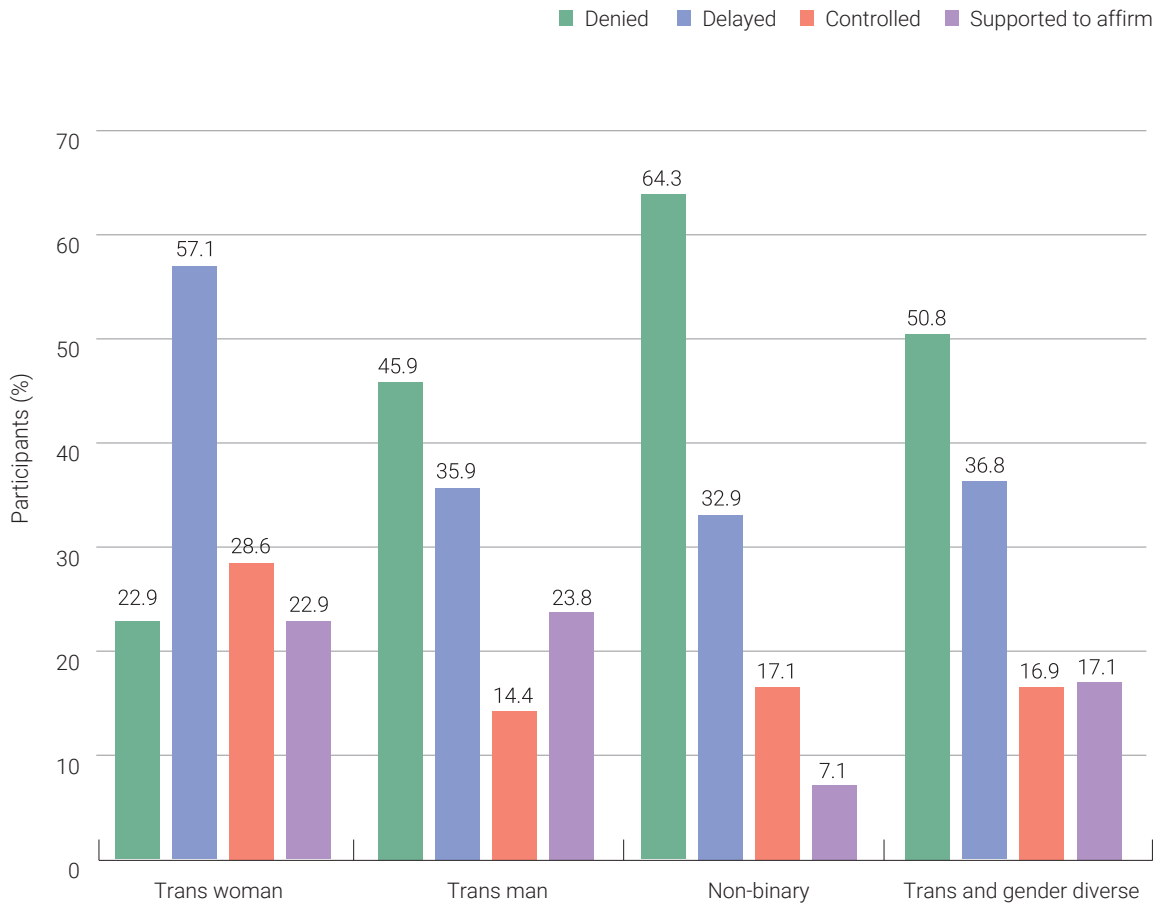
'Australian standards of care and treatment guidelines for transgender and gender diverse children and adolescents' advises that the withholding of gender-affirming treatment potentially exacerbates distress and increases risk of self-harm or suicide (85). Non-binary participants and trans men were more likely to report that puberty blockers had been denied to them than that they had been delayed or controlled. This is a different pattern to that for trans women, who were more likely to report puberty blockers had been delayed or controlled than they had been denied. Over two-thirds (64.3%; n = 90) of non-binary participants reported that puberty blockers had been denied, compared to 45.9% (n = 83) of trans men and 22.9% (n = 8) of trans women. In total, 50.8%; n = 181 of trans and gender diverse participants reported feeling their access to puberty blockers had been denied.

More than one-third (36.8%; n = 131) of trans and gender diverse participants reported they felt that their access to puberty blockers had been delayed, including almost three-fifths (57.1%; n = 20) of trans women, over one-third (35.9%; n = 65) of trans men, and one-third (32.9%; n = 46) of non-binary participants.

More than one-eighth (16.9%; n = 60) of trans and gender diverse participants felt their access to puberty blockers had been controlled, including over one-quarter (28.6%; n = 10) of trans women, 17.1% (n = 24) of non-binary participants, and 14.4% (n = 26) of trans men.

Again, non-binary participants were least likely to report feeling supported. Fewer than one in ten (7.1%; n = 10) of non-binary participants reported feeling supported to access puberty blockers, compared to 23.8% (n = 43) of trans men and 22.9% (n=8) of trans women. In total, 17.1% (n = 61) of trans and gender diverse participants felt they had been supported to affirm their gender identity via access to puberty blockers.

Figure 66 Puberty blocker access autonomy



23.2%

of trans and gender diverse participants had attended an LGBTIQA+ youth event at least once in the past 12 months

15.7 Non-binary participants, by sex assigned at birth

Non-binary assigned female at birth (AFAB) and non-binary assigned male at birth (AMAB) refer to the gender that was assigned at birth. 'Non-binary (AFAB)' and 'non-binary (AMAB)' may be useful for describing different non-binary experiences, and disparities in suicidal ideation have been found between those who are non-binary (AFAB) and those who are non-binary (AMAB) (86). By examining non-binary experiences through the lens of birth assignment, we can begin to see the impacts of socialisation as a particular gender, which leads to the differing experiences of non-binary (AFAB) and non-binary (AMAB) people. It should be understood that being assigned male or female at birth can shape the experiences that different non-binary people have, but these are not the identities that people carry. Non-binary people should be respected for who they are and how they identify.

In the remainder of this chapter, we report on key experiences described in the preceding chapters with a breakdown of findings according to whether participants were non-binary and assigned male or female at birth.

In total, 2.1% (n = 25) of non-binary participants (n = 1,219) responded 'prefer not to say' or 'something else' when asked, 'What was the sex on your original birth certificate?' These participants were not included in the following analyses but have been included throughout the main body of the report in analyses as 'non-binary' and in the 'all trans and gender diverse' category. The following variables are reported for non-binary (AFAB) (n = 1,011), non-binary (AMAB) (n = 183), and all trans and gender diverse participants (n = 1,697). It is of note that other studies of trans and gender diverse people in Australia also recruited a significantly larger proportion of non-binary (AFAB) than non-binary (AMAB) participants (87). For a more detailed explanation, see Chapter 2.

15.8 Engagement with LGBTQA+ events

Participants were asked how often they had attended an LGBTIQA+ youth event in the past 12 months. Response options were 'never', 'annually', 'monthly' and 'weekly'. Table 67 displays the results for any attendance in the past 12 months (n = 1,665).

Almost one-quarter (23.2%; n = 386) of trans and gender diverse participants had attended an LGBTIQA+ youth event at least once in the past 12 months. Non-binary (AMAB) participants reported slightly higher attendance than non-binary (AFAB) participants, with 22.7% (n = 40) and 21.6% (n = 215), respectively, having attended an LGBTIQA+ youth event in the past 12 months.

Table 67 Attended an LGBTIQA+ youth event in the past 12 months, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Attended an LGBTIQA+ youth event in the past 12 months (n = 1,665)	**n**	**%**	**n**	**%**	**n**	**%**
No	780	78.4	136	77.3	1,279	76.8
Once or more	215	21.6	40	22.7	386	23.2

15.9 Experiences of feeling unsafe or uncomfortable in educational settings

Participants were asked if they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity. Table 68 displays the results by gender assigned at birth.

Two-thirds of all the trans and gender diverse participants (67.9%; n = 1,070) reported feeling unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity. Approximately two-thirds (66.2%; n = 630) of non-binary (AFAB) participants reported feeling unsafe or uncomfortable in the past 12 months at their educational due to their sexuality or gender identity, compared to three-fifths (61.3%; n = 100) of non-binary (AMAB) participants.

15.10 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' 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?' Response options included 'never', 'a few of them', 'some of them', 'most of them', and 'all of them'. Responses were dichotomised to 'a few or more' or 'none' for this analysis.

- Friends (n = 1,675)
- Family (n = 1,671)
- Classmates (n = 1,494)

Participants could indicate if aspects of the question were not relevant to them (such as people not attending an educational institution). Tables 69-71 display these responses by gender assigned at birth..

Table 68 Felt unsafe or uncomfortable in past 12 months at their educational setting, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Felt unsafe or uncomfortable (n = 1,575)	n	%	n	%	n	%
No	322	33.8	63	38.7	505	32.1
Yes	630	66.2	100	61.3	1,070	67.9

Table 69 Proportion of participants who disclosed their sexuality or gender identity to friends, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Disclosed to friends (n = 1,675)	n	%	n	%	n	%
None of them	23	2.3	3	1.7	29	1.7
A few of them/some of them	264	26.4	52	28.9	421	25.1
Most of them/all of them	714	71.3	125	69.4	1,225	73.1

Table 70 Proportion of participants who disclosed their sexuality or gender identity to family, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Disclosed to family (n = 1,671)	n	%	n	%	n	%
None of them	202	20.3	47	26.4	292	17.5
A few of them/some of them	546	54.9	76	42.7	813	48.7
Most of them/all of them	246	24.7	55	30.9	566	33.9

The vast majority of trans and gender diverse participants had disclosed their sexuality or gender identity to some (25.1%; n = 421) or most/all (73.1%; n = 1,225) of their friends. Over seven-tenths (71.3%; n = 714) of non-binary (AFAB) participants and 69.4% (n = 125) of non-binary (AMAB) participants had disclosed to most/all of their friends. Almost three-tenths (28.9%; n = 52) of non-binary (AMAB) and over one-quarter (26.4%; n = 264) of non-binary (AFAB) participants had disclosed to a few/some friends.

Less than one-fifth (17.5%; n = 292) of trans and gender diverse participants had not disclosed to any of their family.

Non-binary (AMAB) participants were more likely to disclose to most/all of their family (30.9%; n = 55) than non-binary (AFAB) participants (24.7%; n = 246). More than one-quarter (26.4%; n = 47) of non-binary (AMAB) participants had not disclosed to any of their family, compared to one-fifth (20.3%; n = 202) of non-binary (AFAB) participants.

Approximately one-quarter (24.9%; n = 372) of trans and gender diverse participants had not disclosed their sexuality or gender identity to any of their classmates.

More non-binary (AMAB) participants (29.7%; n = 47) had disclosed to most/all of their classmates than non-binary (AFAB) participants (23.0%; n = 208).

Over one-quarter of non-binary (AFAB) participants (26.7%; n = 241) and more than one-fifth (22.2%; n = 35) of non-binary (AMAB) participants had not disclosed to any of their classmates.

Table 71 Proportion of participants who disclosed their sexuality or gender identity to classmates, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Disclosed to classmates (n = 1,494)	**n**	**%**	**n**	**%**	**n**	**%**
None of them	241	26.7	35	22.2	372	24.9
A few of them/some of them	455	50.3	76	48.1	720	48.2
Most of them/all of them	208	23.0	47	29.7	402	26.9

15.11 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, gender identity and/or gender expression?' The question was asked in relation to all those to whom they previously stated they had disclosed. For example, only participants who indicated that they had come out to or talked with family were asked how supported they felt by family.Table 72 displays responses to this questions by gender assigned at birth.

Approximately nine-tenths (89.8%; n = 1,477) of trans and gender diverse participants reported feeling supported by their friends about their sexuality or gender identity, half (50.7%; n = 699) felt supported by family, and one-third (33.7%; n = 282) felt supported by their classmates.

Non-binary (AMAB) participants (89.8%; n = 159) and non-binary (AFAB) participants (88.3%; n = 864) reported similar levels of support from friends. However, over half (53.4%; n = 70) of non-binary (AMAB) participants reported feeling supported by their family, compared to less than half (46.9%; n = 371) of non-binary (AFAB) participants. Furthermore, non-binary (AMAB) participants (43.4%; n = 43) felt more supported by their classmates than non-binary (AFAB) participants (33.3%; n = 168).

15.12 Psychological distress (K10)

The Kessler Psychological Distress Scale (K10) is a 10-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 73 displays the findings.

Nine-tenths of trans and gender diverse participants (90.2%; n = 1,527) reported experiencing high/very high psychological distress in the past four weeks. More than nine-tenths (91.4%; n = 924) of non-binary (AFAB) participants experienced high/very high psychological distress, compared to 84.0% (n = 152) of non-binary (AMAB) participants.

Table 72 Proportion of participants who feel 'supported' or 'very supported' about their sexuality, gender identity and/or gender expression by friends, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Feel supported by …	**n**	**%**	**n**	**%**	**n**	**%**
Friends	864	88.3	159	89.8	1,477	89.8
Family	371	46.9	70	53.4	699	50.7
Classmates	168	33.3	43	43.4	282	33.7

Table 73 Proportion of participants experiencing psychological distress, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
K10 (n = 1,693)	**n**	**%**	**n**	**%**	**n**	**%**
Low	19	1.9	12	6.6	42	2.5
Moderate	67	6.6	17	9.4	124	7.3
High	266	26.3	53	29.3	431	25.5
Very high	658	65.1	99	54.7	1,096	64.7

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

Participants were asked if in the past 12 months or ever in their lifetime they had experienced the following forms of harassment or assault based on their sexuality or gender identity:

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

Tables 74-76 display responses to these questions by gender assigned at birth. Over half (56.2%; n = 923) of all trans and gender diverse participants reported in the past 12 months experiencing verbal harassment based on their sexuality or gender identity. Higher levels of verbal harassment were reported by non-binary (AMAB) participants (61.7%; n = 108) than non-binary (AFAB) participants (51.1%; n = 499).

Over one-eighth (14.0%; n = 208) of all trans and gender diverse participants reported in the past 12 months experiencing physical harassment or assault based on their sexuality or gender identity. A higher proportion of non-binary (AMAB) participants (21.7%; n = 34) than non-binary (AFAB) participants (11.6%; n = 103) reported in the past 12 months experiencing physical harassment or assault based on their sexuality or gender identity.

Over one-quarter (27.4%; n = 415) of all trans and gender diverse participants reported in the past 12 months experiencing sexual harassment or assault based on their sexuality or gender identity. One-third (33.3%; n = 54) of non-binary (AMAB) participants reported in the past 12 months experiencing sexual harassment or assault based on their sexuality or gender identity, compared to one-quarter (26.6%; n = 241) of non-binary (AFAB) participants.

Table 74 Experienced verbal harassment based on sexuality or gender identity, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Verbal harassment (n = 1,643)	n	%	n	%	n	%
Past 12 months	499	51.1	108	61.7	923	56.2
Ever	669	68.5	132	75.4	1,190	72.4

Table 75 Experienced physical harassment or assault based on sexuality or gender identity, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Physical harassment or assault (n = 1,482)	n	%	n	%	n	%
Past 12 months	103	11.6	34	21.7	208	14.0
Ever	156	17.5	54	34.4	331	22.3

Table 76 Experienced sexual harassment or assault based on sexuality or gender identity, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Sexual harassment or assault (n = 1,514)	n	%	n	%	n	%
Past 12 months	241	26.6	54	33.3	415	27.4
Ever	313	34.5	70	43.2	538	35.5

15.14 Experiences of homelessness

Participants were first given the following options, asking 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 for each response if they were currently experiencing this, if it was within the past 12 months, or if it was more than 12 months ago. Participants could select as many options as applied (i.e. currently experiencing this, and more than 12 months ago). 'Current' experiences of homelessness were merged with 'past 12 months'. Table 77 displays the results for experiences of homelessness in their lifetime (n = 1,678) and in the past 12 months (n = 1,676), by gender.

Over one-eighth (16.4%; n = 275) of trans and gender diverse participants reported having experienced homelessness in the past 12 months, including more than one-eighth of non-binary (AFAB) participants (15.1%; n = 151) and non-binary (AMAB) participants (15.1%; n = 27).

15.15 Suicide and self-harm

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 attempts, defined as having 'injured or harmed yourself on purpose'.

Previous research has found that asking people about suicide does not increase the risk of suicide (59). Nonetheless, as a precaution, online and telephone resources were provided for Qlife and Kids Helpline prior to these questions, as well as at the end of the survey. Prior to the questions being shown, participants were given the option to choose 'prefer not to answer these questions', with in 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 attempts.Tables 78-80 display responses to these questions by gender assigned at birth.

While there were no substantial differences between the proportion of non-binary (AFAB) and non-binary (AMAB) participants who reported experiences of suicide ideation or attempts, non-binary (AFAB) participants were more likely to report a history of self-harm that non-binary (AMAB) participants, as the following results show.

Table 77 Experienced homelessness in their lifetime and in the past 12 months, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Any homelessness	**n**	**%**	**n**	**%**	**n**	**%**
Past 12 months	151	15.1	27	15.1	275	16.4
Ever	316	31.5	57	31.8	570	34.0

Table 78 Experienced suicidal ideation in their lifetime and in the past 12 months, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Suicidal ideation (n = 1,690)	**n**	**%**	**n**	**%**	**n**	**%**
Past 12 months	710	70.5	120	66.3	1,198	70.9
Ever	885	87.9	154	85.1	1,500	88.8
Prefer not to say	34	3.4	8	4.5	61	3.6

Seven-tenths (70.9%; n = 1,198) of all trans and gender diverse participants reported having experienced suicidal ideation in the past 12 months. A greater proportion of non-binary (AFAB) participants (70.5%; n = 710) reported experiencing suicidal ideation in the past 12 months than non-binary (AMAB) participants (66.3%; n = 120).

Almost nine-tenths (88.8%; n = 1,500) of all trans and gender diverse participants reported ever having experienced suicidal ideation in their lifetime. Non-binary (AFAB) participants (87.9%; n = 885) were more likely to report ever having experienced suicidal ideation in their lifetime than non-binary (AMAB) participants (85.1%; n = 154).

More than one-eighth (14.3%; n = 240) of all trans and gender diverse participants reported having attempted suicide in the past 12 months. More non-binary (AFAB) participants (13.5%; n = 135) reported having attempted suicide in the past 12 months than non-binary (AMAB) participants (12.3%; n = 22).

Almost two-fifths (37.9%; n = 635) of all trans and gender diverse participants reported ever having attempted suicide in their lifetime. A similar proportion of non-binary (AFAB) participants (34.8%; n = 347) reported ever having attempted suicide in their lifetime to non-binary (AMAB) participants (34.6%; n = 347).

Over half (54.0%; n = 906) of all trans and gender diverse participants reported having self-harmed in the past 12 months. More non-binary (AFAB) participants (56.3%; n = 562) reported self-harming in the past 12 months than non-binary (AMAB) participants (40.6%; n = 73).

37.9%

of all trans and gender diverse participants reported having attempted suicide at some point in their life

Almost four-fifths (78.1%; n = 1,309) of all trans and gender diverse participants reported ever having self-harmed in their lifetime. Almost four-fifths (78.6%; n = 784) of non-binary (AFAB) participants reported ever having self-harmed in their lifetime, compared to over three-fifths (61.1%; n = 110) of non-binary (AMAB) participants.

Table 79 Experienced suicide attempt in their lifetime and in the past 12 months, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Suicide attempt (n = 1,675)	n	%	n	%	n	%
Past 12 months	135	13.5	22	12.3	240	14.3
Ever	347	34.8	62	34.6	635	37.9
Prefer not to say	59	5.9	11	6.2	118	7.0

Table 80 Self-harmed in their lifetime and in the past 12 months, by gender assigned at birth

	Non-binary (AFAB)		Non-binary (AMAB)		All trans and gender diverse	
Self-harm (n = 1,677)	n	%	n	%	n	%
Past 12 months	562	56.3	73	40.6	906	54.0
Ever	784	78.6	110	61.1	1,309	78.1
Prefer not to say	40	4.0	9	5.0	75	4.4

15.16 Experiences of gender affirmation

All trans and gender diverse people who completed this section were asked, 'What are some of the things that have most helped, or would help you feel that your gender identity is affirmed?' A total of 942 people provided an open-text response, which ranged from a few words to several paragraphs in length. A content analyses of their responses saw the emergence of five themes, which spanned what has helped, what has not helped, and what could help in the future.

Self-exploration and expression

This theme captures all the comments that spoke of factors at a personal level that have helped to affirm their gender. This included a variety of ways that people express their gender through their physical selves outside of medical affirmation: hair (e.g. dyeing, cutting and shaving/growing body hair); body contouring (e.g. packing and chest binding); clothing; make-up and hygiene products (e.g. deodorant); and jewellery (including piercings). In addition to this, participants reported exercising to shape their bodies and to promote a sense of wellbeing. Some reported moving out of home or to a different area, particularly when this was seen as facilitating further opportunities for affirming expression. There were other creative self-affirmation practices, including redecorating one's room. Self-exploration was also reported – through reflecting, writing, art, talking about and sharing their identity with others, including through the use of pronouns and other gendered language.

Realising, through therapy, that the only person I need affirmation from is myself.

Using my pronouns, using neutral to masculine language, cutting my hair, trying out new names.

Wearing male-designed clothes, cutting my hair short, being gendered correctly, redesigning my room, wearing a sports bra (they are tighter and help dysphoria) or wearing baggy clothes (oversized hoodies especially).

I was allowed to wear the male uniform and was referred by my correct pronouns/name.

Engaging with healthcare services

Participants described accessing gender-affirming medical and mental health services, especially in relation to hormones (including puberty blockers) and surgery. While some made general statements that surgery had helped their gender affirmation (without describing its form), most responses specified an experience of – or desire for – 'top surgery', that is, having chest/breast tissue removed. It should be noted that a smaller number of trans women participated in *Writing Themselves In* 4, which likely influenced the reporting of other forms of gender-affirming surgeries. Some young people spoke of issues they had accessing formal and appropriate services. Such issues included lengthy waiting lists for referral or consultation, a lack of availability of services locally, challenges in accessing more advanced services (e.g. 'bottom surgery' techniques), concerns about the age at which someone can access medical care related to gender affirmation, and a lack of education regarding trans and gender diverse issues on the part of healthcare professionals. Many participants used this question as an opportunity to express their and other trans and gender diverse people's need for Medicare-funded access to surgeries and greater access to safe medical services.

Getting surgery. However, that came with an $18k price tag. So, all trans cosmetic surgeries and procedures should be covered by Medicare – this should be inclusive of those not on HRT/those who haven't changed legal markers.

I started HRT in the last year which has really helped my mental health. I want to get affirming surgery in the future, but I just can't see it happening any time soon because it's so expensive.

Having greater access to 'gender-affirming' services as a minor and having health professionals (particularly those in the mental health field) be more educated and empathetic towards transgender people and transgender medicine.

Reflections on institutions and social structures

Many participants used their response to this question to reflect upon the broader structures and institutions in society that they felt could, or did, influence gender affirmation. Numerous people described how the social construction of a gender binary, and stereotypes of gender roles, were significant barriers to feeling affirmed in their own gender identity. Beyond these social-level challenges, numerous participants articulated challenges they have faced accessing gender-neutral toilets or relayed frustrations about options on forms that do not go beyond the male/female binary, and the lack of representation of trans and gender diverse people in documents used by organisations. A major enabler of gender affirmation for some related to legal documentation, including permissible changes to birth certificates and the ability to change one's name and/or sex marker.

We should have no 'boy toys,' no 'girl toys,' and the same should apply to clothes, social situations, and a whole host of other things.

To not have every aspect of life gendered, clothes, colours, food. To not have just male or female options on forms or surveys.

There needs to be movements to break down the gender binary. It ruins trans people's lives and mental health. We can exist how we want, we shouldn't have to follow cisgender rules about gender.

Having my name and gender marker legally changed.

Trans community connection and representation

Numerous participants described ways in which their gender was affirmed through connecting with, or becoming more aware of, the community of trans and gender diverse people. Many related comments centred on the value of online connectivity and a sense of inclusive spaces on the internet, including YouTube, blogs, social media facilitated support groups and social media generally, particularly in the diverse ways gender can be represented. Responses on this theme also encompassed the value of friends (both online and in person), books, television, movies, and trans and gender diverse networks and events (e.g. pride) in helping to affirm one's gender identity. Positive representation in both mainstream and non-mainstream media was seen as important for ensuring a sense of inclusion, fostering an understanding that they were not alone, raising awareness and allowing for celebration of trans and gender diverse people.

Webchats, support groups, queer events, other LGBTIQA+ events.

Watching transgender people on YouTube cuz it makes me feel not so alone.

By reading others experiences on social media. Looking at memes (jokes) that I could possibly relate too.

Being with other trans people, seeing positive trans role models.

Family, friends and networks: Affirmation from others

A large proportion of participants described how their gender identity was affirmed by those close to them (e.g. family, friends and partners) as well as other networks of which they were a part (e.g. work, educational institutions, religious organisations). Cutting across all of these interactions, participants valued the use of specific language and pronouns, and that could be facilitated simply by another person asking instead of assuming. In relation to those who were most significant in their lives, participants said that their gender was affirmed when their family, friends and partners understood, supported, advocated for and celebrated them. This was similarly the case for workplaces, educational institutions and religious organisations. In terms of people in the general community more broadly, participants felt affirmed for the following reasons: when they were correctly gendered; when they were assumed to be cisgender (if that was their personal aspiration); when people acknowledged genders outside of the binary; or when they felt affirmed due to a lack of interest from strangers (for example, not having others passing comment on clothing or other characteristics of gender expression).

Friends validating my identity by using name and pronouns and gender specific compliments.

Having a partner that affirms my gender identity, especially in intimate situations has helped. Having supportive parents would enable me to further transition without tonnes of anxiety and second-guessing myself. I fear being scolded for transitioning without their consent.

Having my friends immediately accept me, my mum buying me pronoun badges and looking into groups for queer/trans people and for parents of queer/trans kids.

Having teachers talk to students about gender identity and respecting people's names and pronouns. This is applicable both for school settings and theatre classes.

15.17 Summary

As has been observed in other studies, a large proportion of the trans and gender diverse young people who participated in *Writing Themselves In 4* were experiencing high levels of psychological distress, suicidal ideation, self-harm, and verbal harassment related to their sexuality or gender identity. Trans and gender diverse participants reported feeling supported by friends, family and classmates. Friends, in particular, were an important source of support for trans and gender diverse young people in this survey.

The majority of trans and gender diverse participants (97.4%) said they had ever wanted to affirm their gender identity socially, and close to three-quarters (74.8%) of them had taken steps to affirm their gender identity socially. Fewer trans and gender diverse young people had been able to access legal or medical gender affirmation, despite the majority saying that they would like to. Less than one-quarter of all trans and gender diverse participants felt supported to affirm their gender socially (23.8%) or legally (16.4%). Non-binary participants were less likely than trans men or trans women to feel supported to pursue legal or social gender affirmation or to take puberty blockers.

Safe and comfortable access to public toilets was a problem reported by a large number of trans and gender diverse participants in *Writing Themselves In* 4. Over 70% of all trans and gender diverse participants had faced issues relating to toilet access in the past 12 months, including avoiding using toilets (61.4%), feeling uncomfortable or unsafe using toilets (59.5%), or limiting how much they ate or drank to avoid having to go to the toilet (38.5%).

Non-binary (AFAB) participants (91.4%) were more likely to report high/very high levels of psychological distress than non-binary (AMAB) participants (84.0%). Similarly, a higher proportion of non-binary (AFAB) participants (56.3%) than non-binary (AMAB) participants (40.6%) reported self-harm in the past 12 months.

16 Disability or long-term health conditions

Thus far, this report has described health, education and social experiences based on the whole sample of LGBTQA+ young people (with the exception of the preceding chapter, focussed on trans and gender diverse participants). In these last three chapters on results, we seek to shine a spotlight on the needs and experiences of young people within specific communities, particularly those that have not received as much attention in research in the past. As such, this chapter revisits some of the key questions we asked LGBTQA+ young people and reports what responses looked like for those with disability or a long-term health condition.

The approach to defining disability or long-term health conditions that is taken by the Australian Bureau of Statistics (ABS), and many other public bodies, is based on whether a condition restricts daily living, rather than what the condition itself is. 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 a disability. In contrast, a person who, even when wearing glasses, is still restricted in everyday activities by their vision, may be considered to have a disability (21).

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 a disability under this definition (22).

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 Australian Bureau of Statistics data.

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

> *Do you identify as having a disability, experiencing neurodiversity/autism, 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 two-fifths (39.0%; n = 2,500) of participants reported having a disability or long-term physical or mental health condition, 8.7% (n = 558) reported they 'did not know', and 1.4% (n = 87) 'preferred not to say'. Almost nine-tenths (87.0%; n = 2,160) of participants who reported a disability or long-term health condition reported acquiring one or more of these conditions later in life (after they were born). Overall, 92.5% (n = 2,028) of participants reporting a mental illness reported acquiring one or more of these conditions later in life.

Participants reporting a disability or long-term health condition were asked to further describe it from the following choices (and could select as many options as appropriate):

- Physical (your body and/or mobility)
- Intellectual (difficulty communicating, making decisions, engaging with others, or learning or retaining information)
- Mental illness (your emotional state and/or behaviours)
- Sensory (sight, hearing, smell, touch, taste, or spatial awareness)
- Neurodiversity/autism (ADHD, dyslexia, Tourette syndrome, dyspraxia etc.)
- Acquired brain injury (ABI, TBI, dementia)
- Something else

Table 81 displays these results.

Table 81 Type of disability or long-term health condition reported

Disability/long-term health condition (n = 6,408)	n	%
Mental illness	2,206	34.4
Neurodiversity/autism	866	13.5
Physical	422	6.6
Sensory	419	6.5
Intellectual	347	5.4
Acquired brain injury	10	0.1
Other	132	2.1

When asked to further describe the nature of their disability, one-third of participants reported mental illness (34.4%; n = 2,206), 13.5% (n = 866) reported neurodiversity/autism, 6.6% (n = 422) physical disability, 6.5% (n = 419) sensory disability, 5.4% (n = 347) intellectual disability, 0.1% (n = 10) acquired brain injury and 2.1% (n = 132) a different type of disability. It is notable that the relatively high proportion of people reporting disability in this study, compared to 9.3% of young people aged 15 to 24 years in the general population who reported disability (18), is likely to arise from the inclusion of mental illness: approximately one-quarter (22.5%; n = 1,440) of the total sample reported a disability or long-term health condition other than a mental illness. This is a result of the more inclusive model of self-identified disability used in *Writing Themselves In 4*.

In order to best analyse findings in *Writing Themselves In 4* regarding the reporting of a disability or long-term health condition, they were categorised as follows:

- Any disability[3]
- Intellectual disability
- Neurodiversity/autism[4]
- Physical/sensory disability

It is important to note that while these categories provide new insight into the health and wellbeing of young LGBTQA+ people living in Australia, they are subject to a variety of limitations. Firstly, these categories are self-reported and are not medical diagnoses. However, other research such as national census data reported by the ABS also uses similarly self-reported data. Secondly, while these categories are useful in understanding the perspectives of these young people, they are not comparable to national data. We have therefore created the 'any disability' category, which does not include participants reporting 'mental illness' and no other disability or long-term health condition. This provides the best comparison with general population data, which does not include mental illness as a disability or long-term health condition. Lastly, the data in this report does not measure subjective severity of disability or long-term health conditions, and comparisons between categories must therefore be made with caution.

3 In order to be comparable with general population data, 'any disability' does not include participants reporting only 'mental illness' and no other disability or long-term health condition.

4 'Neurodiversity/autism' does not include participants reporting 'intellectual disability' in addition to 'neurodiversity/autism'. This distinction was drawn in order to separate findings in recognition of the differing lived experiences of these disabilities.

Participants reporting disability or a long-term health condition were more likely to have felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity than those not reporting disability or a long-term health condition

16.1 Engagement with LGBTIQA+ events

Participants were asked how often they had attended an LGBTIQA+ youth event in the past 12 months. Response options were 'never', 'annually', 'monthly' and 'weekly'. Table 82 displays the results for any attendance in the past 12 months.

The proportion of participants who had attended an LGBTIQA+ youth event in the past 12 months was higher for those reporting disability or a long-term health condition compared with those reporting no disability or long-term health condition. Over one-fifth (22.4%; n = 158) of participants reporting physical/sensory disability had attended an LGBTIQA+ youth event in the past 12 months, followed by 21.7% (n = 139) of those reporting neurodiversity/autism, 21.0% (n = 71) reporting intellectual disability and 20.4% (n = 287) reporting any disability or long-term health condition. This compares to 12.2% (n = 390) of those reporting no disability or long-term health condition.

16.2 Experiences of feeling unsafe or uncomfortable in educational settings

Participants were asked if they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity. Table 83 displays the results by disability or long-term health condition.

Participants reporting disability or a long-term health condition were more likely to have felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity than those not reporting disability or a long-term health condition. Almost two-thirds (63.9%; n = 204) of participants reporting intellectual disability had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity, followed by 58.4% (n = 388) with physical/sensory disability, and 55.3% (n = 339) of those reporting neurodiversity/autism.

Table 82 Attended an LGBTIQA+ youth event in the past 12 months, by disability or long-term health condition

	Disability									
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Attended LGBTIQA+ youth event (n = 6,261)	n	%	n	%	n	%	n	%	n	%
No	2,800	87.8	1,121	79.6	267	79.0	501	78.3	547	77.6
Once or more	390	12.2	287	20.4	71	21.0	139	21.7	158	22.4

Table 83 Felt unsafe or uncomfortable in past 12 months at their educational setting, by disability or long-term health condition

	Disability									
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Felt unsafe or uncomfortable (n = 6,097)	n	%	n	%	n	%	n	%	n	%
No	1,717	54.9	583	43.3	115	36.1	274	44.7	276	41.6
Yes	1,412	45.1	763	56.7	204	63.9	339	55.3	388	58.4

16.3 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' to a discussion about sexuality, 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?' Response options included 'never', 'a few of them', 'some of them', 'most of them', and 'all of them'. Responses were dichotomised to 'a few or more' or 'none' for this analysis, in order to examine participants who had made any disclosure to friends, family, or classmates.

- Friends (n = 6,310)
- Family (n = 6,254)
- Classmates (n = 5,805)

Participants could indicate if aspects of the question were not relevant to them (such as people not attending an educational institution). Table 84 displays these responses by disability or long-term health condition.

A similar proportion of participants reporting disability or a long-term health condition (96.5%; n = 1,363) had disclosed their sexuality or gender identity to friends, compared with participants reporting no disability or long-term health condition (94.5%; n = 3,044). The vast majority of participants reporting neurodiversity/autism (97.8%; n = 627) had disclosed to friends, followed by 96.2% (n = 677) reporting physical/sensory disability, and 95.2% (n = 321) reporting intellectual disability.

Participants reporting disability or a long-term health condition (81.0%; n = 1,139) were more likely to have disclosed to family, compared to those reporting no disability or long-term health condition (66.7%; n = 2,126). Four-fifths (83.3%; n = 280) of participants reporting intellectual disability had disclosed to family, followed by 82.5% (n = 581) reporting physical/sensory disability, and 81.1% (n = 522) reporting neurodiversity/autism.

Almost three-quarters (73.4%%; n = 916) of participants reporting disability or a long-term health condition had disclosed their sexuality or gender identity to classmates, compared to seven-tenths (69.1%; n = 2,080) of those reporting no disability or long-term health condition. Three-quarters (75.0%; n = 433) of participants reporting neurodiversity/autism had disclosed to classmates, followed by 74.0% (n = 448) reporting physical/sensory disability, and 72.8% (n = 211) reporting intellectual disability.

16.4 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, gender identity and/or gender expression?' The question was asked in relation to all categories where some level of disclosure had been reported. For example, only participants who indicated that they had come out to, or talked with, family were asked how supported they felt by family. Table 85 displays the proportion of participants who reported feeling supported by friends (n = 6,007), family (n = 4,489) and classmates (n = 3,160).

The proportion of those who felt supported by friends was slightly higher among participants reporting disability or a long-term health condition (89.5%; n = 1,216), compared to those reporting no disability or long-term health condition (87.5%; n = 2,656). Over nine-tenths of participants reporting neurodiversity/autism (90.9%; n = 90.9) or intellectual disability (90.7%; n = 291) felt supported by friends, compared to just under nine-tenths of those reporting physical/sensory disability (87.9%; n = 593).

However, participants reporting disability or a long-term health condition felt slightly less supported by family (56.2%; n = 638) than those reporting no disability or long-term health condition (59.1%; n = 1,256). Three-fifths (60.4%; n = 314) of participants reporting neurodiversity/autism felt supported by family, compared to just over half reporting intellectual disability (55.4%; n = 155) or physical/sensory disability (54.1%; n = 314).

Participants reporting disability or a long-term health condition also felt less supported by classmates (39.3%; n = 266) than those not reporting disability or a long-term health condition (45.1%; n = 724). Almost two-fifths (38.5%; n = 122) of participants experiencing neurodiversity/autism reported feeling supported by classmates, compared to 37.8% (n = 127) of participants with physical/sensory disability, and approximately one-third (32.9%; n = 48) of participants with intellectual disability.

Table 84 Proportion of participants who disclosed their sexuality or gender identity, by disability or long-term health condition

	Disability									
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Disclosed to any	n	%	n	%	n	%	n	%	n	%
Friends	3,044	94.5	1,363	96.5	321	95.2	627	97.8	677	96.2
Family	2,126	66.7	1,139	81.0	280	83.3	522	81.1	581	82.5
Classmates	2,080	69.1	916	73.4	211	72.8	433	75.0	448	74.0

Table 85 **Proportion of participants who feel 'supported' or 'very supported' about their sexuality, gender identity and/or gender expression, by disability or long-term health condition**

	Disability									
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Feel supported by…	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Friends	2,656	87.5	1,216	89.5	291	90.7	568	90.9	593	87.9
Family	1,256	59.1	638	56.2	155	55.4	314	60.4	314	54.1
Classmates	724	45.1	266	39.3	48	32.9	122	38.5	127	37.8

16.5 Psychological distress (K10)

The Kessler Psychological Distress Scale (K10) is a 10-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 score ranging from 10 to 50, with a higher score indicating higher levels of psychological distress.

Reported experiences of high/very high psychological distress were much more common among participants reporting disability or a long-term health condition (90.9%; n = 1,302), compared to participants reporting no disability or long-term health condition (70.6%; n = 2,296). Over nine-tenths of participants with intellectual disability (94.8%; n = 327) reported experiencing high/very high psychological distress, followed by those with physical/sensory disability (91.2%; n = 653), and those with neurodiversity/autism (90.9%; n = 590).

Experiences of high/very high psychological distress were much more common among people reporting disability or a long-term health condition than participants reporting disability or a long-term health condition

Table 86 **Proportion of participants experiencing psychological distress, by disability or long-term health condition**

	Disability									
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
K10 (n = 6,377)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Low	321	9.9	21	1.5	3	0.9	12	1.8	7	1.0
Moderate	634	19.5	110	7.7	15	4.3	47	7.2	56	7.8
High	1,072	33.0	329	23.0	56	16.2	158	24.3	166	23.2
Very high	1,224	37.6	973	67.9	271	78.6	432	66.6	487	68.0

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

Participants were asked if in the past 12 months or ever in their lifetime they had experienced any of the following forms of harassment or assault based on their sexuality or gender identity:

- Verbal (e.g. being called names or threatened)
- Physical (e.g. being shoved, punched, or injured with a weapon)
- Sexual (e.g. unwanted touching, sexual remarks, sexual messages or being forced to perform any unwanted sexual act)

Table 87 displays the number of *Writing Themselves In 4* participants who, in the past 12 months or ever in their lifetime, had experienced verbal harassment based on their sexuality or gender identity, by disability or long-term health condition.

Over half of participants reporting disability or a long-term health condition (52.7%; n = 730) reported in the past 12 months experiencing verbal harassment relating to sexuality or gender identity, more than the one-third of participants reporting no disability or long-term health condition (34.7%; n = 1,089). Three-fifths of participants with intellectual disability (62.0%; n = 209) in the past 12 months experienced verbal harassment relating to sexuality or gender identity, followed by over half with physical/sensory disability (53.8%; n = 371), or neurodiversity/autism (50.6%; n = 317).

Table 88 displays the number of *Writing Themselves In 4* participants who, in the past 12 months or ever in their lifetime, had experienced physical harassment or assault based on their sexuality or gender identity, by disability or long-term health condition.

Over one-eighth of participants reporting disability or a long-term health condition (15.0%; n = 185) reported in the past 12 months experiencing physical harassment or assault based on their sexuality or gender identity, twice the 7.5% (n = 207) of participants reporting no disability or long-term health condition. Over one-fifth of participants with intellectual disability (21.8%; n = 64) in the past 12 months experienced physical harassment or assault based on their sexuality or gender identity, followed by 16.4% (n = 101) of participants with physical/sensory disability, and over one-tenth of participants experiencing neurodiversity/autism (11.9%; n = 68).

These findings follow similar trends to adults with disability in the Australian general population, in which 43.1% of adults with disability have experienced physical violence after the age of 15, compared to 32.1% without disability (88).

Table 87 Experienced verbal harassment based on sexuality or gender identity, by disability or long-term health condition

	Disability									
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Verbal harassment (n = 6,171)	n	%	n	%	n	%	n	%	n	%
Past 12 months	1,089	34.7	730	52.7	209	62.0	317	50.6	371	53.8
Ever	1,609	51.3	985	71.1	260	77.2	436	69.6	497	72.0

Table 88 Experienced physical harassment or assault or assault based on sexuality or gender identity, by disability or long-term health condition

	Disability									
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Physical harassment or assault (n = 5,455)	n	%	n	%	n	%	n	%	n	%
Past 12 months	207	7.5	185	15.0	64	21.8	68	11.9	101	16.4
Ever	333	12.1	301	24.3	93	31.7	124	21.7	166	27.0

Table 89 displays the number of *Writing Themselves In 4* participants experiencing sexual harassment or assault based on their sexuality or gender identity, in the past 12 months or ever in their lifetime, by disability or long-term health condition.

Three-tenths of participants reporting disability or a long-term health condition (31.7%; n = 406) reported experiencing in the past 12 months sexual harassment or assault based on their sexuality or gender identity, almost twice the proportion of participants who did not report disability or a long-term health condition (18.5%; n = 517). Over one-third of participants with an intellectual disability (34.2%; n = 103) experienced sexual harassment or assault in the past 12 months followed by over three-tenths of participants with a physical/sensory disability (32.0%; n = 203) or neurodiversity/autism (31.4%; n = 186).

These findings follow similar trends to adults with disability in the Australian general population, in which 16.3% of adults with disability have experienced sexual violence after the age of 15, compared to 9.6% without disability (88).

16.7 Experiences of homelessness

Participants were first given the following options, asking 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, for each item, whether they were currently experiencing this, whether it was experienced within the past 12 months, or whether it was experienced more than 12 months ago. Participants could select as many options as applied (i.e. currently experiencing this, and more than 12 months ago). 'Current' experiences of homelessness were merged with 'past 12 months'. Table 90 displays these results for the past 12 months (n = 6,348) and ever in their lifetime (n = 6,355).

Participants reporting disability were twice as likely to report homelessness within the past 12 months (17.6%; n = 251) compared with those not reporting disability (8.0%; n = 260). Higher rates of homelessness in the past 12 months were reported for participants with an intellectual disability (21.9%; n = 76), compared to those with a physical/sensory disability (19.6%; n = 140) or experiencing neurodiversity/autism (16.4%; n = 105).

Table 89 Experienced sexual harassment or assault based on sexuality or gender identity, by disability or long-term health condition

			Disability							
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Sexual harassment or assault (n = 5,582)	n	%	n	%	n	%	n	%	n	%
Past 12 months	517	18.5	406	31.7	103	34.2	186	31.4	203	32.0
Ever	654	23.3	529	41.3	135	44.9	241	40.7	272	42.9

Table 90 Experienced homelessness in their lifetime and in the past 12 months, by disability or long-term health condition

			Disability							
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Any homelessness	n	%	n	%	n	%	n	%	n	%
Past 12 months	260	8.0	251	17.6	76	21.9	105	16.4	140	19.6
Ever	549	16.9	508	35.6	151	43.5	221	34.5	269	37.7

39.8%

of participants with disability reported attempting suicide in their lifetime, more than double the rate of those without disability

16.8 Suicide and self-harm

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 attempts, defined as having 'injured or harmed yourself on purpose'.

Previous research has found that asking people about suicide does not increase the risk of suicide (59). Nonetheless, as a precaution, online and telephone resources were provided for Qlife and Kids Helpline prior to these questions, as well as at the end of the survey. Prior to the questions being shown, participants were given the option to choose 'prefer not to answer these questions', with in 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 attempts.

Table 91 below displays the numbers of *Writing Themselves In 4* participants who experienced suicidal ideation in their lifetime and in the past 12 months, by disability or long-term health condition (n = 6,365).

A greater proportion of participants reporting disability (69.6%; n = 998) had experienced suicidal ideation in the past 12 months compared to those not reporting disability (47.9%; n = 1,550). Approximately three-quarters (74.5%; n = 257) of participants with intellectual disability reported experiencing suicidal ideation in the past 12 months, followed by approximately seven-tenths of those with physical/sensory disability (70.9%; n = 508), and neurodiversity/autism (68.5%; n = 443).

More participants reporting disability (88.3%; n = 1,265) had ever experienced suicidal ideation in their lifetime than those not reporting disability (69.4%; n = 2,244). Over nine-tenths (91.3%; n = 315) of participants with intellectual disability reported ever experiencing suicidal ideation in their lifetime, followed by approximately nine-tenths of those with physical/sensory disability (89.2%; n = 639) and those with neurodiversity/autism (88.1%; n = 570).

Table 91 Experienced suicidal ideation in their lifetime and in the past 12 months, by disability or long-term health condition

	Disability									
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Suicidal ideation	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Past 12 months	1,550	47.9	998	69.6	257	74.5	443	68.5	508	70.9
Ever	2,244	69.4	1,265	88.3	315	91.3	570	88.1	639	89.2
Prefer not to say	190	5.8	57	3.9	12	3.5	24	3.7	28	3.9

Table 92 below displays the numbers of *Writing Themselves In 4* who experienced suicide attempts in their lifetime and in the past 12 months, by disability or long-term health condition (n = 6,263).

Over one-eighth (15.0%; n = 214) of participants reporting disability had attempted suicide in the past 12 months, more than double the rate of those not reporting disability (6.0%; n = 191). One-fifth (21.0%; n = 72) of participants with intellectual disability reported experiencing a suicide attempt in the past 12 months, followed by 15.9% (n = 113) of participants with physical/sensory disability, and one-eighth of those reporting neurodiversity/autism (12.6%; n = 81).

Approximately two-fifths (39.8%; n = 567) of participants with disability reported experiencing a suicide attempt in their lifetime, more than double the rate of those without disability (15.7%; n = 498). Half (50.7%; n = 174) of participants with intellectual disability reported ever experiencing a suicide attempt in their lifetime, followed by two-fifths (43.1%; n = 307) of participants with physical/sensory disability, and over one-third of those with neurodiversity/autism (35.6%; n = 229).

Table 93 below displays the number of *Writing Themselves In 4* participants who experienced self-harm in their lifetime and in the past 12 months, by disability or long-term health condition (n = 6,279).

Over half (52.9%; n = 754) of participants with disability reported self-harming in the past 12 months, almost twice the proportion of those without disability (28.1%; n = 891). Over half (56.7%; n = 195) of participants with intellectual disability reported self-harming in the past 12 months, followed by 55.4% (n = 394) of participants with physical/sensory disability, and 51.7% (n = 332) of those with neurodiversity/autism.

Participants with disability (77.5%; n = 1,103) reported higher rates of ever self-harming in their lifetime, compared to those without disability (48.6%; n = 1,541). Four-fifths (80.5%; n = 277) of participants with intellectual disability reported ever self-harming in their lifetime, followed by 79.5% (n = 307) of participants with physical/sensory disability, and over three-quarters of those with neurodiversity/autism (78.0%; n = 501).

Table 92 Experienced suicide attempt in their lifetime and in the past 12 months, by disability or long-term health condition

	Disability									
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Suicide attempt	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Past 12 months	191	6.0	214	15.0	72	21.0	81	12.6	113	15.9
Ever	498	15.7	567	39.8	174	50.7	229	35.6	307	43.1
Prefer not to say	208	6.6	94	6.6	23	6.7	41	6.4	45	6.3

Table 93 Experienced self-harm in their lifetime and in the past 12 months, by disability or long-term health condition

	Disability									
	None		Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Self-harm	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Past 12 months	891	28.1	754	52.9	195	56.7	332	51.7	394	55.4
Ever	1,541	48.6	1,103	77.5	277	80.5	501	78.0	565	79.5
Prefer not to say	177	5.6	58	4.1	15	4.3	23	3.6	32	4.5

16.9 Service accessibility

Participants reporting disability or a long-term health condition were asked specific questions, which were developed with a disability advisory board, in order to best inform service provision and models of best practice. Participants reporting disability or a long-term health condition were asked, 'Thinking about your disability/neurodiversity or long-term health condition, please answer the following questions on a scale from "very easy" to "very hard".' Participants could respond 'not applicable' to any questions that were not relevant to them (e.g. questions regarding work settings for participants not engaged in employment.) Questions were on a five-point scale ranging from 'very easy' to 'very hard'. The following results display the proportion of participants who responded 'easy' or 'very easy'. Participants were asked the following questions:

- Does your educational institution make it easy or hard for you to learn? (n = 2,347)
- Does your workplace make it easy or hard for you to work efficiently? (n = 1,635)
- Do LGBTIQA+ social or community venues in your area make it easy for you to use them? (n = 1,785)
- Do LGBTIQA+ services or support groups in your area make it easy or hard for you to use them? (n = 1,779)

Table 94 displays the proportion of participants who selected 'easy' or 'very easy' for each question.

Approximately three-tenths (29.2%; n = 395) of participants reporting disability or a long-term health condition felt that their educational institution makes it easy/very easy for them to learn. Participants with physical/sensory disability (30.7%; n = 207) or experiencing neurodiversity/autism (29.4%; n = 181) reported easier learning than those with intellectual disability (24.0%; n = 78). Approximately one-third (35.8%; n = 471) of participants reporting disability or a long-term health condition felt that their educational institution makes it hard/very hard for them to learn.

Less than two-fifths (35.8%; n = 334) of participants reporting disability or a long-term health condition felt that their workplace makes it easy/very easy for them to work efficiently. A slightly greater proportion of participants experiencing neurodiversity/autism (36.5%; n = 151) reported that their workplace makes it easy/very easy to work efficiently, compared to participants with physical/sensory disability (34.2%; n = 153) or intellectual disability (30.0%; n = 64). Almost three-tenths (28.4%; n = 265) of participants reporting disability or a long-term health condition felt that their workplace makes it hard/very hard for them to work efficiently.

Less than half (44.2%; n = 461) of participants reporting disability or a long-term health condition felt that LGBTIQA+ social or community venues make it easy/very easy for them to use. More participants experiencing neurodiversity/autism (44.9%; n = 215) and those with physical/sensory disability (44.6%; n = 238) reported that LGBTIQA+ social or community venues in their area make it easy/very easy to use them, compared to participants with intellectual disability (39.9%; n = 97). One-quarter (24.1%; n = 251) of participants reporting disability or a long-term health condition felt that LGBTIQA+ social or community venues are hard/very hard for them to use.

Less than half (47.6%; n = 486) of participants reporting disability or a long-term health condition felt that LGBTIQA+ services or support groups make it easy/very easy for them to use them. Participants experiencing neurodiversity/autism (51.3%; n = 243) reported slightly easier access to LGBTIQA+ services or support groups than those with physical/sensory disability (48.9%; n = 250) or intellectual disability (40.6%; n = 97). One-fifth (22.1%; n = 226) of participants reporting disability or a long-term health condition felt that LGBTIQA+ services or support groups make it hard/very hard for them to use them.

Overall, participants with intellectual disability reported less ease in learning, working efficiently, or accessing LGBTIQA+ venues or services, compared to participants experiencing neurodiversity/autism or physical/sensory disability.

Table 94 Accessibility of educational settings, workplaces, LGBTIQA+ venues or LGBTIQA+ services, among those with disability or a long-term health condition

	Disability							
	Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Accessibility (easy/very easy)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Educational institution makes it easy/very easy for you to learn	395	29.2	78	24.0	181	29.4	207	30.7
Workplace makes it easy/very easy for you to work efficiently	334	35.8	64	30.0	151	36.5	153	34.2
LGBTIQA+ social or community venues in your area make it easy/very easy for you to use them	461	44.2	97	39.9	215	44.9	238	44.6
LGBTIQA+ services or support groups in your area make it easy/very easy for you to use them	486	47.6	97	40.6	243	51.3	250	48.9

16.10 Perceptions of community inclusion

Participants reporting disability or a long-term health condition were then asked, 'How strongly do you agree with the following statements?':

- I feel like I am included within the LGBTIQA+ community (n = 2,453)
- I feel like the voices of LGBTIQ+ people with disabilities are heard and understood (n = 2,411)
- I feel like my LGBTIQA+ identity is supported by my peers with disabilities (n = 2,158)
- I feel that my LGBTIQA+ identity is supported by the NDIS/disability support providers (n = 1,665)

Participants could respond 'not applicable' to any questions that were not relevant to them. Questions were on a five-point scale ranging from 'strongly disagree' to 'strongly agree. Table 95 displays the proportion of participants who responded 'agree' or 'strongly agree'.

Over half (57.3%; n = 808) of all participants with disability or a long-term health condition felt included in the LGBTIQA+ community, with more participants experiencing neurodiversity/autism (60.5%; n = 389) feeling included than those with physical/sensory (56.7%; n = 402) or intellectual disability (55.0%; n = 183).

Less than three-tenths (27.2%; n = 378) of participants with disability or a long-term health condition felt that the voices of LGBTIQ+ people with disability were heard and understood, with similar proportions for each type of disability or long-term health condition.

Over half (55.3%; n = 692) of participants with disability or a long-term health condition felt that their LGBTIQA+ identity was supported by their peers with disability, with approximately three-fifths (59.3%; n = 339) of participants experiencing neurodiversity/autism, over half (56.0%; n = 346) of those with physical/sensory disability, and almost half (48.7%; n = 148) with intellectual disability reporting that they felt supported.

Only one-fifth (21.5%; n = 211) of participants with disability or a long-term health condition felt that LGBTIQA+ services or support groups in their area make it easy for them to use them.

16.11 Summary

Overall, compared to those without disability or a long-term health condition, participants with disability or a long-term health condition reported feeling less supported by family and classmates about their sexuality or gender identity, and experienced higher levels of psychological distress, suicide ideation and attempts, self-harm, and verbal, physical, and sexual harassment or assault based on their sexuality or gender identity, in the past 12 months.

Specifically, over half (56.7%) of participants with disability reported they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity, compared to 45.1% of those without disability. Similarly, participants with disability reported feeling less supported by classmates (39.3%) about their sexual identity, gender identity and/or gender expression than those without disability (45.1%).

Participants with disability or a long-term health condition reported experiencing greater levels of verbal (52.7%), physical (15.0%) and sexual (31.7%) harassment or assault based on their sexual identity or gender identity in the past 12 months than those without disability or a long-term health condition (verbal 34.7%; physical 7.5%; sexual 18.5%).

Almost seven-tenths (69.6%) of participants with disability reported experiencing suicidal ideation in the past 12 months, compared to 47.9% of participants without disability. Participants with intellectual disability (74.5%) reported the highest suicidal ideation in the past 12 months, followed by 70.9% of those with physical/sensory disability, and 68.5% of participants experiencing neurodiversity/autism. Participants with disability (15.0%) reported over twice the level of suicide attempts in the past 12 months than those without disability (6.0%). These findings indicate the need for specific mental health strategies and interventions for young LGBTQA+ people with disability, particularly intellectual disability, who are more likely to experience a range of access barriers and increased discrimination, as observed across all data relating to disability.

Table 95 Perception of inclusion within LGBTIQA+ communities, among people with disability or a long-term health condition

	Disability							
	Any disability		Intellectual		Neurodiversity /autism		Physical /sensory	
Agree/strongly agree	n	%	n	%	n	%	n	%
I feel like I am included within the LGBTIQA+ community	808	57.3	183	55.0	389	60.5	402	56.7
I feel like the voices of LGBTIQ+ people with disabilities are heard and understood	378	27.2	90	27.1	164	26.0	181	25.9
I feel like my LGBTIQA+ identity is supported by my peers with disabilities	692	55.3	148	48.7	339	59.3	346	56.0
I feel that my LGBTIQA+ identity is supported by the NDIS/disability support providers	211	21.5	54	22.0	90	20.4	102	20.8

17 Ethnic and cultural background

In this chapter we revisit some of the key questions asked of LGBTQA+ young people (described in Chapters 3 to 13) and report what responses looked like for those from diverse ethnic and cultural backgrounds.

Analysing by ethnicity and cultural background can often reveal powerful social factors that have a compounding impact on health outcomes. Race, migration status, language ability and other factors often result in marginalisation, discrimination and socio-economic disadvantage, and are also associated with disparities in income (89), education (90) and access to medical care (91). This is reflected in differences in mental health outcomes between people of Anglo-Celtic and European descent and culturally and linguistically diverse people in Australia (92,93). While research on the topic is limited, evidence points to these disparities existing among LGBTQ young people in Australia, where challenges may be magnified by minority stressors related to sexuality or gender identity in complex and intersecting ways (94). Ethnically and culturally diverse LGBTQ young people can experience unique challenges such as racial discrimination (95), and may also experience alienation from their cultural communities (96). Due to difficulties in accurately and authentically defining participants in ways that fully reflect the complexity of self-identifications and cultural contexts, Australian data examining these differences is largely lacking. The following chapter provides a broad initial overview regarding the health and wellbeing of *Writing Themselves In 4* participants from diverse ethnic and cultural backgrounds.

In *Writing Themselves In* 4, participants were asked, 'How would you describe your ethnic background?' Multiple responses were permitted and are shown in Table 96 below.

Table 96 Ethnic background of participants

Ethnic background (n = 6,074)	n	%
Anglo-Celtic	3,920	64.5
Other European	1,097	18.1
Southern European	808	13.3
Eastern European	732	12.1
South-East Asian	239	3.9
Chinese	214	3.5
Other Asian	156	2.6
Maori/Pacific Islander	153	2.5
Middle Eastern	153	2.5
Indian	116	1.9
Latin American	87	1.4
African	76	1.3
Different ethnicity	467	7.7

Response options were based on previous Australian research (97). The majority of participants identified as Anglo-Celtic or European, similar to national and general population data (19). Many participants reported more than one ethnicity. Due to the numerous combinations, which resulted in small sample sizes for each combination, we have focussed analyses on those who reported a single ethnicity. In doing so, we identified five groups who selected a single ethnicity and comprised a sufficiently large sample for analysis as follows:

- Anglo-Celtic (n = 2,635)
- South-East Asian (n = 123)
- Chinese (n = 113)
- Southern European (n = 246)
- Eastern European (n = 220)

As is common in other surveys, it is also the case that many participants identified with more than one ethnicity (e.g. Anglo-Celtic and Chinese, or Southern European and South-East Asian). For that reason, we include a 'multicultural' category, which captures all those who selected more than one ethnicity option or identified a different ethnicity to the five groups listed above. This multicultural category also includes those who identified as South-East Asian, Chinese, Southern European or Eastern European. In this respect, the 'multicultural' category should thus be considered an overarching point of comparison to Anglo-Celtic participants in the sample. Further nuance can be found in consideration of the five specific ethnicities listed above.

'Multicultural' is a broad categorisation that was utilised to accommodate the complexity and wide diversity in cultural, religious and/or ethnic backgrounds. It is intended to provide macro-level quantitative analyses regarding the unique lived experiences faced by multicultural LGBTQA+ people in general. We anticipate further analyses of these data, in collaboration with colleagues in multicultural communities, in the near future.

It is important to note that these analyses do not include the Aboriginal and/or Torres Strait Islanders who participated in this survey (n = 256). Specific outputs are planned for the analysis and interpretation of Aboriginal and Torres Strait Islander data, in close collaboration with Aboriginal and Torres Strait Islander organisations (see Section 2.8) in order to meaningfully document and interpret their unique experiences. It also of note that the *Writing Themselves In 4* survey was only available in English and therefore provides limited representation of participants who have less capacity in reading and responding to written English. Future iterations of this research would benefit greatly from translations and promotional materials in languages spoken commonly among culturally and linguistically diverse LGBTIQA+ young people in Australia.

17.1 Experiences of engagement with LGBTIQA+ events

Participants were asked how often they had attended an LGBTIQA+ youth event in the past 12 months. Response options were 'never', 'annually', 'monthly' and 'weekly'. Table 97 displays the results for any attendance in the past 12 months.

Participants from multicultural backgrounds reported slightly lower attendance at LGBTIQA+ youth events in the past 12 months than Anglo-Celtic participants. In total, 15.3% (n = 393) of Anglo-Celtic participants attended an LGBTIQA+ youth event in the past 12 months, compared to 13.4% (n = 15) of Chinese participants, 12.8% (n = 30) of Southern European participants, 12.4% (n = 27) of Eastern European participants, and 10.0% (n = 12) of South-East Asian participants.

17.2 Experiences of feeling unsafe or uncomfortable in educational settings

Participants were asked if they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity. Table 98 displays the results by ethnic background.

A greater proportion of participants from multicultural backgrounds (51.8%; n = 1,621) reported feeling unsafe or uncomfortable at their educational institution in the past 12 months due to their sexuality or gender identity than Anglo-Celtic participants (46.5%; n = 1,152). More than half (54.6%; n = 118) of Southern European participants reported feeling unsafe or uncomfortable due to their sexuality or gender identity, followed by Eastern European (54.6%; n = 118), South-East Asian (52.0%; n = 64), and Chinese (47.3%; n = 53) participants.

Table 97 Attended an LGBTIQA+ youth event in the past 12 months, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
LGBTIQA+ youth event in past 12 months	n	%	n	%	n	%	n	%	n	%	n	%
No	2,729	85.6	2,176	84.7	97	86.6	108	90.0	205	87.2	190	87.6
Yes, once or more	459	14.4	393	15.3	15	13.4	12	10.0	30	12.8	27	12.4

Table 98 Felt unsafe or uncomfortable in past 12 months at your educational setting due to sexuality or gender identity, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Felt unsafe or uncomfortable	n	%	n	%	n	%	n	%	n	%	n	%
No	1,510	48.2	1,326	53.5	59	52.7	59	48.0	110	47.6	98	45.4
Yes	1,621	51.8	1,152	46.5	53	47.3	64	52.0	121	52.4	118	54.6

17.3 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' to a discussion about sexuality, 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?' Response options included 'never', 'a few of them', 'some of them', 'most of them', and 'all of them'.

- Friends (n = 6,312)
- Family (n = 6,257)
- Classmates (n = 5,807)

Participants could indicate if aspects of the question were not relevant to them (such as people not attending an educational institution). Tables 99-101 display these responses by ethnic background (see next page).

Similar proportions of multicultural (4.9%; n = 158) and Anglo-Celtic (4.2%; n = 108) participants had not disclosed their sexuality or gender identity to any of their friends. More Chinese participants (7.1%; n = 8) had not disclosed to any of their friends than Eastern European (6.0%; n = 13), Southern European (5.8%; n = 14), or South-East Asian (5.7%; n = 7) participants.

Those from an Anglo-Celtic background were most likely to have disclosed to most/all of their friends (66.7%, n = 1,723), compared to those from a multicultural background (63.7%; n = 2,048), South-East Asian background (64.8%; n = 79), Southern European (63.2%; n = 153), Eastern European (58.7%; n = 128), and Chinese (50.9%; n = 57) backgrounds.

Almost half (49.5%; n = 53) of Chinese participants had not disclosed their sexuality or gender identity to their family, similar to the proportion of those from South-East Asian backgrounds (47.2%; n = 56). Around a third of Eastern Europeans (34.9%; n = 75), Southern Europeans (31.8%; n = 75) and multicultural participants (30.3%; n = 961) had not disclosed their sexuality or gender identity to their family. This compares to 26.0% (n = 670) of Anglo-Celtic participants.

Compared to participants from an Anglo-Celtic background (28.6%; n = 735), fewer participants from a multicultural background (23.0%; n = 729) had disclosed to most or all of their family. This number was particularly low among participants of Chinese (13.1%; n = 14) or South-East Asian (9.2%; n = 11) backgrounds.

Approximately three-tenths of multicultural (30.5%; n = 912) participants had not disclosed their sexuality or gender identity to any of their classmates, a larger proportion than of Anglo-Celtic participants (28.5%; n = 672).

Approximately two-fifths of Chinese participants (39.8%; n = 41) had not disclosed their sexuality or gender identity to any of their classmates, followed by over one-third of Eastern European (35.3%; n = 71), over three-tenths of South-East Asian (31.6%; n = 37), and approximately three-tenths of Southern European (29.1%; n = 64) participants.

Table 99 Disclosed their sexuality or gender identity to friends, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Disclosed to friends	n	%	n	%	n	%	n	%	n	%	n	%
None	158	4.9	108	4.2	8	7.1	7	5.7	14	5.8	13	6.0
A few/some	1,010	31.4	754	29.2	47	42.0	36	29.5	75	31.0	77	35.3
Most/all	2,048	63.7	1,723	66.7	57	50.9	79	64.8	153	63.2	128	58.7

Table 100 Disclosed their sexuality or gender identity to family, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Disclosed to family	n	%	n	%	n	%	n	%	n	%	n	%
None	961	30.3	670	26.0	53	49.5	56	47.1	75	31.8	75	34.9
A few/some	1,484	46.8	1,167	45.4	40	37.4	52	43.7	107	45.3	99	46.0
Most/all	729	23.0	735	28.6	14	13.1	11	9.2	54	22.9	41	19.1

Table 101 Disclosed their sexuality or gender identity to classmates, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Disclosed to classmates	n	%	n	%	n	%	n	%	n	%	n	%
None	912	30.5	672	28.5	41	39.8	37	31.6	64	29.1	71	35.3
A few/some	1,420	47.5	1,116	47.3	49	47.6	55	47.0	103	46.8	91	45.3
Most/all	660	22.1	570	24.2	13	12.6	25	21.4	53	24.1	39	19.4

17.4 Feelings of support about sexuality or gender identity

Participants who responded that 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, gender identity and/or gender expression?' The question was asked in relation to all those to whom they previously stated they had disclosed. For example, only participants who indicated that they had come out to or talked with family were asked how supported they felt by family.

Almost nine-tenths (87.3%; n = 2,661) of participants from a multicultural background reported feeling supported by their friends, a slightly lower proportion than of Anglo-Celtic (90.2%; n = 2,228) participants. Almost nine-tenths of Eastern European (89.8%; n = 184), Southern European (88.5%; n = 201), and South-East Asian (87.0%; n = 100) participants reported feeling supported by their friends, compared to three-quarters of Chinese (76.9%; n = 80) participants.

Fewer multicultural participants (53.1%; n = 1,174) reported feeling supported by their family than Anglo-Celtic participants (62.4%; n = 1,185). Less than three-fifths of Southern European (57.8%; n = 93) participants reported feeling supported by their family, followed by just over half of Eastern European (53.6%; n = 75), three-tenths of South-East Asian (30.2%; n = 19), and one-quarter of Chinese (25.9%; n = 14) participants.

Similar proportions of multicultural (42.6%; n = 685) and Anglo-Celtic (42.6%; n = 555) participants reported feeling supported by their classmates. Approximately two-thirds of South-East Asian (65.6%, n = 40) participants, followed by half (51.2%, n = 62) of Southern European and over two-fifths of Eastern European (46.6%; n = 48) and Chinese (46.3%; n = 25) participants felt supported by their classmates.

Table 102 **Proportion of participants who feel 'supported' or 'very supported' about their sexuality, gender identity and/or gender expression by friends, family or classmates, by ethnic background**

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Feel supported by …	n	%	n	%	n	%	n	%	n	%	n	%
Friends	2,661	87.3	2,228	90.2	80	76.9	100	87.0	201	88.5	184	89.8
Family	1,174	53.1	1,185	62.4	14	25.9	19	30.2	93	57.8	75	53.6
Classmates	685	42.6	555	42.6	25	46.3	40	65.6	62	51.2	48	46.6

Fewer multicultural participants reported feeling supported by their family than did Anglo-Celtic participants

17.5 Psychological Distress (K10)

The Kessler Psychological Distress Scale (K10) is a 10-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 103 displays these results

A slightly higher proportion of participants from a multicultural background (81.4%; n = 2,643) reported experiencing high/very high levels of psychological distress, compared to Anglo-Celtic (79.3%; n = 2,070) participants. Southern European (82.8%; n = 201) participants reported the highest levels of distress, followed by Eastern European (80.0%; n = 176), South-East Asian (76.4%; n = 94), and Chinese (69.6%; n = 78) participants.

Table 103 **Proportion of participants experiencing psychological distress, by ethnic background**

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
K10	n	%	n	%	n	%	n	%	n	%	n	%
Low	184	5.7	159	6.1	12	10.7	11	8.9	12	4.9	10	4.5
Moderate	419	12.9	381	14.6	22	19.6	18	14.6	30	12.3	34	15.5
High	900	27.7	806	30.9	38	33.9	39	31.7	66	27.2	52	23.6
Very high	1,743	53.7	1,264	48.4	40	35.7	55	44.7	135	55.6	124	56.4

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

Participants were asked if in the past 12 months or ever in their lifetime they had experienced any of the following forms of harassment or assault based on their sexuality or gender identity:

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

Tables 104-106 display responses to these questions. A greater proportion of multicultural participants (41.6%; n = 1,307) reported in the past 12 months experiencing verbal harassment based on their sexuality or gender identity than Anglo-Celtic (38.7%; n = 982) participants. This was also reported by over two-fifths of Eastern European (47.4%; n = 99) and Southern European (41.2%; n = 98) participants, one-third (33.9%; n = 40) of South-East Asian participants, and one-quarter (24.5%; n = 27) of Chinese participants.

More participants from a multicultural background (10.5%; n = 294) reported in the past 12 months experiencing physical harassment or assault based on their sexuality or gender identity than Anglo-Celtic (7.7%; n = 172) participants. Southern European (12.1%; n = 26) and Eastern European (12.1%; n = 22) participants reported experiencing more physical harassment or assault in the past 12 months, compared to South-East Asian (7.6%; n = 8) and Chinese (2.9%; n = 3) participants.

More participants from a multicultural background (23.2%; n = 659) reported in the past 12 months experiencing sexual harassment based on their sexuality or gender identity than participants from Anglo-Celtic background (21.6%; n = 497). One-quarter (25.3%; n = 46) of Eastern European participants had experienced sexual harassment or assault within the past 12 months, followed by Southern European (23.4%; n = 50), South-East Asian (16.0%; n = 17), and Chinese (12.4%; n = 13) participants.

Table 104 Experienced verbal harassment based on sexuality or gender identity, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Verbal harassment	n	%	n	%	n	%	n	%	n	%	n	%
Past 12 months	1,307	41.6	982	38.7	27	24.5	40	33.9	98	41.2	99	47.4
Ever	1,821	57.9	1,424	56.2	46	41.8	57	48.3	132	55.5	129	61.7

Table 105 Experienced physical harassment or assault based on sexuality or gender identity, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Physical harassment or assault	n	%	n	%	n	%	n	%	n	%	n	%
Past 12 months	294	10.5	172	7.7	3	2.9	8	7.6	26	12.1	22	12.1
Ever	444	15.9	303	13.6	8	7.6	14	13.3	35	16.3	37	20.3

Table 106 Experienced sexual harassment or assault based on sexuality or gender identity, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Sexual harassment or assault	n	%	n	%	n	%	n	%	n	%	n	%
Past 12 months	659	23.2	497	21.6	13	12.4	17	16.0	50	23.4	46	25.3
Ever	846	29.7	656	28.5	22	21.0	24	22.6	67	31.3	54	29.7

79.1%

of participants from a multicultural background reported ever experiencing suicidal ideation in their lifetime

17.7 Experiences of homelessness

Participants were first given the following options, asking 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). 'Current' experiences of homelessness were merged with 'past 12 months'. Table 107 displays these results.

More participants from a multicultural background (11.9%; n = 386) had experienced homelessness in the past 12 months than Anglo-Celtic (10.1%; n = 263) participants.

Southern European participants (12.4%; n = 30) reported the highest levels of homelessness in the past 12 months, followed by Eastern European (10.5%; n = 23), Chinese (6.2%; n = 7), and South-East Asian (5.7%; n = 7) participants.

Table 107 Experienced homelessness in their lifetime and in the past 12 months, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Homelessness	n	%	n	%	n	%	n	%	n	%	n	%
Past 12 months	386	11.9	263	10.1	7	6.2	7	5.7	30	12.4	23	10.5
Ever	752	23.2	568	21.9	17	15.0	21	17.1	58	24.1	52	23.7

17.8 Suicide and self-harm

Questions relating to suicide and self-harm were carefully considered on the basis of prior research in this area. The approach used in *Writing Themselves In 4* is outlined in Section 9.4.

Participants from a multicultural background (58.3%; n = 1,891) reported similar levels of suicidal ideation in the past 12 months to those of Anglo-Celtic (57.1%; n = 1,486) background. Almost two-thirds (61.2%; n = 148) of Southern European participants reported experiencing suicidal ideation in the past 12 months, followed by over half of Eastern European (58.5%; n = 127), South-East Asian (52.8%; n = 65), and Chinese (52.2%; n = 59) participants.

Approximately four-fifths of participants from a multicultural background (79.1%; n = 2,566) reported ever experiencing suicidal ideation in their lifetime, a similar proportion to Anglo-Celtic (77.8%; n = 2,024) participants. Four-fifths (80.6%; n = 195) of Southern European participants reported ever experiencing suicidal ideation in their lifetime, followed by over three-quarters of Eastern European (76.5%; n = 166), and Chinese (76.1%; n = 86) participants, and approximately seven-tenths of South-East Asian (69.1%; n = 85) participants.

One-tenth of multicultural participants (10.4%; n = 331) reported attempting suicide in the past 12 months, more than the 8.4% (n = 215) of Anglo-Celtic participants. One-eighth (12.8%; n = 31) of Southern European participants reported attempting suicide in the past 12 months, followed by 8.6% Eastern European (n = 18), South-East Asian (8.4%; n = 10), and one-twentieth of Chinese (5.4%; n = 6) participants.

However, it is of note that approximately one-tenth of Chinese, South-East Asian, and Eastern European participants reported 'prefer not to say'.

More participants from a multicultural background (25.8%; n = 825) reported ever attempting suicide in their lifetime, compared to Anglo-Celtic (23.7%; n = 606) participants. Approximately one-third (31.4%; n = 76) of Southern European participants reported ever attempting suicide in their lifetime, followed by one-fifth of South-East Asian (20.2%; n = 24), and Eastern European (20.1%; n = 42) participants, and over one-eighth of Chinese (17.9%; n = 20) participants.

Table 108 Experienced suicidal ideation in their lifetime and in the past 12 months, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Suicidal ideation	n	%	n	%	n	%	n	%	n	%	n	%
Past 12 months	1,891	58.3	1,486	57.1	59	52.2	65	52.8	148	61.2	127	58.5
Ever	2,566	79.1	2,024	77.8	86	76.1	85	69.1	195	80.6	166	76.5
Prefer not to say	175	5.4	107	4.1	5	4.4	8	6.5	12	5.0	14	6.4

Table 109 Experienced suicide attempt in their lifetime and in the past 12 months, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Suicide attempt	n	%	n	%	n	%	n	%	n	%	n	%
Past 12 months	331	10.4	215	8.4	6	5.4	10	8.4	31	12.8	18	8.6
Ever	825	25.8	606	23.7	20	17.9	24	20.2	76	31.4	42	20.1
Prefer not to say	236	7.4	141	5.5	10	9.0	11	9.2	8	3.4	26	12.4

Two-fifths (40.4%; n = 1,294) of participants from a multicultural background reported self-harming in the past 12 months, a slightly larger proportion than Anglo-Celtic (38.2%; n = 982) participants. Over two-fifths (44.0%; n = 92) of Eastern European participants reported self-harming in the past 12 months, followed by approximately two-fifths of Southern European (38.6%; n = 93), and over three-tenths of Chinese (32.1%; n = 36) and South-East Asian (31.7%; n = 38) participants.

Similar proportions of participants from a multicultural background (61.3%; n = 1,961) and an Anglo-Celtic background (62.0%; n = 1,593) reported ever self-harming in their lifetime. Approximately two-thirds (63.5%; n = 153) of Southern European participants reported ever self-harming in their lifetime, followed by over three-fifths of Eastern European (62.7%; n = 131), and less than half of South-East Asian (48.3%; n = 58), and Chinese (47.3%; n = 53) participants.

Table 110 Experienced self-harm in their lifetime and in the past 12 months, by ethnic background

	Ethnic background											
	Multicultural		Anglo-Celtic		Chinese		South-East Asian		Southern European		Eastern European	
Self-harm	n	%	n	%	n	%	n	%	n	%	n	%
Past 12 months	1,294	40.4	982	38.2	36	32.1	38	31.7	93	38.6	92	44.0
Ever	1,961	61.3	1,593	62.0	53	47.3	58	48.3	153	63.5	131	62.7
Prefer not to say	171	5.3	105	4.1	9	8.1	10	8.3	10	4.2	12	5.7

17.9 Summary

This is the first major study in Australia to examine multiple ethnic and cultural backgrounds in a sample of young LGBTQA+ people and thus provides useful information to assist organisations and services in understanding and addressing challenges related to intersecting identities.

Overall, participants from multicultural backgrounds reported lower health and wellbeing outcomes, higher levels of harassment and assault, and lower levels of support regarding sexual identity, gender identity and/or gender expression than those from Anglo-Celtic backgrounds.

Participants from multicultural backgrounds reported lower feelings of support and comfort regarding their sexuality or gender identity in educational settings and at home: over half (51.8%) of participants from a multicultural background reported they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity, compared to 46.5% of Anglo-Celtic participants. Similarly, fewer participants from a multicultural background (53.1%) reported feeling supported by family about their sexual identity, gender identity and/or gender expression than those from an Anglo-Celtic background (62.4%). This was markedly lower among South-East Asian (30.2%), and Chinese (25.9%) participants.

Participants from a multicultural background reported in the past 12 months experiencing higher levels of verbal (41.6%), physical (10.5%) and sexual (23.2%) harassment or assault based on their sexuality or gender identity than those from an Anglo-Celtic background (verbal 38.7%; physical 7.7%; sexual 21.6%).

These findings highlight the complexities and challenges facing LGBTQA+ young people from multicultural backgrounds. The importance of family support for the wellbeing of LGBT youth is well documented (98), and may be of particular importance for those from multicultural backgrounds.

18 **Area of residence**

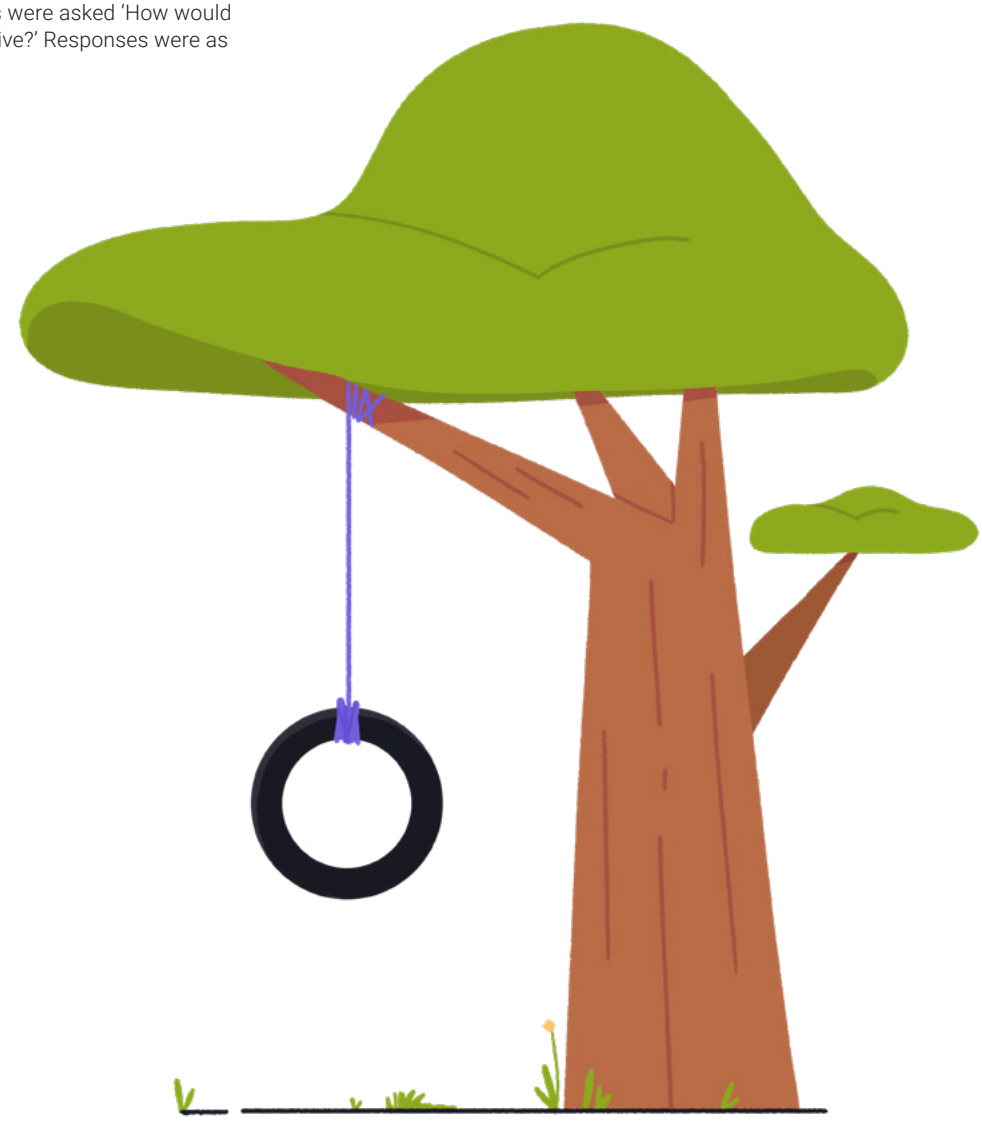
In this chapter we revisit some of the key questions asked of LGBTQA+ young people (described in Chapters 3 to 13) and report what responses looked like for those living in different parts of the country.

LGBTIQA+ young people who live in regional and rural areas may face additional challenges, such as limited access to LGBTIQA+ inclusive and affirmative health and support services, cultures and social spaces, and peer support networks of other LGBTIQA+ people. For example, LGBT young people residing in rural areas were found to face particularly high levels of homophobic remarks and victimisation due to sexual orientation or gender expression (99). Furthermore, young LGBTIQ people in rural and remote areas in Australia have been repeatedly observed to experience higher rates of isolation and social discrimination, and to feel less safe at school, at social occasions and on the internet than their peers in more urban areas (100).

Writing Themselves In 4 participants were asked 'How would you describe the area in which you live?' Responses were as follows:

- Capital city (city centre) (n = 434)
- Capital city (suburbs) (n = 3,705)
- Regional city or town (n = 1,598)
- Rural (countryside) (n = 637)
- Remote (countryside and far from any towns or cities) (n = 37)

Responses for 'rural' and 'remote' were combined into one category for analysis purposes. This chapter therefore analyses participant responses across four broad categories: 'capital city, city centre', 'capital city, suburbs', 'regional city or town', and 'rural/remote area' in order to provide an overview of the health and wellbeing of *Writing Themselves In 4* participants across a range of urban and rural settings.



18.1 Engagement with LGBTIQA+ events

Participants were asked how often they had attended an LGBTIQA+ youth event in the past 12 months. Response options were 'never', 'annually', 'monthly' and 'weekly'. Table 111 displays the results for any attendance in the past 12 months.

A greater proportion of participants in inner suburban areas (20.4%; n = 86) attended an LGBTIQA+ youth event in the past 12 months than those in outer suburban areas (14.8%; n = 536), regional cities or towns (n = 202), or rural/remote areas (14.5%; n = 95).

18.2 Experiences of feeling unsafe or uncomfortable in educational settings

Participants were asked if they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity. Table 112 displays the results by area of residence.

Almost three-fifths (57.0%; n = 331) of participants in rural/remote areas reported they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity, followed by 52.7% (n = 733) in regional cities or towns, 50.0% (n = 1,665) in outer suburban areas, and 40.1% (n = 152) in inner suburban areas.

18.3 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' 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?' Response options included 'never', 'a few of them', 'some of them', 'most of them', and 'all of them'. Responses were dichotomised to 'a few or more' or 'none' for this analysis, in order to examine participants who had made any disclosure to friends, family, or classmates.

- Friends (n = 6,312)
- Family (n = 6,257)
- Classmates (n = 5,807)

Participants could indicate if aspects of the question were not relevant to them (such as people not attending an educational institution). Table 113 displays these responses by area of residence.

Across all areas of residence, a similar proportion of participants responded that they had come out to or talked with friends about their sexuality or gender identity. More participants in rural/remote areas (76.7%; n = 503) responded that they had come out to or talked with family than those in regional cities or towns (72.7%; n = 1,136), outer suburban areas (70.7%; n = 2,561), or inner suburban areas (71.6%; n = 300).

However, differences are evident in relation to family and classmates; three-quarters (75.6%; n = 295) of participants in inner suburban areas had had come out to or talked with classmates, compared to seven-tenths (70.4%; n = 2,381) of participants in outer suburban areas or regional cities or towns (70.3%; n = 1,008) and 68.5% (n = 411) in rural/remote areas.

Table 111 Attended an LGBTIQA+ youth event in the past 12 months, by area of residence

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Attended an LGBTIQA+ youth event in the past 12 months (n = 6,263)	n	%	n	%	n	%	n	%
No	335	79.6	3,094	85.2	1,354	87.0	561	85.5
Once or more	86	20.4	536	14.8	202	13.0	95	14.5

Table 112 Felt unsafe or uncomfortable in past 12 months at their educational setting, by area of residence

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Felt unsafe or uncomfortable (n = 5,662)	n	%	n	%	n	%	n	%
No	227	59.9	1,657	50.0	657	47.3	250	43.0
Yes	152	40.1	1,655	50.0	733	52.7	331	57.0

Table 113 **Proportion of participants who disclosed their sexuality or gender identity area of residence**

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Disclosed to any …	n	%	n	%	n	%	n	%
Friends	405	95.3	3,484	95.6	1,513	96.1	627	94.4
Family	300	71.6	2,561	70.7	1,136	72.7	503	76.7
Classmates	295	75.6	2,381	70.4	1,008	70.3	411	68.5

18.4 Feelings of support about sexuality or gender identity

Participants who responded they had come out to or talked with people about their sexuality or gender identity were asked, 'Overall, how supported do you feel about your sexual identity, gender identity and/or gender expression?' 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.

A similar proportion of participants reported feeling supported by friends and family in all locations. However, a greater proportion of participants in inner suburban areas (52.9%; n = 126) reported feeling 'supported' or 'very supported' by classmates, compared to participants in outer suburban areas (45.3%; n = 839), regional cities or towns (36.1%; n = 274), or rural/remote areas (29.6%; n = 93).

18.5 Psychological distress (K10)

The Kessler Psychological Distress Scale (K10) is a 10-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.

A greater proportion of participants in rural/remote areas reported experiencing high/very high psychological distress (87.5%; n = 581), compared to those in regional cities or towns (83.3%; n = 1,239), outer suburban areas (79.8%; n = 1,329), or inner suburban areas (73.2%; n = 317).

Table 114 **Proportion of participants who feel 'supported' or 'very supported' about their sexuality, gender identity and/or gender expression by friends, by area of residence**

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Feel supported by …	n	%	n	%	n	%	n	%
Friends	356	88.3	3,105	89.4	1,319	87.5	530	84.8
Family	177	59.0	1,443	56.4	676	59.7	280	55.8
Classmates	126	52.9	839	45.3	274	36.1	93	29.6

Table 115 **Proportion of participants experiencing psychological distress, by area of residence**

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
K10 (n = 6,378)	n	%	n	%	n	%	n	%
Low	40	9.2	230	6.2	74	4.6	19	2.9
Moderate	76	17.6	516	14.0	193	12.1	64	9.6
High	130	30.0	1,087	29.5	452	28.3	178	26.8
Very high	187	43.2	1,852	50.3	877	54.9	403	60.7

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

Participants were asked if in the past 12 months or ever in their lifetime they had experienced any of the following forms of harassment or assault based on their sexuality or gender identity:

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

Table 116 displays the number of participants who experienced verbal harassment based on their sexuality or gender identity below.

A greater proportion of participants in rural/remote areas reported in the past 12 months experiencing verbal harassment based on their sexuality or gender identity (45.4%; n = 294) compared with those in regional cities or towns (41.0%; n = 630), outer suburban areas (40.4%; n = 1,447), or inner suburban areas (37.0%; n = 151).

Table 117 displays the number of participants who experienced physical harassment or assault based on their sexuality or gender identity below.

Similarly to verbal harassment, a greater proportion of participants in rural/remote areas reported in the past 12 months experiencing physical harassment or assault based on their sexuality or gender identity (13.9%; n = 79) compared with those in regional cities or towns (10.3%; n = 139), outer suburban areas (8.7%; n = 139), or inner suburban areas (9.1%; n = 33).

Table 118 displays the number of participants who experienced sexual harassment or assault based on their sexuality or gender identity below.

Unlike verbal harassment and physical harassment or assault, the greatest proportion of participants reporting in the past 12 months experiencing sexual harassment based on their sexuality or gender identity was in inner suburban areas (28.5%; n = 106), followed by in rural/remote areas (24.7%; n = 143), then in regional cities or towns (22.1%; n = 305), and outer suburban areas (22.1%; n = 717).

Table 116 Experienced verbal harassment based on sexuality or gender identity, by area of residence

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Verbal harassment (n = 6,172)	n	%	n	%	n	%	n	%
Past 12 months	151	37.0	1,447	40.4	630	41.0	294	45.4
Ever	219	53.7	2,054	57.4	889	57.9	394	60.8

Table 117 Experienced physical harassment or assault based on sexuality or gender identity, by area of residence

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Physical harassment or assault (n = 5,455)	n	%	n	%	n	%	n	%
Past 12 months	33	9.1	276	8.7	139	10.3	79	13.9
Ever	60	16.6	448	14.1	215	15.9	114	20.1

Table 118 Experienced sexual harassment or assault based on sexuality or gender identity, by area of residence

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Sexual harassment or assault (n = 5,582)	n	%	n	%	n	%	n	%
Past 12 months	106	28.5	717	22.1	305	22.1	143	24.7
Ever	139	37.4	926	28.5	400	29.0	181	31.3

18.7 Experiences of homelessness

Participants were first given the following options, asking if they had ever:

- Run away from home or the place they live
- Left home or the place they live because they were asked/made to leave
- Couch surfed because they 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). 'Current' experiences of homelessness were merged with 'past 12 months'. Table 119 displays the proportions of participants who experienced homelessness in their lifetime (n = 6,357) and in the past 12 months (n = 6,411) by area of residence.

Participants in rural/remote areas reported the highest levels of homelessness in the past 12 months (14.1%; n = 94), followed by those in regional cities or towns (13.0%; n = 206), inner suburban areas (11.0%; n = 47), and outer suburban areas (10.5%; n = 385).

18.8 Suicide and self-harm

Questions relating to suicide and self-harm were carefully considered on the basis of prior research in this area. The approach used in *Writing Themselves In 4* is outlined in Section 9.4.

Table 120 displays the number of participants who experienced suicidal ideation, by area of residence below.

Almost two-thirds (65.1%; n = 434) of participants in rural/remote areas reported experiencing suicidal ideation in the past 12 months, followed by three-fifths (60.5%; n = 960) in regional cities or towns, 57.1% (n = 2,103) in outer suburban areas, and 49.2% (n = 213) in inner suburban areas.

More than four-fifths (82.5%; n = 550) of participants in rural/remote areas reported ever experiencing suicidal ideation in their lifetime, followed by 79.5% (n = 1,261) in regional cities or towns, 78.3% (n = 2,883) in outer suburban areas, and 70.7% (n = 306) in inner suburban areas.

Table 119 Experienced homelessness in their lifetime and in the past 12 months, by area of residence

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Any homelessness	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Past 12 months	47	11.0	385	10.5	206	13.0	94	14.1
Ever	104	24.2	799	21.8	421	26.5	175	26.2

Table 120 Experienced suicidal ideation in their lifetime and in the past 12 months, by area of residence

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Suicidal ideation (n = 6,366)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Past 12 months	213	49.2	2,103	57.1	960	60.5	434	65.1
Ever	306	70.7	2,883	78.3	1,261	79.5	550	82.5
Prefer not to say	27	6.2	182	4.9	83	5.3	32	4.8

More participants in inner-suburban areas reported feeling supported by classmates, compared to participants in other locations

Table 121 displays the number of participants who experienced suicide attempts, by area of residence below.

Participants in rural/remote areas reported the highest levels of suicide attempts in the past 12 months (14.0%; n = 92), almost twice that of those in inner suburban areas (7.1%; n = 30).

Three-tenths (30.0%; n = 197) of participants in rural/remote areas reported ever experiencing a suicide attempt in their lifetime, followed by 27.2% (n = 424) in regional cities or towns, 24.3% (n = 882) in outer suburban areas, and 23.8% (n = 101) in inner suburban areas.

Table 122 displays rates of participant self-harm by area of residence below.

A greater proportion of participants in rural/remote areas reported self-harming in the past 12 months (46.7%; n = 308) than in regional cities or towns (42.6%; n = 666), outer suburban areas (38.9%; n = 1,414), or inner suburban areas (31.0%; n = 131).

Seven-tenths (70.9%; n = 467) of participants in rural/remote areas reported ever self-harming in their lifetime, followed by two-thirds (65.3%; n = 1,022) in regional cities or towns, three-fifths (60.0%; n = 1,022) in outer suburban areas, and over half (54.1%; n = 229) in inner suburban areas.

Table 121 Experienced suicide attempt in their lifetime and in the past 12 months, by area of residence

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Suicide attempt (n = 6,264)	n	%	n	%	n	%	n	%
Past 12 months	30	7.1	339	9.4	171	11.0	92	14.0
Ever	101	23.8	882	24.3	424	27.2	197	30.0
Prefer not to say	25	5.9	247	6.8	128	8.2	38	5.7

Table 122 Experienced self-harm in their lifetime and in the past 12 months, by area of residence

	Area of residence							
	Capital city, city centre		Capital city, suburbs		Regional city or town		Rural/ remote area	
Self-harm (n = 6,280)	n	%	n	%	n	%	n	%
Past 12 months	131	31.0	1,414	38.9	666	42.6	308	46.7
Ever	229	54.1	2,182	60.0	1,022	65.3	467	70.9
Prefer not to say	22	5.2	184	5.1	84	5.4	30	4.5

18.9 Summary

This is the first major study in Australia to examine area of residence in a sample of young LGBTQA+ people and thus provides useful information to assist organisations and services in understanding and addressing challenges related living in metropolitan, rural or remote locations. While there is some variation, overall it appears that health, education and social outcomes are often poorer for those living in rural or remote locations compared to those living in regional towns, outer suburbs, or inner-suburban locations (in that order).

Overall, participants in rural/remote and regional areas reported feeling less supported by classmates about their sexual sexuality or gender identity, and reported experiencing higher levels of psychological distress, and, in the past 12 months, suicidal ideation and attempts, and verbal harassment based on their sexuality or gender identity, compared to those in outer suburban and inner suburban capital cities. Almost three-fifths (57.0%) of participants in rural/remote areas reported they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity compared to 40.1% in inner-suburban areas. Those living in rural/remote areas were also more likely to have experienced verbal or physical harassment or assault based on their sexuality or gender identity, compared to those living in other locations. Participants in rural/remote areas reported the highest levels of suicide attempts in the past 12 months (14.0%), followed by 11.0% in regional cities or towns, 9.4% in outer suburban areas and 7.1% in inner suburban areas.

These findings suggest that LGBTQA+ young people in rural and regional areas face lower levels of support in educational institutions, more frequent verbal and physical harassment or assault based on their sexuality or gender identity, and higher levels of psychological distress and suicidality than those in larger metropolitan areas. A push for campaigns embracing diversity to be conducted in educational settings, and the development and expansion of LGBTIQA+ services in regional towns and rural/remote areas, in combination with future qualitative research, may play an important part in improving the health and wellbeing of young LGBTIQA+ people living outside of large metropolitan areas in Australia.

19 Conclusion and recommendations

Important legal changes have occurred in the decade since the last *Writing Themselves In* report, including federal legislation for marriage equality and greater anti-discrimination protections, along with state-based legislation for birth certificate reform, equal rights to adoption, expunging of historical convictions for homosexual 'offences' and banning of conversion practices in some states and territories of Australia.

These legislative changes are neither perfect nor complete, but they continue to have impact on the everyday lives of LGBTQA+ people, including children and young people. Beyond legislative change, numerous surveys have documented shifting public perceptions of homosexuality and, in general, suggest more support for lesbian, gay and bisexual people than was the case 10 years ago. Changes in the way LGBTQA+ people are reflected in the media, in politics and other aspects of the public sphere are undoubtedly linked to this shifting public opinion. The lives of many have also undoubtedly been impacted positively through targeted interventions seeking to ensure LGBTQA+ inclusion in health and social care settings, schools and sports (to name a few), along with social support and 'pride' programs. However, the data presented in this report suggest there is still a long road ahead in ensuring safe environments for LGBTQA+ young people to grow, live and thrive.

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 14, in particular, suggest strengths that can be built upon by continuing to focus on affirming young people's identities and providing safe spaces in which they can create, develop, affirm and celebrate one another.

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. 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 educational institutions and in public. In educational 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 LGBTQA+ 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.

For the first time, we have sufficient data to shine a spotlight on sections of the LGBTQA+ community that have historically been overlooked. People with disability are known to experience varied forms of stigma and discrimination in many aspects of their everyday lives, and data from *Writing Themselves In 4* would suggest this is even more so the case for LGBTQA+ young people with disability. In relation to every indicator of health and wellbeing, outcomes for people with disability appear worse than for those without, a scenario that is especially concerning for people with intellectual disability. In relation to ethnicity, considerable diversity in experience is evident among LGBTQA+ young people from different backgrounds, which may reflect differing cultural norms or expectations relating to gender and sexuality, a lack of attention to ethnic or cultural diversity within existing programs aimed at fostering safety and inclusion, or a range of other potential explanations that are yet to be explored in detail. For LGBTQA+ young people living in rural areas, it would appear that health outcomes, educational and safety-related experiences are worse than is the case for those living in cities. The reasons for such disparities are likely diverse and may reflect difficulties in accessing LGBTQA+ cultural or social spaces in rural areas, as well as more challenging cultural environments. Beyond these intersecting identities, *Writing Themselves In 4* also heard from a large number of people who identified as pansexual or asexual allowing, for the first time in Australia, a spotlight to be shone on their unique experiences and needs related to health and education.

In all the recommendations that follow, it is important to consider how these intersecting identities and experiences may need to be especially accommodated by policy or interventions. 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.

The importance of primary prevention

Experiences of poor mental health need to be understood within a context of prevailing homophobia, biphobia and transphobia that is embedded in many parts of society and is illustrated by LGBTQA+ young people's experiences of verbal, physical, and sexual harassment or assault. It is not sufficient or appropriate to expect LGBTQA+ young people to become more resilient to such experiences, or to simply offer opportunities to cope better in the face of such hostility. Rather, it is crucial that efforts are made to prevent abuse, harassment or assault being directed towards LGBTQA+ communities in the first place.

1. **Tackling stigma and violence.** Governments and other relevant stakeholders in all jurisdictions need to tackle stigma directed towards LGBTQA+ communities and violence enacted against them. This could include (but not be limited to) community messaging campaigns, programs aimed at embedding positive representation of LGBTQA+ people in media, efforts to ensure LGBTQA+ inclusion in government policy frameworks and prioritisation in funding areas, such as community-inclusion grants. It could also include efforts to address gender stereotypes and norms that challenge the ability of trans and gender diverse young people to live openly and safely within their communities.
2. **Embracing and celebrating diversity.** Health outcomes that are already poor among LGBTQA+ communities appear elevated among further marginalised or isolated groups, such as those with disability, those from culturally or ethnically diverse backgrounds, or those living in remote locations. We recommend campaigns be conducted in the broader community, as well as within LGBTQA+ communities, to embrace diversity and ensure full inclusivity of people with all backgrounds and abilities. While data relating to the experiences of Aboriginal and Torres Strait Islanders will be the subject of a subsequent report, all efforts to embrace and celebrate diversity must be attentive to the needs and circumstances of Indigenous Australians.

Mental health sector

Chapter 9 of this report outlines alarming levels of psychological distress, suicidality and self-harm among LGBTQA+ young people. These experiences are commonplace across all groups but are particularly elevated among trans and gender diverse young people, those with disability and those living in rural or remote locations. In addition to a focus on prevention, the responses required to tackle such needs span a spectrum of early interventions through to acute service provision.

3. **Early intervention programs** are required to support communities, families and young people to better recognise and understand signs of mental ill-health among LGBTQA+ young people and to promote entry into care, as well as referrals into expert centres of care, such as LGBTQA+ community-controlled organisations, which should receive increased funding to broaden their service provision.
4. **Inclusive mental health services.** Linked to the recommendation above, mental health services working with LGBTQA+ young people need to be safe environments, attentive to the diversity within this group and inclusive of their needs. Given the extent of mental ill-health documented in this report, we recommend all mental health services (especially those targeted specifically for young people) undergo LGBTQA+ cultural safety training and develop long-term plans to build their organisational capacity to meet the needs of this population. Central to improved mental health service provision, it is crucial that service providers do not seek to pathologise young people in relation to their sexuality or gender identity.
5. **Access to specialist services.** Numerous LGBTQA+ community-controlled organisations exist across the country, and these provide bespoke services for the community, in recognition of their unique experiences and needs. Findings outlined in this report indicate that while LGBTQA+-specific services were used only by a minority of respondents, the experiences of those who did were more positive than of those accessing mental health support from other providers. Extending the provision of LGBTQA+ services will enable a larger number of young people to access expert services where, from the outset, they can feel safe and affirmed, an issue of particular importance to trans and gender diverse young people.
6. **Facilitating dialogue.** We recommend convening a forum for further examination of how and why poor mental health for LGBTQA+ young people does not appear to be alleviated by current mental health service provision. Dialogue on this issue could be assisted by a mapping of LGBTQA+-specific interventions and an assessment of emerging best-practice services and models in working to support LGBTQA+ young people. These approaches could be taken up by a broader range of organisations. A national forum could consider activities ranging from mental health messaging and outreach through to the forms of therapeutic practice considered to show promise with different sections of the LGBTQA+ community.

Other health and social care settings

A high proportion of young people in the survey had experienced homelessness or housing insecurity. This may reflect a number of factors, including experiences of family violence or rejection on the basis of their gender diversity or sexuality. A number of LGBTQA+ young people also reported that they were concerned about their drug use and/or that their friends or family had expressed concern regarding their drug use. While these measures provide a high level rather than a detailed assessment of need, they indicate the importance of considering LGBTQA+ young people within both housing and homelessness, and drug and alcohol services.

7. **Addressing homelessness.** The causes and consequences of homelessness can be multifaceted and often require a holistic response that brings together experts in family violence, mental health, alcohol and other drug use, employment, and community inclusion. We recommend resourcing of LGBTQA+ community-controlled organisations, or other accredited and culturally safe organisations, to design and deliver homelessness interventions that can connect the range of relevant services to meet the needs of this population.
8. **Inclusive and accessible drug and alcohol interventions.** As reflected in recommendations 4 and 5 above, there is a need to ensure access to both inclusive and culturally safe mainstream alcohol and other drug services, as well as extended provision of specialist LGBTQA+-specific services, where they exist, to meet harm reduction needs of this population. Other appropriate interventions in this context could include programs based on a treatment methodology of facilitating reflection among young people about how and when their use of drugs may be becoming problematic, and steps they could take to alleviate this experience, if appropriate.
9. **Access to trans-affirming care.** Many trans and gender diverse participants reported challenges accessing gender-affirming care, or they felt that such care was being controlled or denied by others. Efforts need to be made to expand such service provision and to provide safe access points and referral pathways that are attentive to the needs of young people.

Families, allies and communities

Families, allies and communities can provide essential social support, fostering a sense of empowerment and affirmation. Previous research has documented the important role that each play as a protective factor for mental health in LGBTQA+ young people. As such, it is crucial that interventions continue within these contexts and are scaled up wherever possible to help ensure safe spaces for LGBTQA+ young people to live and grow.

10. **Community connection.** The affirmative role and impact of LGBTQA+ community connection is significant. Engaging with other LGBTQA+ young people provides opportunities for shared learning, peer support and collective advocacy. We recommend such interventions, typically delivered by LGBTQA+ community-controlled organisations and their allies, are maintained and scaled up wherever possible. They should be especially attentive to inclusion of people from culturally and ethnically diverse backgrounds and for those with disability, as well as being promoted within rural locations.
11. **Opportunities for creativity.** Linked to the recommendation above, and in light of data described in Chapter 14, creative activities provide many LGBTQA+ young people opportunities to feel good about themselves and feel affirmed in their gender identity or sexuality. Governments at all levels should fund a variety of creative arts initiatives and these should, wherever possible, provide enhanced opportunities for creative expression and affirmation among LGBTQA+ young people.
12. **Investing in family support.** Some LGBTQA+ people have not been met with support at the point of 'coming out' or disclosing their gender identity with family, and some have faced homelessness or housing insecurity as a result of family rejection. We recommend support for interventions that seek to support and affirm young people and their families in this process and to empower all parties with an understanding of gender diversity and sexuality. Greater understanding might serve to mitigate embedded societal stigma.

Educational settings

A broad range of interventions have been delivered in schools, TAFEs and universities over the past decade to help ensure a better learning environment for LGBTQA+ young people. However, data described in this report suggest more is still to be done in ensuring a respectful environment where young people can feel safe to affirm their gender or sexuality and actively engage in their education.

13. **Promotion of LGBTQA+-specific anti-bullying policies.** Many young people were not aware whether their school, TAFE or university had a bullying policy and whether it mentioned issues of importance to LGBTQA+ young people. While it is possible that in many instances such policy does exist, awareness of its existence can itself help to foster a feeling of safety and inclusion. We recommend that all educational institutions develop, adopt and promote policies that cover bullying, stigma or discrimination directed towards LGBTQA+ young people, and have in place systems to address such behaviour should it occur.

14. **Preventing violence or abuse in educational settings.** A large proportion of participants in this study reported feeling unsafe at school, TAFE, or university, and described experiences of verbal, physical or sexual harassment/assault in these contexts. This situation requires intervention to tackle homophobia, biphobia, transphobia or any other forms of discrimination that is experienced by LGBTQA+ young people within education communities.

15. **Supporting affirmation.** At school, TAFE or in university, LGBTQA+ young people should be supported if they wish to engage in sexuality- or gender-affirming practices, so they can feel able to safely celebrate LGBTQA+ days of significance, openly identify as LGBTQA+ or wear clothes that match their gender identity, for instance. Within educational settings, such affirmation also includes access to toilet and changing room facilities that are aligned with the young person's gender identity and which trans and gender diverse young people can feel safe accessing.

16. **Feeling seen and heard.** A large proportion of young people in this survey said that their education included no mention of LGBTQA+ people in supportive or affirming ways, and this can foster a sense of invisibility or exclusion. Efforts should be made to ensure positive representation of LGBTQA+ people in varied aspects of education curricula.

Future research

No one survey can ever hope to examine all aspects of health, wellbeing and daily life. The LGBTQA+ community is as diverse as any other and different groups within this will have unique and nuanced needs or experiences, which cannot always be captured in a broad survey that covers the whole community. In many respects, the data shown in the preceding chapters generate as many questions as they answer. As acknowledged in Section 2.6, the needs and experiences of young people with intersex variation/s were not adequately captured in *Writing Themselves In* 4, warranting specially designed and directed studies of this population. We specifically recommend the following:

17. **Qualitative research.** While survey research can answer the 'how much' or 'how often' questions regarding health, education and social experiences, they cannot fully capture 'why' such things may be occurring or the nuanced lived experience of LGBTQA+ young people. We recommend qualitative research to examine topics such as: experiences of family violence, including perceived drivers and supportive responses; how, why and in what circumstances alcohol or drug use may come to be perceived as problematic, and what support might best address need where it exists; the circumstances of homelessness and barriers to accessing housing support; and the lived experiences of young people who hold non-binary identities, including how this shapes health service access. Qualitative research is also required to understand the lived experiences of Aboriginal and Torres Strait Islander LGBTIQA+ young people, including how intersecting experiences of stigma, as well as sources of strength, might shape their wellbeing.

18. **Intersex-focussed research.** Significant rethinking is required about the ways to meaningfully engage young people with intersex variation/s in research. Approaches badged as 'LGBTIQA+' may continue to struggle to engage people with intersex variation/s if they do not consider themselves a part of a broader LGBTQA+ community or when they feel such research does not adequately reflect their needs. We recommend provision of dedicated funding for community-based participatory research which is reflective of community priorities and specifically directed to and by people with intersex variation/s. This might include, for example, targeted surveys that only involve people from this population, or qualitative studies that can explore their lived experiences at home, educational institutions, work, and in their personal lives and communities. To achieve this, exploratory research is required to understand how young people with intersex variation/s make sense of their experience as service users, including the circumstances and consequences of medical interventions (including those performed at an age before personal informed consent was possible), or the accessibility and effectiveness of therapeutic and support interventions. Such research should be undertaken in partnership with intersex-led organisations and peer advocates, and should include sufficient funding to ensure their meaningful involvement and peer outreach activities to both collect data and disseminate findings.

19. **Evaluation of interventions.** Over the past two decades, a variety of interventions operating at the policy, organisational and service delivery levels have emerged in support of LGBTQA+ young people. These have often emerged organically and in response to local community need. To meet the extensive need documented in this report, existing interventions showing promise and impact need to be scaled up and implemented across settings. Such efforts should be evidence based, and thus there is a clear need for funding of intervention evaluation to identify best practice across the country.

20. **Periodic monitoring.** Data drives evidence-based policymaking as well as service and intervention design and delivery. There is considerable nuance in the needs and expectations of LGBTQA+ young people, which can shift over time and be shaped by social and political events. Periodic surveys of LGBTQA+ young people, such as *Writing Themselves In* 4, facilitate a snapshot of their lives, and more regular collection of data in this form can be used to track performance against jurisdictional health, education or whole of LGBTQA+ population strategies.

Maximising impact of the findings

The recommendations outlined in this chapter principally speak to the findings of *Writing Themselves In 4*. There is, of course, a broader body of knowledge that can inform thinking and practice, which exists within the academic literature as well as within the health, social care, youth and LGBTQA+ sectors. The present study reflects a wide range of identities, intersections, experiences and settings and, coupled with these existing bodies of knowledge, necessitates strategic conversations in all jurisdictions and in partnership with all levels of government.

21. **Strategic action planning.** Extending beyond a dialogue focussed on mental health and suicidality (recommendation 5), there is a need for forums at national, state, territory and council level to further consider the findings outlined in this report and ways in which they can inform policy and practice across a broad range of sectors. Such forums should bring together government and LGBTQA+-sector specialists alongside mainstream service and education providers, to jointly explore opportunities to address the many challenging experiences outlined in previous chapters and to pose more detailed recommendations that can inform work across jurisdictions.

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