

Writing Themselves In 4

THE HEALTH AND WELLBEING OF LGBTQA+ YOUNG PEOPLE IN AUSTRALIA

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Australian Capital Territory summary report

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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 Australian Capital Territory-specific findings from *Writing Themselves In 4*: a national survey of health and wellbeing among LGBTQA+ young people in Australia.

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

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

Table 1 Distribution of participants by state and territory

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

About this territory report

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

While the sample of 300 LGBTQA+ young people in the Australian Capital Territory represents the largest-ever survey of this population, it is an insufficient number to break responses down according to gender identity, sexuality or other key demographic characteristics. These are reported on, where possible, in the national report, which also includes a full account of recommendations for policy, practice and future research with and for LGBTQA+ young people in Australia.



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

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

[Tim Bavinton](#) Family Planning ACT (Australian Capital Territory)

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

[Tracey Hutt](#) SHINE SA (South Australia)

[Micah Scott](#) Minus 18 (Victoria)

[Starlady](#) Zoe Belle Gender Collective (Victoria)

[Terence Humphries](#) Twenty10 (New South Wales)

[Bonnie Hart](#) Intersex Peer Support Australia (Queensland)

[Sarah Lambert](#) ACON (New South Wales)

[Josh Muller](#) Psychologist (Victoria)

[Adrian Murdoch](#) Minus 18 (Victoria)

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

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

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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 LGBTIQ+ young people.

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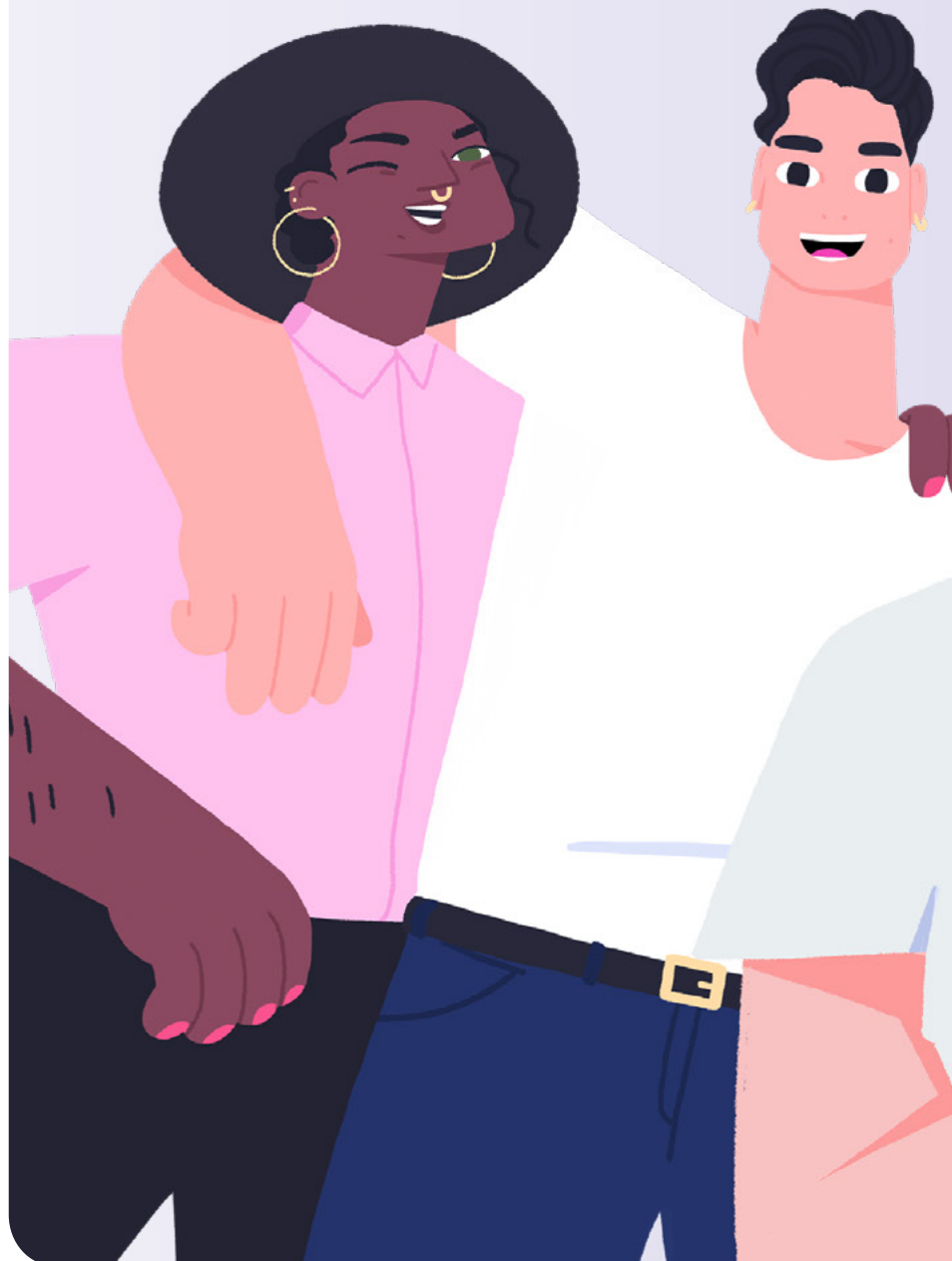
- The Victorian Department of Premier and Cabinet
- The Australian Capital Territory Government Office for LGBTIQ+ Affairs
- The New South Wales Department of Health
- SHINE SA, with support from the Office of the Chief Psychiatrist in South Australia.

Terminology

LGBTQA+

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

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



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

In a variety of places throughout this report we make comparisons to other relevant literature, the authors of which may not have used the same terminology or who may

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



Executive summary

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

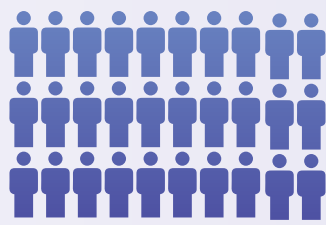
¹ This is the terminology used at the time of this study, although this does not represent the way in which gender identity and sexuality are reflected in *Writing Themselves In* 4.

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

About the young people who participated

- In total, 300 participants who completed the *Writing Themselves In* 4 survey were living in the Australian Capital Territory.
- The mean age of Australian Capital Territory participants was 17.9 years (SD = 2.2), with ages ranging from 14 to 21 years. *Writing Themselves In* 4 obtained a diverse sample of LGBTQA+ people in the Australian Capital Territory, including 2.0% of participants who identified as Aboriginal and/or Torres Strait Islander, 11.7% who were born overseas, and 46.3% who identified as having disability or long-term health condition.
- Just over half (54.5%) of participants identified as cisgender women, 19.4% as non-binary, 16.3% as cisgender men, 6.9% as trans men, and 2.8% as trans women.
- One-third (33.1%) of participants identified as bisexual, 12.7% as pansexual, 12.0% as gay, 12.0% as lesbian, 8.0% as queer, 7.4% as asexual, and 14.7% reported 'something else' with regard to their sexual orientation.
- The vast majority (96.7%) of *Writing Themselves in* 4 participants in the Australian Capital Territory reported attending an educational setting in the past 12 months. Two-fifths (42.3%) of participants attended a secondary school, 41.0% university, 6.3% TAFE, 3.0% an alternative education program, 1.3% private college, and 3.3% 'other educational setting'.



PARTICIPANTS


300
IN THE ACT

17.9
MEAN AGE

11.7%
BORN OVERSEAS

2.0%
ABORIGINAL/TORRES
STRAIT ISLANDER



46.3%

IDENTIFIED AS HAVING
A DISABILITY OR LONG-TERM
HEALTH CONDITION

Disclosure and support from others

- Most participants (97.6%) had come out to or talked about their sexual identity or gender identity with at least some of their friends, followed by 77.2% to some family members, and 73.6% to some of their classmates. Less than half of participants had come out to or talked about their sexual identity or gender identity with any co-workers (45.7%), teachers (39.4%), or sports teammates (39.0%).
- More than nine-tenths (92.7%) of participants who had come out to friends felt supported by them, seven-tenths (69.9%) felt supported by teachers, three-fifths (62.4%) by family, sports teammates (62.3%), and co-workers (61.1%) (although the number of participants who were out to teachers, co-workers and teammates was low). Less than half of participants (43.9%) felt supported by their classmates.

Educational settings: Supportive structures and practices

- Almost twice the number of participants attending university (84.3%) reported being aware of an LGBTIQ+ alliance at their educational setting than participants attending secondary school (47.2%).
- One-seventh (13.5%) of secondary school participants in the Australian

Capital Territory reported that LGBTIQ+ people received attention or discussion in a supportive or inclusive way and over one-quarter (27.0%) reported never having any aspect of LGBTIQ+ people mentioned in a supportive or inclusive way during their schooling.

Educational settings: Discriminatory and affirming experiences

- More than half (57.2%) of participants at secondary school felt unsafe or uncomfortable due to their sexuality or gender identity in the past 12 months.
- Three-tenths (30.9%) of participants at university felt unsafe or uncomfortable due to their sexuality or gender identity in the past 12 months.
- Approximately two-fifths (39.2%) of participants felt that they could safely engage in public affection with other LGBTIQ+ people at secondary school, half (52.0%) felt that they could safely attend a school dance with someone of the same gender, two-thirds (65.6%) felt that they could openly identify as LGBTIQ+, and almost three-quarters (72.8%) felt that they could safely celebrate an LGBTIQ+ day of significance.
- Half (51.2%) of participants felt that they could safely engage in public affection with other LGBTIQ+ people at university, four-fifths (81.3%) felt that they could openly identify as LGBTIQ+, and three-quarters (75.6%) felt that they could safely celebrate an LGBTIQ+ day of significance.
- Approximately one-quarter (22.9%) of participants felt that they could safely use bathrooms and less than one-fifth (14.3%) that they could safely use the changing rooms that match their gender identity at secondary school. Almost two-thirds (61.3%) of participants felt that they could safely use bathrooms and over one-third (35.5%) that they could safely use the changing rooms that match their gender identity at university.
- Over two-fifths (43.1%) of secondary school students reported missing day/s at their educational setting in the past 12 months because they felt unsafe or uncomfortable. One-fifth (20.7%) of university students reported missing day/s at their educational setting in the past 12 months because they felt unsafe or uncomfortable.
- More than half (51.2%) of participants at secondary school reported that they frequently heard negative remarks regarding sexuality at their educational setting during the past 12 months.
- One-seventh (14.8%) of participants at university reported that they frequently heard negative remarks regarding sexuality during the past 12 months at their educational setting.
- Almost three-fifths (62.0%) of secondary school participants reported hearing negative language about gender identity or gender expression in the past 12 months at their educational setting.

54.5%
CISGENDER WOMEN

6.9%
TRANS MEN

19.4%
NON-BINARY



16.3%
CISGENDER MEN

2.8%
TRANS WOMEN

12.0%
GAY

12.0%
LESBIAN

12.7%
PANSEXUAL

8.0%
QUEER

7.4%
ASEXUAL

14.7%
SOMETHING ELSE

33.1% IDENTIFIED AS BISEXUAL

- More than two-fifths (45.0%) of university students reported hearing negative language about gender identity or gender expression in the past 12 months at their educational setting.

Experiences of homelessness

- One-fifth (20.8%) of participants had experienced one or more forms of homelessness in their lifetime, and 8.1% in the last 12 months.
- One-seventh (15.4%) of participants had ever run away from home or the place they lived, and almost one-tenth (8.7%) had ever left home or the place they live because they were asked or made to leave.
- One-fifth (21.0%) of participants reported that their experience/s of homelessness were related to being LGBTIQ+.

Experiences of harassment and assault

- Two-fifths (40.4%) of participants had experienced verbal harassment, more than one-quarter (28.4%) sexual harassment, and almost one-tenth (8.9%) physical harassment based on their sexuality or gender identity in the past 12 months.
- Three-fifths (59.2%) of participants had experienced verbal harassment, approximately two-fifths (38.1%) sexual harassment, and almost one-fifth (17.3%) physical harassment

based on their sexuality or gender identity at some point in their lives.

- Verbal and physical harassment were most commonly reported at educational settings and in public.

Mental health and wellbeing

- Four-fifths (80.4%) of all participants had experienced high or very high levels of psychological distress during the past four weeks.
- Nine-tenths (89.9%) of participants aged 16–17 reported high or very high levels of psychological distress, more than three times the level reported among studies of 16–17 year olds in the general population (5).
- Three-fifths (60.3%) of all participants reported having ever being diagnosed with depression and over half (53.8%) with generalised anxiety disorder.
- Over half (55.0%) of all participants and almost three-fifths (57.1%) of participants aged 16–17 had seriously considered attempting suicide in the past 12 months, five times that observed within studies of the general population aged 16–17 (11.2%) (5).
- One-tenth (10.2%) of all participants and 13.2% of those aged 16–17 had attempted suicide in the past 12 months, more than three times the 3.8% observed in studies of the general population aged 16–17 (5).
- Over one-quarter (28.7%) of all participants had attempted suicide

in their lifetimes, and over one-third (36.8%) of those aged 16–17 more than five times the proportion observed in studies of the general population aged 16–17 (5).

- Two-thirds (65.0%) of participants who had experienced any suicidal ideation, planning, attempts, or self-harm ideation or attempts in the Australian Capital Territory had ever accessed a professional support service in relation to suicide or self-harm.
- Among participants who had experienced either suicidal ideation, planning, attempts, or self-harm ideation or attempts, over three-fifths (61.7%) had accessed an in-person professional counselling or support service, one-seventh (14.6%) a professional telephone support service, and 14.2% a professional text or webchat support service ever in their lifetime.

Alcohol, tobacco and other drug use

- Almost one-tenth (9.3%) of participants aged 14–17 years, and one-fifth (19.8%) of participants aged 18–21 years were current tobacco smokers.
- More than two-fifths (44.2%) of participants aged 14–17 years, and nine-tenths (90.1%) of participants aged 18–21 years reported ever drinking alcohol.
- One-quarter (27.2%) of participants aged 14–17 and 48.4% of participants

EDUCATION

57.2%

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



HOMELESSNESS

8.1%

HAD EXPERIENCED HOMELESSNESS IN THE LAST 12 MONTHS

21.0%

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

HARASSMENT OR ASSAULT



40.4%

EXPERIENCED VERBAL HARASSMENT IN THE LAST 12 MONTHS

aged 18-21 reported using any drug for non-medicinal purposes in the past six months. The most commonly used drugs were cannabis (33.2%), ecstasy/MDMA (12.6%), and amyl nitrite/alkyl nitrite (10.8%).

- Among participants who reported using any drug for non-medicinal purposes in the past six months, almost one-quarter (22.4%) had been concerned about their drug use at some point in the past, and 24.3% reported their family or friends had expressed some concern about their drug use.

LGBTIQA+ community participation

- Two-fifths (41.8%) of participants had stood up for the rights of LGBTIQA+ people at school or work and 40.1% had created or posted something online supporting LGBTIQA+ people in the past 12 months.
- One-quarter (25.2%) of participants had attended a rally or protest about LGBTIQA+ rights, and 15.0% had volunteered for an LGBTIQA+ organisation or cause in the past 12 months.
- Almost three-tenths (29.4%) of participants in education had attended a school or university LGBTIQA+ youth group in the past 12 months, one-tenth (10.8%) of trans and gender diverse participants attended a trans and gender diverse youth group, and one-fifth (20.7%) of all participants attended an LGBTIQA+ youth event.

Feeling good as LGBTIQA+ young people

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

Recommendations

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

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

10.2%

HAD ATTEMPTED SUICIDE IN THE LAST 12 MONTHS

28.7%

HAD ATTEMPTED SUICIDE IN THEIR LIFETIME



27.2%

OF 14-17 YEAR OLDS AND 48.4% OF 18-21 YEAR OLDS REPORTED ILLICIT DRUG USE IN THE LAST 6 MONTHS

41.8%

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



1 Background

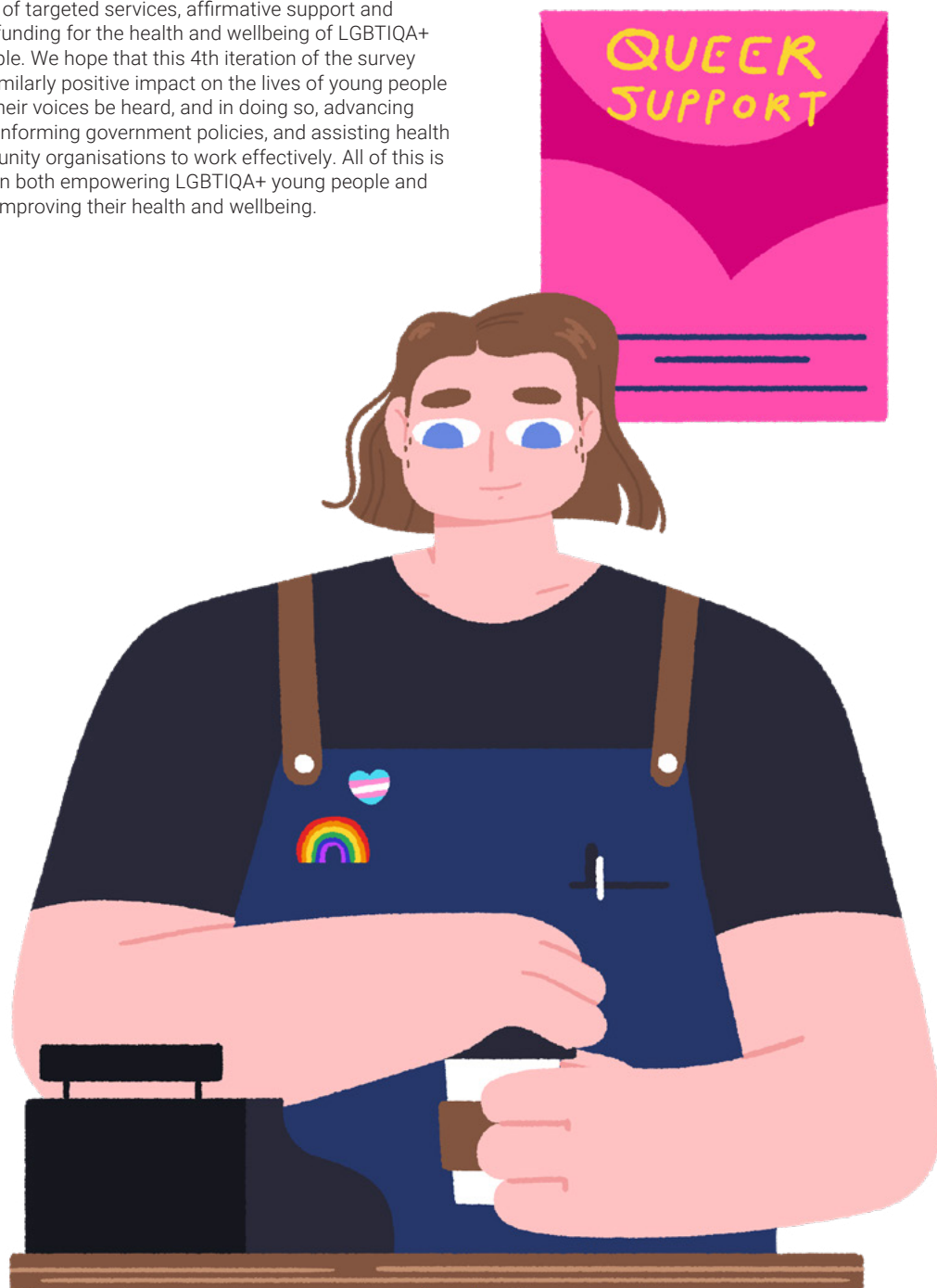
In 1998, the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University conducted *Writing Themselves In (1)*, the first-ever national survey of same-sex attracted young people in Australia. The research highlighted the marginalisation of same-sex attracted young people and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

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

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



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



2 Methods

2.1 Community and youth consultation

A great many social, cultural and technological changes have come about in the 10 years since the last iteration of *Writing Themselves In*. As a consequence, a significant revision of the survey was required to take account of the world that LGBTIQ+ 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 LGBTIQ+ young people (outlined in the opening Acknowledgements section). We were fortunate to work with an incredibly passionate and knowledgeable **Community Advisory Board**, which included expert representatives from all states and territories that had contributed funding for the study. The **Community Advisory Board** played a vital role in helping to devise new lines of questions, refining possible answers and prioritising areas of investigation.

Their work was complemented by the support of two **Youth Advisory Groups**, one each in Victoria (consisting of members aged 16–23 years) and South Australia (consisting of members aged 14–21 years). The Victoria-based committee met throughout the life of the project to inform key areas of inquiry, to shape and refine questions, their wording and sequence, gave valuable input into the promotional materials to ensure they were engaging for fellow young people, and offered advice as to the areas that required particular attention in the written outputs of

the study (including this report). The South Australia-based group was more focussed in its activities and primarily contributed to the survey design and promotion but was absolutely vital in ensuring that the voices of young people in different parts of the country could be heard by this study.

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

2.2 Survey development

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

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

2.3 Recruitment

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

- Through paid advertising on Facebook and Instagram
- Via the online networks of community organisations working with and for LGBTIQ+ 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 LGBTIQ+ 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



Writing Themselves In 4 promotional material



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

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

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

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



Writing Themselves In 4 promotional material

2.4 Analysis and categorisation of data

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

2.4.1 Gender identity

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

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

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

2.4.2 Sexuality

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

2.4.3 Intersectionality

LGBTQIA+ 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 LGBTQIA+ young people.

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

With a significant number of overlapping identities and experiences included within the data, it is not possible to 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 LGBTQIA+ 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, gender diversity and sexuality are not likely to be captured within the national census of Australia, which complicates efforts to achieve truly representative samples of LGBTIQA+ communities. In September of 2020, *Writing Themselves In 4* represents the largest sample of LGBTIQA+ young people ever recruited in Australia and confidence can be found in the weight and volume of their responses. Data from this sample provide a robust understanding of experience and need to inform policy and programming.

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

2.6 Young people with an intersex variation/s

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

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

Despite these extensive efforts, and our close community collaboration, only 20 participants of *Writing Themselves In 4* reported an intersex variation/s. None of these were living in the Australian Capital Territory at the time of completion. Of the 20 in the national sample, eight went on to complete the supplementary section of questions that asked about experiences specific to people with an intersex variation/s. All authors and others connected with the project share a deep sense of sadness that we were not able to engage a larger cohort of young people with an intersex variation and remain committed to better understanding, and giving voice to, their experiences. The reasons for the limited engagement are likely multifaceted and are explored in considerable detail in the [national report](#). Also within the national report are specific recommendations regarding how research could better account for, and give voice to, experiences of young people with an intersex variation in the future.

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

3 Demographics

3.1 Age of participants

Writing Themselves In 4 involved participants of a diverse age-range in the Australian Capital Territory, meaning that experiences in a number of educational settings were captured.

Table 2 Age of participants

Age (n = 300)	n	%
14	22	7.3
15	37	12.3
16	29	9.7
17	41	13.7
18	43	14.3
19	38	12.7
20	46	15.3
21	44	14.7

The mean age of participants was 17.9 years in the Australian Capital Territory (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, 43.0% (n = 129) of participants were aged between 14 and 17 years, and 57.0% (n = 171) were aged between 18 and 21 years.

3.2 Gender identity and sexuality

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

Table 3 Gender of participants, grouped by category

Gender (n = 288)	n	%
Cisgender man	47	16.3
Cisgender woman	157	54.5
Trans man	20	6.9
Trans woman	8	2.8
Non-binary	56	19.4

Just over half (54.5%; n = 157) of participants were cisgender women, slightly lower than the 57% reported in *Writing Themselves In 3* (3). Approximately three-tenths (29.1%) of participants in the Australian Capital Territory identified as trans or non-binary, compared to 3.0% in *Writing Themselves In 3*. In fact, the 84 trans men, trans women and non-binary participants in the Australian Capital Territory almost equalled the n of trans men, trans women and non-binary participants in the entire national sample of *Writing Themselves In 3* (n = 90). While this is an insufficient n to enable a breakdown of experiences between cisgender and trans and gender diverse participants in the Australian Capital Territory, such differences are reported in the [national report](#). Also included in the national report (section 2.7) is a discussion of the factors that may have contributed to a smaller number of trans women engaging in *Writing Themselves In 4*.

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

Table 4 Sexuality of participants, grouped by category

Sexuality (n = 299)	n	%
Lesbian	36	12.0
Gay	36	12.0
Bisexual	99	33.1
Pansexual	38	12.7
Queer	24	8.0
Asexual	22	7.4
Something else	44	14.7

Almost half (45.8%; n = 137) of *Writing Themselves In 4* participants in the Australian Capital Territory identified as multigender attracted. 'Queer' and 'asexual' were not presented as sexuality categories in *Writing Themselves In 3*. However, they made up 8.0% (n = 24) and 7.4% (n = 22) respectively of the total sample in the Australian Capital Territory in *Writing Themselves In 4*. Around one-sixth (14.7%; n = 44) of participants in *Writing Themselves In 4* were categorised using the 'something else' response category. The 'something else' category was made up of participants who identified as 'homosexual' (n = 5), 'something else' (n = 10), 'prefer not to have a label' (n = 9), 'cannot choose only one sexuality' (n = 10), 'don't know my sexuality' (n = 8), and trans men (n = 1), trans women (n = 1), who identified as 'heterosexual'. No non-binary participants identified as heterosexual among *Writing Themselves In 4* participants in the Australian Capital Territory. Participants who choose 'prefer not to answer' questions are not included in Table 5 but are included in the total sample.

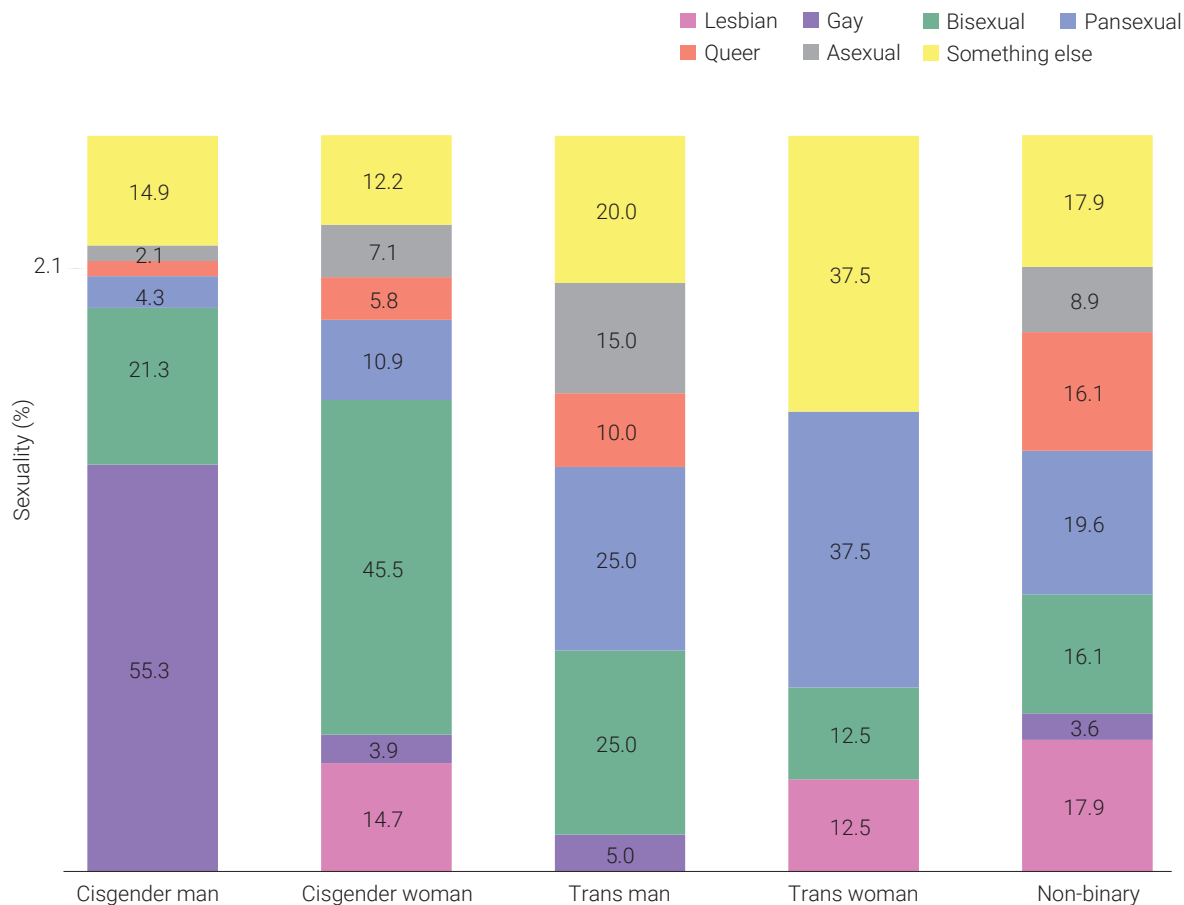
3.3 Intersections of gender and sexuality

LGBTQA+ young people have multiple, intersecting identities. For example, an LGBTQA+ person may identify their sexuality as bisexual and have a gender identity that is categorised as ‘cisgender man’, ‘cisgender woman’, trans man, trans woman, or non-binary. Similarly, an LGBTQA+ person whose gender identity is non-binary may identify their sexuality as lesbian, gay, bisexual, pansexual, queer, asexual, or ‘something else’. Figure 1 displays how sexual orientation and gender identity intersect among participants in the Australian Capital Territory among participants who responded to both sexuality and gender questions (n = 287).

Figure 1 shows that just over half of cisgender men (55.3%; n = 26) identified as gay compared to 5.0% (n = 1) of trans men, 3.9% (n = 6) of cisgender women, 3.6% (n = 2) of non-binary participants, and no trans women. Almost twice as many cisgender women identified as bisexual (45.5%; n = 71) or pansexual (10.9%; n = 17) as cisgender men (21.3%; n = 10 identified as bisexual and 4.3%; n = 2 as pansexual). This is consistent with *Writing Themselves In 3* and previous studies in Australia and internationally (3,8). Non-binary participants were most likely to identify as ‘queer’ (16.1 %; n = 9).



Figure 1 Intersections of sexual orientation and gender identity



3.4 Ethnic background and country of birth

The majority of participants (88.3%, $n = 265$) were born in Australia, while 11.7% ($n = 35$) were born overseas. This is similar to the *Writing Themselves In 3* report (10% born overseas), and is slightly lower than the figure for the general population of the Australian Capital Territory where an estimated 80.7% of children and young people (aged 0–24) were born overseas (9). Among the 35 Australian Capital Territory participants born overseas, the most common countries of birth were the United Kingdom ($n = 5$), United States ($n = 5$), China ($n = 3$), New Zealand ($n = 3$), Singapore ($n = 3$), Canada ($n = 2$), Germany ($n = 2$), Hong Kong ($n = 2$).

Less than one in twenty (3.4%; $n = 10$) participants spoke a language other than English at home. It is of note that this survey was only accessible in English and may have therefore been less likely to engage with young people who were not native English speakers.

Table 5 shows that majority of participants identified as Anglo-Celtic or European, similarly to national and general population data (10). The [national report](#) (section 17) contains a breakdown of key health and social experiences according to ethnic background.

Table 5 Ethnic background of participants

Ethnicity ($n = 288$)	n	%
Anglo-Celtic	202	70.1
Other European	61	21.2
Eastern European	42	14.6
Southern European	34	11.8
Chinese	12	4.2
South East Asian	9	3.1
Other Asian	9	3.1
Middle Eastern	6	2.1
Maori/Pacific Islander	6	2.1
Indian	5	1.7
Latin American	4	1.4
African	3	1.0
Other	18	6.3

3.5 Aboriginal and Torres Strait Islanders

Overall, 2.0% ($n = 6$) of participants identified as Aboriginal or Torres Strait Islander, comparable to the estimated population of Aboriginal and Torres Strait Islander people in the Australian Capital Territory (1.7%) (11). At a national level, *Writing Themselves 4* heard from a large number of LGBTQA+ Aboriginal or Torres Strait Islanders ($n = 246$). At the time of publication, we are working with colleagues from Aboriginal and Torres Strait Islander communities to make sense of their experiences, which will be the subject of a focussed publication in the future. The inclusion of Aboriginal and Torres Strait Islanders within the survey, and ongoing efforts to make sense of the arising data, is discussed further in the [national report](#) (section 2.8).

3.6 Religious or spiritual identity

Participants were asked how they identified with regards to religion or spirituality, and if their family or household was religious. Table 6 displays these results.

Table 6 Religious or spiritual identity

Religion ($n = 297$)	n	%
No religion	219	73.7
Catholic	20	6.7
Anglican (Church of England)	10	3.4
Buddhism	6	2.0
Judaism	6	2.0
Presbyterian	3	1.0
Islam	2	0.7
Uniting Church	1	0.3
Hinduism	1	0.3
Other	29	9.8

Almost three-quarters (73.7%; $n = 219$) of participants reported having no current religion or spirituality, higher than the 52% among people aged 13–18 years in the general Australian population (12). Religious or spiritual affiliation was not recorded in *Writing Themselves In 3*. Of participants reporting a religious or spiritual identity, 6.7% ($n = 20$) were catholic, 3.4% ($n = 10$) Anglican, 2.0% ($n = 6$) Buddhist, and 2.0% ($n = 6$) Jewish. Almost one-third (31.3%; $n = 94$) of participants reported having a religious family or household.

3.7 Disability or long-term health condition

The approach to defining disability or long-term health conditions taken by the ABS is based on asking whether a condition restricts daily living and not about the nature of the condition itself. For example, a person may report loss of sight as a health condition, but if they are able to see and function without limitations by wearing corrective glasses, they are not considered (for the purposes of research) to have disability. In contrast, a person who, even when wearing glasses, who is still restricted in everyday activities by their vision, may still be considered to have disability (13).

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

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

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

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

Almost half (46.3%; n = 139) of all participants reported having disability or long-term health condition, 9.3% (n = 28) reported they 'did not know', and 0.3% (n = 1) 'preferred not to say'. Nine in ten (91.3%; n = 126) participants with disability or long-term health condition reported acquiring one or more of these conditions later in life (after they were born).

Participants reporting disability or long-term health condition were asked to further describe it. Table 7 displays these results.

Table 7 Type of disability or long-term health condition

Disability (n = 300)	n	%
Mental illness	129	43.0
Neurodiversity/autism	51	17.0
Physical	31	10.3
Sensory	26	8.7
Intellectual	18	6.0
Acquired brain injury	1	0.3
Other	4	1.3

When asked to further describe the nature of their disability (if appropriate), over four-fifths (43.0%; n = 129) reported a mental illness, almost one-fifth (17.0%; n = 51) neurodiversity/autism, one-tenth (10.3%; n = 31) physical disability, and less than one-tenth reported sensory disability (8.7%; n = 26), intellectual disability (6.0%; n = 18), an acquired brain injury (0.3%; n = 1), or a different form of disability (1.3%; n = 4). These were not mutually-exclusive options and participants could indicate more than one type of disability. Data pertaining to disability were not captured in *Writing Themselves In 3*. It is notable that the relatively high proportion of people reporting a disability in this study is likely to arise due to the inclusion of mental illness: approximately one-quarter (27.0%; n = 81) of the total Australian Capital Territory sample reported disability or long-term health condition other than a mental illness.



42.3%
of participants were
at secondary school,
6.3% at TAFE and
41.0% at university

3.8 current or recent engagement with education

Participants were asked if they were currently attending a school or educational setting or if they had attended one in the past 12 months. Table 8 displays these results.

Table 8 Educational setting attended in past 12 months

Education (n = 300)	n	%
Not currently/recently engaged in education	10	3.3
Secondary school (high school)	127	42.3
University	123	41.0
TAFE	12	6.3
Alternative education program (e.g. FLO, home-schooling)	9	3.0
Private college (private provider)	4	1.3
Other	19	3.3

The vast majority (96.7%; n = 290) of *Writing Themselves In 4* participants in the Australian Capital Territory reported attending an educational setting in the past 12 months. Of participants at secondary school, over seven-tenths (71.7%; n = 91) reported attending a government school, 21.3% (n = 27) a religious school, and 7.1% (n = 9) a non-religious private school. Of participants who reported attending religious schools, four-fifths (81.5%; n = 22) reported attending a catholic school, 11.1% (n = 3) a non-Catholic Christian school, and 7.4% (n = 2) a school with a non-Christian religious or spiritual affiliation.

3.9 Employment status

Two-thirds (65.7%; n = 197) of participants reported being engaged in paid employment in the past 12 months.

Table 9 Employment status in last 12 months

Employment (n = 300)	n	%
No employment	97	32.3
Work (casual)	141	47.0
Work (part-time)	39	13.0
Work (full-time)	17	5.7
Apprenticeship	3	1.0
Other	3	1.0

In total, 98.3% (n = 295) 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 = 5), four participants reported engaging in casual work, and one participant reported no work or study in the past 12 months.

3.10 Housing and household

Participants were asked where they live most of the time. Table 10 displays the results.

Table 10 Housing situation

Housing (n = 300)	n	%
House	198	66.0
Rooming house/	40	13.3
Apartment	35	11.7
Somewhere else	2	9.0

Two-thirds of participants (66.0%; n = 198) reported living in a house, followed by 13.3% (n = 40) in a shared or rooming house and 11.7% (n = 35) in an apartment.

Participants were then asked who they lived with (multiple responses were permitted). Table 11 displays the results.

Table 11 Household members

Household (n = 299)	n	%
My family	205	68.6
Friends	46	15.4
Live alone	16	5.4
Partner(s)	13	4.4
Others	40	13.4

The majority of participants (68.6%; n = 205) reported living with their family, followed by friends (15.4%; n = 46) and others (13.4%; n = 40). Two-fifths of participants attending university reported living with their family (41.4%; n = 41) or with friends (42.4%; n = 42), and 13.1% (n = 13) alone. In comparison, 99.2% (n = 123) of participants attending secondary school that reported living with family.

Two-fifths (40.0%; n = 120) of participants reported having a family member that was LGBTIQA+.



4 Experiences of disclosing sexuality or gender identity

4.1 Disclosing sexuality or gender identity

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

- Family (n = 294)
- Friends (n = 296)
- Co-workers (n = 199)
- Classmates (n = 276)
- Teachers (n = 264)
- Sports teammates (n = 136)

The vast majority of participants (97.6%; n = 289) had come out to some friends, followed by 77.2% (n = 227) to some family, and 73.6% (n = 203) to some classmates. However, less than half of participants had come out to any co-workers (45.7%; n = 91), teachers (39.4%; n = 104), or sports teammates (39.0%; n = 53).

43.9%
reported their
classmates as
supportive of their
sexuality or gender
identity

4.2 Feelings of support about sexuality or gender identity

Participants who responded they had come out to or talked with people about their sexual identity or gender identity were asked, 'Overall, how supported do you feel about your sexual identity, 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. Sample sizes for each option are, therefore, included in Table 13 below.

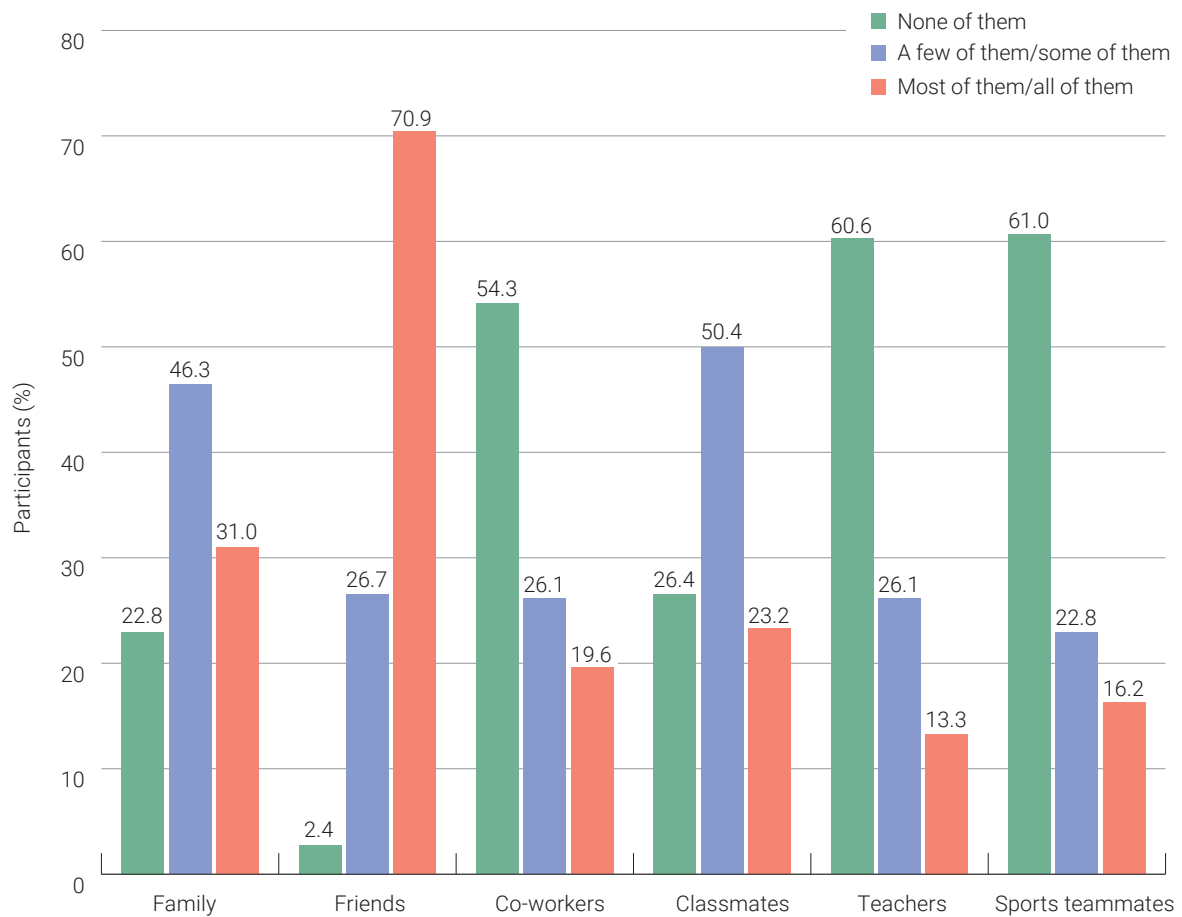
Table 12 Proportion of participants who feel supported about their sexuality or gender identity

	n	%
Family support (n = 226)		
Not Supportive	85	37.6
Supportive/Very Supportive	141	62.4
Friends support (n = 289)		
Not Supportive	21	7.3
Supportive/Very Supportive	268	92.7
Co-workers support (n = 90)		
Not Supportive	35	38.9
Supportive/Very Supportive	55	61.1
Classmates support (n = 164)		
Not Supportive	92	56.1
Supportive/Very Supportive	72	43.9
Teachers support (n = 103)		
Not Supportive	31	30.1
Supportive/Very Supportive	72	69.9
Sports teammates support (n = 53)		
Not Supportive	20	37.7
Supportive/Very Supportive	33	62.3

Nine-tenths (92.7%; n = 268) of participants who had disclosed reported feeling supported about their sexuality or gender identity by their friends, approximately seven-tenths (69.9%; n = 72) by their teachers, over three-fifths by their family (62.4%; n = 141), sports teammates (62.3%; n = 33), and co-workers (61.1%; n = 55) (although the number of participants who are out to teachers, co-workers and teammates is very low.) Less than half of participants (43.9%; n = 72) reported their classmates as supportive about their sexuality or gender identity.



Figure 2 Disclosure of sexuality or gender identity to different groups



5 Educational settings: Supportive structures and practices

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

5.1 Visual images demonstrating support for LGBTIQ+ young people

In total, over four-fifths (84.1%; n = 244) of participants had seen a flag, sticker, or poster supportive of LGBTIQ+ people in their educational setting in the past 12 months. More than nine-tenths (93.5%; n = 115) of participants attending university reported seeing a flag, sticker, or poster supportive of LGBTIQ+ compared to around eight-tenths (78.0%; n = 99) at a secondary school.

5.2 LGBTIQ+ supportive alliance

Of the full Australian Capital Territory sample, three-fifths (60.6%; n = 175) of participants reported being aware of an LGBTIQ+ alliance in their educational setting. Almost twice the number of participants attending university (84.3%; n = 103) reported being aware of an LGBTIQ+ alliance at their educational setting than participants attending secondary school (47.2%; n = 60).

5.3 Awareness of bullying policies at educational setting

Participants attending an educational setting were asked if they knew whether it had a bullying policy, and if this covered LGBTIQ+ people. Table 13 represents their responses.

Table 13 Awareness of educational setting bullying policy

Knowledge of any bullying policy (n = 289)	n	%
No	21	7.3
Yes	176	60.9
Don't know	92	31.8

More than three-tenths (31.8%; n = 92) of participants reported not knowing whether their educational setting had a bullying policy. A comparable proportion of participants attending high school (60.6%; n = 77) and university (61.5%; n = 40) reported knowing whether their educational setting had a bullying policy.

Participants who reported their educational setting had a bullying policy were asked if they knew whether the bullying policy specifically mentioned particular issues of importance to LGBTIQ+ young people. Responses are displayed in Table 14.

Table 14 Awareness of the contents of educational setting bullying policies

Bullying Policy Areas (n = 175)	n	%
Sexuality	19	10.9
Gender identity	15	8.6
Intersex variation/s	2	1.1
All aspects of LGBTIQ+	66	37.7
No aspects of LGBTIQ+	17	9.7
Don't know	73	41.7

Among participants who reported that their educational setting had a bullying policy, half (51.4%; n = 90) responded that they did not know or that it did not cover any issues of importance to LGBTIQ+ young people and over one-third (37.7%; n = 66) responded that it covered all issues of importance to LGBTIQ+ young people.

5.4 An education supportive or inclusive of LGBTIQ+ people

Participants were asked, 'To what extent are aspects of your current educational setting (textbooks, assignments, sex education) supportive or inclusive of LGBTIQ+ people?' Not all participants responded to each of these statements, hence the differing sample sizes for analyses are shown in brackets below in Table 15.



Table 15 Extent to which aspects of education are supportive or inclusive of LGBTIQ+ people

	Secondary School		University		Total	
	n	%	n	%	n	%
Lesbian people (n = 284)						
Never mentioned	59	46.8	49	41.5	120	42.3
Mentioned in passing	58	46.0	46	39.0	127	44.7
A lot of attention or discussion	9	7.1	23	19.5	37	13.0
Gay people (n = 283)						
Never mentioned	39	31.0	38	32.5	90	31.8
Mentioned in passing	71	56.3	49	41.9	140	49.5
A lot of attention or discussion	16	12.7	30	25.6	53	18.7
Bisexual people (n = 280)						
Never mentioned	75	60.5	61	52.6	155	55.4
Mentioned in passing	39	31.5	43	37.1	98	35.0
A lot of attention or discussion	10	8.1	12	10.3	27	9.6
Queer people (n = 283)						
Never mentioned	76	60.3	53	45.3	148	52.3
Mentioned in passing	41	32.5	41	35.0	100	35.3
A lot of attention or discussion	9	7.1	23	19.7	35	12.4
Pansexual people (n = 281)						
Never mentioned	97	78.2	90	76.9	218	77.6
Mentioned in passing	22	17.7	25	21.4	54	19.2
A lot of attention or discussion	5	4.0	2	1.7	9	3.2
Trans and gender diverse people (n = 283)						
Never mentioned	63	50.0	48	41.0	130	45.9
Mentioned in passing	54	42.9	46	39.3	115	40.6
A lot of attention or discussion	9	7.1	23	19.7	38	13.4
People with intersex variation/s (n = 281)						
Never mentioned	101	80.8	80	69.0	208	74.0
Mentioned in passing	21	16.8	29	25.0	60	21.4
A lot of attention or discussion	3	2.4	7	6.0	13	4.6
Asexual people (n = 281)						
Never mentioned	100	80.0	95	81.9	227	80.8
Mentioned in passing	22	17.6	20	17.2	49	17.4
A lot of attention or discussion	3	2.4	1	0.9	5	1.8
Any LGBTIQ+ people (n = 284)						
No aspect of LGBTIQ+ people mentioned	34	27.0	30	25.4	76	26.8
One or more aspect of LGBTIQ+	17	13.5	35	29.6	61	21.5

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

26.8%

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

Among secondary students, approximately one-eighth (12.7%; n = 16) reported receiving 'a lot of attention or discussion' regarding gay people, followed by 8.1% (n = 16) regarding bisexual people, 7.1% (n = 9) regarding lesbian, queer, and trans and gender diverse people, 4.0% (n = 5) regarding pansexual people, and 2.4% (n = 3) regarding people with an intersex variation/s or asexual people.

Conversely, asexual people and those with an intersex variation/s appear to receive significantly less attention within school or university-based education. Eight-tenths (80.8%; n = 101) of secondary school participants reported that people with intersex variations were never mentioned in a supportive or inclusive way, followed by eight-tenths (80.0%; n = 100) regarding asexual people, 78.2% (n = 97) pansexual people,

three-fifths regarding bisexual (60.5%; n = 75) and pansexual (60.3%; n = 76) people, half (50.0%; n = 63) regarding trans and gender diverse people, 46.8% (n = 49) regarding lesbian people, and almost one-third (31.0%; n = 39) regarding gay people.

Despite previous research showing an overwhelming majority (86%) of Australian young people aged 13-18 years supported secondary school students' right to learn about LGBTIQI people as part of their schooling (12), only 13.5% (n = 17) of secondary school participants in the Australian Capital Territory reported that, in their schooling LGBTIQ+ people were discussed in a supportive or inclusive way, and over one-quarter (27.0%; n = 34) reported never having any aspect of LGBTIQ+ people mentioned in a supportive or inclusive way.



6 Educational settings: Discriminatory and affirming experiences

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

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

6.1 Experiences of feeling safe or unsafe at school or university

More than half (57.2%; n = 72) of participants said that they felt unsafe or uncomfortable at secondary school due to their sexuality or gender identity in the past 12 months compared to three-tenths (30.9% n = 38) of participants at university.

Participants were asked to respond to a series of statements about feelings of safety, preceded with the statement, 'During the past 12 months, at your educational setting have you felt that you could safely...' Responses are displayed in Table 16.

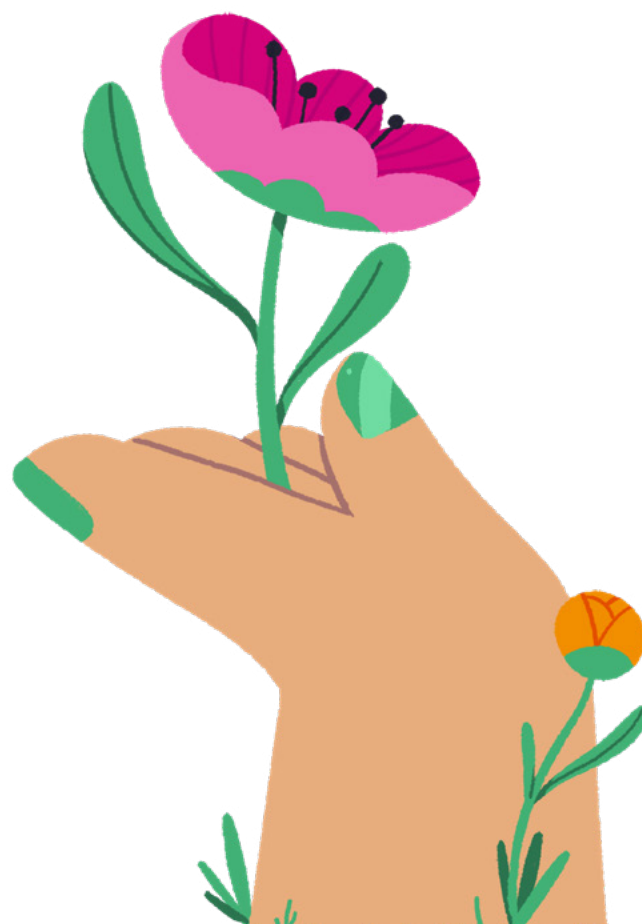


Table 16 Perceived safety when engaging in LGBTIQ-affirming practices

	Secondary School		University		Total	
During the past 12 months at your education setting have you felt that you could safely... (n = 287)	n	%	n	%	n	%
engage in public affection (PDA) with LGBTIQ+ people	49	39.2	63	51.2	132	46.0
attend a school dance with someone of the same gender	65	52.0	N/A*	N/A	N/A	N/A
openly identify as LGBTIQ+	82	65.6	100	81.3	207	72.1
celebrate 'Wear It Purple Day' IDAHOBIT, or Transgender Day of Visibility or another LGBTIQ+ day of significance	91	72.8	93	75.6	210	73.2
None of the above	17	13.6	17	13.8	40	13.9

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

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

Approximately two-fifths (39.2%; n = 49) of participants felt that they could safely engage in public affection with other LGBTIQ+ people at secondary school, half (52.0%; n = 65) felt that they could safely attend a school dance with someone of the same gender, two-thirds (65.6%; n = 82) felt that they could openly identify as LGBTIQ+, and almost three-quarters (72.8%; n = 91) felt that they could safely celebrate 'Wear It Purple Day', IDAHOBIT, or Transgender Day of Visibility or another LGBTIQ+ day of significance.

Half (51.2%; n = 63) of participants felt that they could safely engage in public affection with other LGBTIQ+ people at university, four-fifths (81.3%; n = 100) felt that they could openly identify as LGBTIQ+, and three-quarters (75.6%; n = 93) felt that they could safely celebrate 'Wear It Purple Day', IDAHOBIT, or Transgender Day of Visibility or another LGBTIQ+ day of significance.

Trans and gender diverse participants were then asked if they had felt able to safely engage in certain behaviours in their educational setting during the past 12 months. Responses are displayed in Table 17.

More participants felt that they could safely use bathrooms and changing rooms at university than at secondary school: for example, almost two-thirds (61.3%; n = 19) of participants felt that they could safely use the bathrooms that match their gender identity at university, compared to approximately one-quarter (22.9%; n = 8) of participants at secondary school; one-third (35.5%; n = 11) of participants felt that they could safely use the changing rooms that match their gender identity compared to less than one-fifth (14.3%; n = 5) of participants at secondary school. Slightly more participants felt that they could safely use their chosen name or pronouns at university (67.7%; n = 21) or wear clothes that match their gender identity (77.4%; n = 24) than participants at secondary school (60.0%; n = 21 and 65.7%; n = 23 respectively).

Table 17 Perceived safety engaging in gender-affirming practices in educational settings among trans and gender diverse participants

	Secondary School		University		Total	
During the past 12 months at your education setting have you felt that you could safely... (n = 77)	n	%	n	%	n	%
use the bathrooms that match my gender identity	8	22.9	19	61.3	31	40.3
use the changing rooms that match my gender identity	5	14.3	11	35.5	20	26.0
use my chosen name or pronouns	21	60.0	21	67.7	49	63.6
wear clothes that match my gender identity	23	65.7	24	77.4	57	74.0
None of the above	7	20.0	5	16.3	12	15.6



6.2 Experiences of hearing negative language at an educational setting

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

- Negative remarks regarding sexuality (e.g. 'that's so gay'; n = 289)
- Negative remarks regarding gender identity and/or gender expression (e.g. 'he throws like a girl'; n = 270)
- Negative remarks regarding transgender people (e.g. 'trans women aren't real women'; n = 275)
- Negative remarks regarding people with intersex variation/s (e.g. 'intersex is a birth defect'; n = 278)

Two-thirds (65.7%; n = 190) of participants reported sometimes or frequently hearing negative remarks regarding sexuality compared to half (51.5%; n = 139) regarding gender identity or gender expression, 41.9% (n = 115) regarding transgender people, and 12.9% (n = 36) who reported hearing negative remarks regarding people with intersex variation/s. The lower levels of negative language regarding people with an intersex variation/s reported likely reflects the lack of awareness among school age populations about this population, and is reflected in Table 15 where almost three-quarters (74.0%; n = 208) of participants reported that had never received any education about people with an intersex variation/s.

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

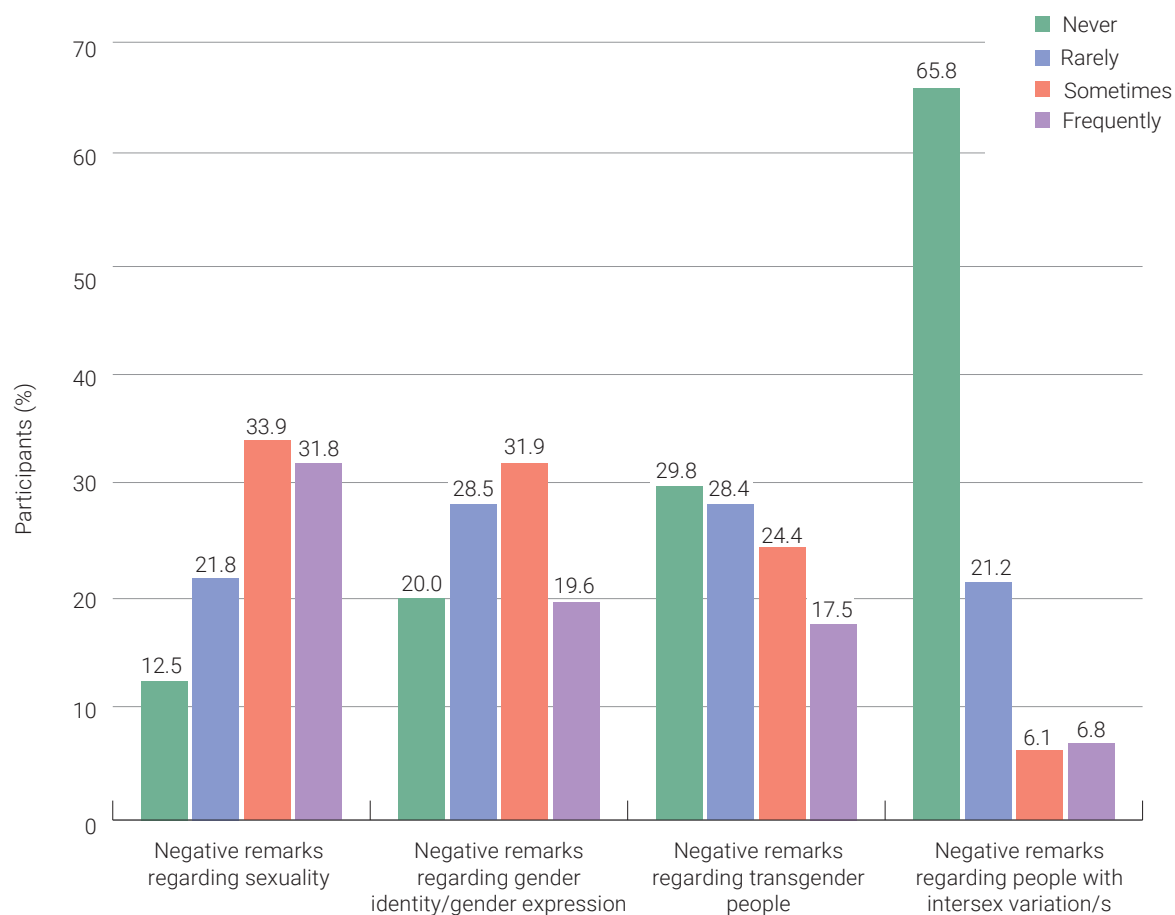
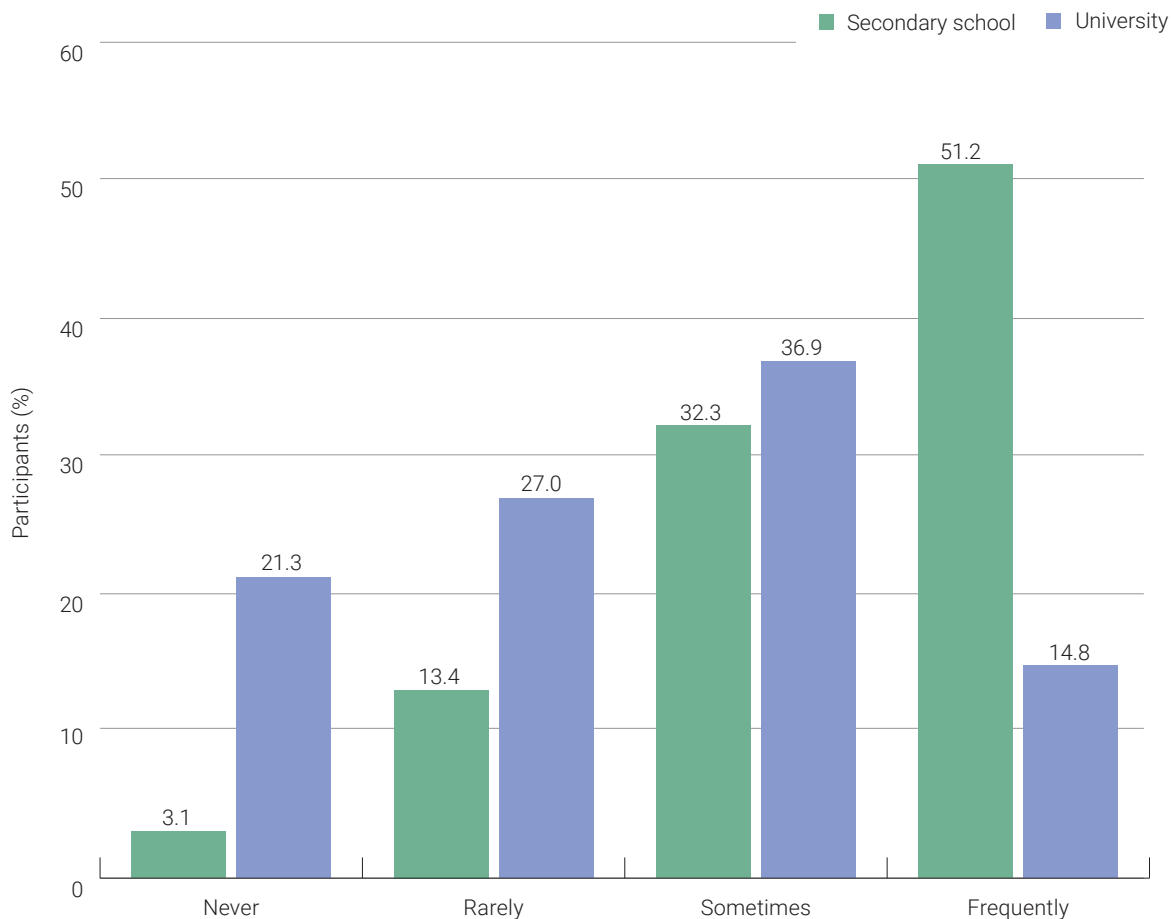


Figure 4 below displays the frequency of hearing negative remarks regarding sexuality among participants at secondary school (n = 127) and university (n = 122) in the past 12 months.

Figure 4 shows a marked difference among the proportion of participants who reported hearing negative remarks regarding sexuality at secondary school and university: Over half (51.2%; n = 65) of participants in secondary school reported frequently hearing negative remarks regarding sexuality compared to 14.8% (n = 18) of participants at university. Although not as high as the 83.5% (n = 106) of participants at secondary school, over half (51.7%; n = 63) of participants still reported sometimes or frequently hearing negative remarks regarding sexuality at university in the past 12 months.



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



65.7%

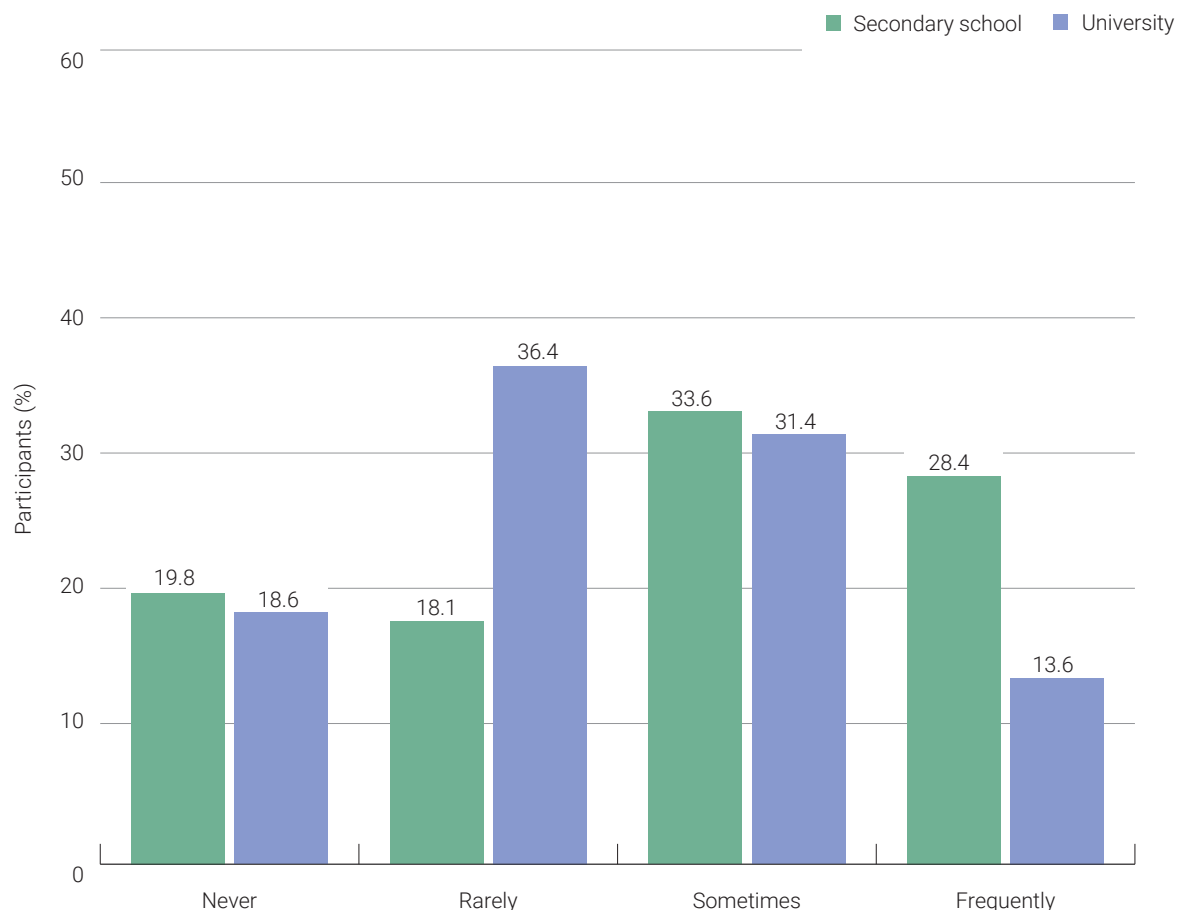
of participants reported sometimes or frequently hearing negative remarks regarding sexuality in their educational setting

Figure 5 below displays the frequency of hearing negative remarks regarding gender identity or gender expression among participants at secondary school (n = 116) and university (n = 118) in the past 12 months.

Figure 5 shows that participants attending secondary school were more than twice as likely to report frequently hearing negative language about gender identity or gender expression

than participants attending university. Approximately three-fifths (62.0%; n = 72) of secondary school participants and 45.0% (n = 53) of university students reported hearing negative language about gender identity or gender expression sometimes or frequently in the past 12 months.

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

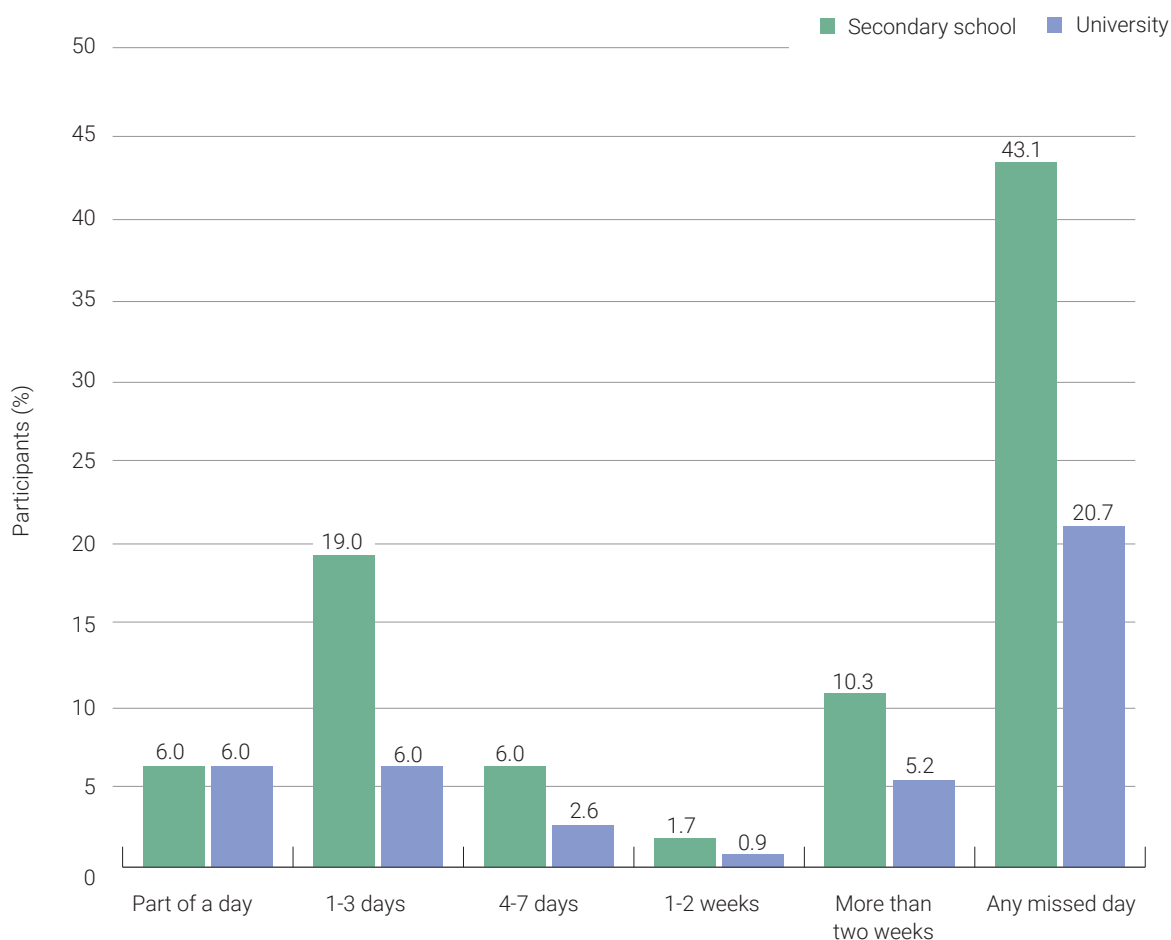


6.3 Frequency of days missed in the past 12 months

Participants were asked how many days of school or university they had missed due to feeling unsafe or uncomfortable in the last 12 months. Figure 6 above displays how many days participants had missed at their educational setting in the past 12 months among those at secondary school (n = 116) and university (n = 116).

Over two-fifths of secondary school students (43.1%; n = 50) and one-fifth of university students (20.7%; n = 24) reported missing day/s at their educational setting in the past 12 months because they felt unsafe or uncomfortable. Students attending secondary school were twice as likely to report missing any school because they felt uncomfortable compared to participants attending university in the past 12 months. One-tenth (10.3%; n = 12) of participants at secondary school, and one-twentieth at university (5.2%; n = 6) reported missing more than two weeks in the past 12 months because they felt unsafe or uncomfortable.

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





7 Experiences of homelessness

Youth homelessness is a serious population health concern, with research showing young people who experience homelessness to be at high risk of mental health problems, including depression, post-traumatic stress disorder, anxiety as well as challenges managing substance use (14,15). Growing evidence suggests that a higher proportion of LGBTI people have experienced homelessness than the general population (16), often due to rejection from family. However, there has been limited systematic research in Australia as many data collections operations with the homelessness sectors do not (or inadequately) record diverse genders, sex characteristics, and sexuality.

A variety of measures and definitions of homelessness exist, with no fixed standard. Under the ABS definition, a person is homeless if they do not have suitable accommodation alternatives and their current living arrangement: is in a dwelling that is inadequate; has no tenure, or if their initial tenure is short and not extendable; or does not allow them to have control of, and access to space for social relations (17). Young people have been found to not identify as homeless when asked directly (18). As such, for *Writing Themselves In 4* a set of questions was used based on a previously successful study of more than twenty-six thousand young people in the United States (19) to capture the broadest aspects of homelessness among young LGBT people.

7.1 Experiences of homelessness

Participants were first asked if they had ever:

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

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

20.8%
had experienced one
or more forms of
homelessness in their
lifetime, including 8.0%
in the last 12 months

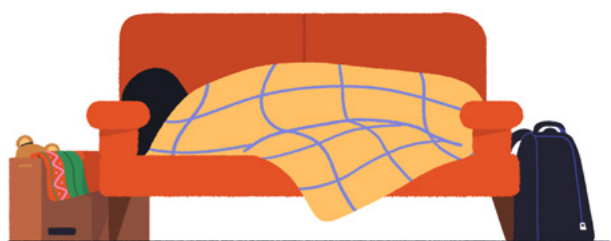


Table 18 shows that one-fifth (20.8%; n = 62) of participants had experienced one or more forms of homelessness in their lifetime, and 8.0% (n = 24) in the last 12 months. One-seventh (15.4%; n = 46) of participants had ever run away from home or the place they lived, and almost one-tenth (8.7%; n = 26) had ever left home or the place they live because they were asked or made to leave.

One-fifth (21.0%; n = 13) of participants reported that their experience/s of homelessness in their lifetimes were related to being LGBTIQA+.

Table 18 Proportion of participants who had experienced homelessness in their lifetime and in the last 12 months

	Ever		Past 12 Months	
	n	%	n	%
Homelessness (n = 298)				
Run away from home or the place you live	46	15.4	18	6.0
Left home or the place you live because you were asked/made to leave	26	8.7	7	2.4
Couch surfed because you had no other place to stay	20	6.7	9	3.0
Been homeless	8	2.7	2	0.7
One or more experience of homelessness	62	20.8	24	8.0

8 Experiences of harassment and assault

Previous research in Australia has observed that young LGBTIQ+ people frequently experience harassment based on their sexuality or gender identity, and that this occurs most at school (3). Young LGBTIQ+ 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 (3,20).

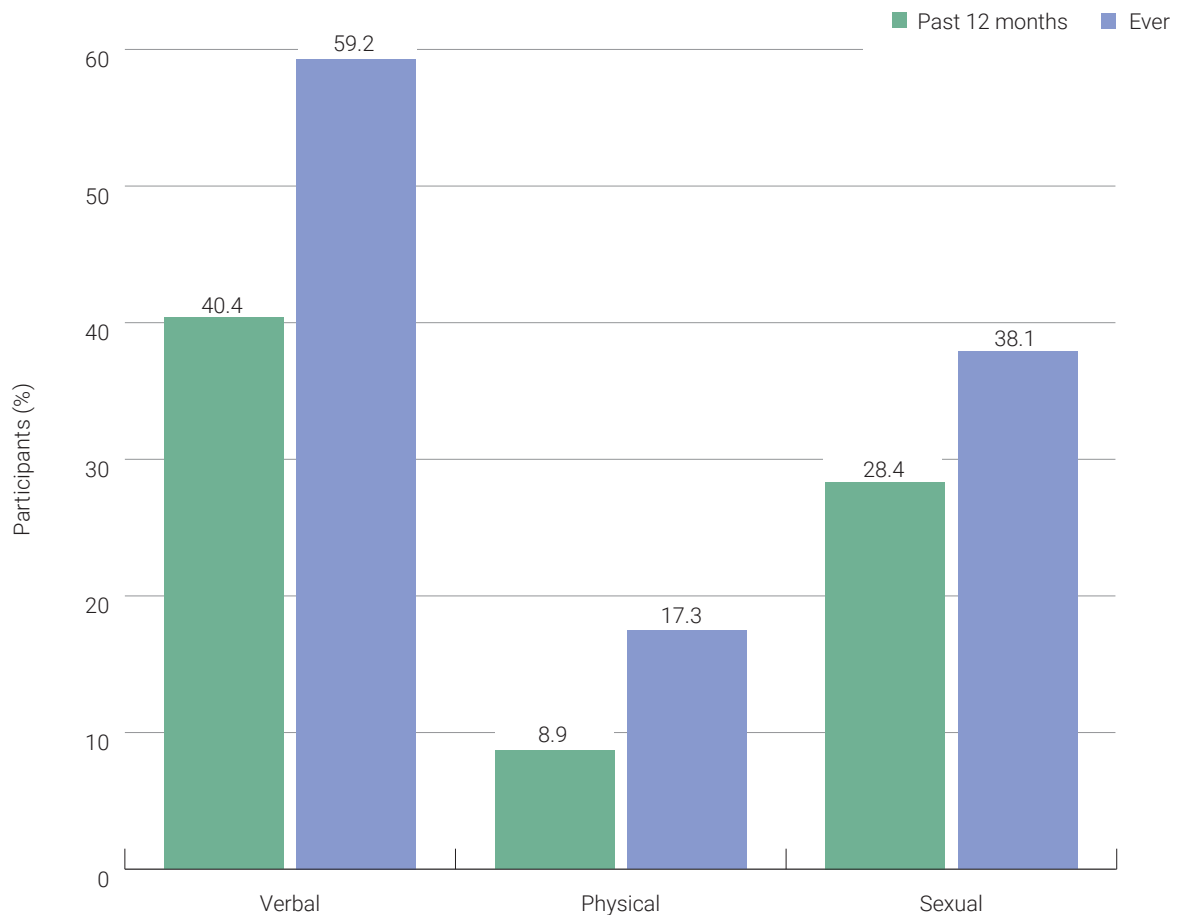
- Verbal (e.g. been called names or threatened; n = 287)
- Physical (e.g. being shoved, punched, or injured with a weapon; n = 260)
- Sexual (e.g. unwanted touching, sexual remarks, sexual messages or being forced to perform any unwanted sexual act; n = 268)

Figure 7 displays their responses.

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

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

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



Two-fifths (40.4%; n = 116) of participants in the Australian Capital Territory reported experiencing verbal harassment, more than one-quarter (28.4%; n = 76) sexual harassment, and almost one-tenth (8.9%; n = 23) physical harassment based on their sexuality or gender identity in the past 12 months.

Writing Themselves In 3 (3) included questions about lifetime experiences of verbal and physical harassment due to sexuality, but did not ask participants about experiences of harassment in the past 12 months. Nonetheless, the proportion of participants reporting ever experiencing verbal harassment (59.2%; n = 170) or physical harassment (17.3%; n = 45) based on their sexuality or gender identity were comparable to those in *Writing Themselves In 3* in which 61% reported verbal harassment and 18% reported physical harassment.

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

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

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

Table 19 displays their responses. Note that educational setting was analysed among participants who reported being at an educational setting in the past 12 months, sport was analysed among participants who reported participating in sport in the past 12 months, and work was analysed among participants who reported working in the past 12 months.



40.4%

of participants in the ACT had experienced verbal harassment, more than a quarter (28.4%) sexual harassment, and nearly one-tenth (8.8%) physical harassment or assault based on their sexuality or gender identity in the past 12 months.

Table 19 Experiences of verbal, physical and sexual harassment or assault based on sexuality, gender identity, or gender expression in the past 12 months, by location

Verbal (n = 287)	n	%
Educational setting (n = 277)	49	17.7
Home	21	7.3
Public	62	21.6
Sport (n = 188)	2	1.1
Work (n = 194)	8	4.1
Somewhere else	25	8.7
One or more of the above	116	40.4
Physical (n = 260)		
Educational setting (n = 239)	11	4.4
Home	3	1.2
Public	9	3.5
Sport (n = 172)	1	0.6
Work (n = 178)	1	0.6
Somewhere else	2	0.8
One or more of the above	23	8.8
Sexual (n = 268)		
Educational setting (n = 258)	24	9.3
Home	4	1.5
Public	35	13.1
Sport (n = 178)	0	0.0
Work (n = 183)	8	4.4
Somewhere else	33	12.3
One or more of the above	76	28.4

Similar to findings in *Writing Themselves In 3*, verbal and physical harassment based on sexuality or gender identity in the past 12 months was most commonly reported at educational settings and in public. Sexual harassment was most commonly reported in public. Responses for work and sports were analysed only among participants reporting participation in sports or work. As with *Writing Themselves In 3*, sport was reported as the place with the lowest levels of harassment. However, this may reflect the low levels of disclosure to sports teammates (39.0%; n = 53) and invisibility of LGBTIQ people in Australian sports, as described in the study *Come Out to Play* (21), in which roughly half of participants were 'out' about their sexuality or gender identity when participating in mainstream sport.

8.3 Harassment perpetrators

Among participants who reported having experienced harassment based on their sexuality or gender identity in the past 12 months at an educational setting (n = 98), 85.0% (n = 51) reported the perpetrator as a student/s from their year, 35.7% (n = 35) a student/s from another year, and 3.1% (n = 3) a teacher (multiple responses were permitted).

Among participants who reported experiencing harassment at home (n = 31) in the past 12 months, 40.9% (n = 9) reported the perpetrator as a sibling, 36.3% (n = 8) parent or carer, and 22.7% (n = 5) a grandparent (multiple responses were permitted).

9 Mental health and wellbeing

There is a substantial body of research observing significant differences between the mental health and wellbeing of LGBT communities and the general population (22–26). Poorer mental health and wellbeing among LGBTIQ+ people has been attributed to stigma, prejudice, and discrimination, which creates a hostile and stressful social environment for LGBT people (27,28). A study of young LGBT people in the United States found that perceived discrimination was associated with increased depressive symptoms, and accounted for an elevated risk of self-harm and suicidal ideation (29). 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 (3,30,31). Furthermore, research suggests that there are distinct differences in types and severity of mental health conditions and suicidality between populations within the LGBT community (32,33). For instance, trans and gender diverse adults and young people consistently report higher levels of psychological distress than cisgender men and women (25,31), and bisexual people tend towards poorer mental health outcomes than single gender attracted people (22,34–36), possibly due to bisexual invisibility, biphobia, and monosexism in society (37,38).

9.1 Psychological distress (K10)

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

Table 20 Proportion of participants experiencing psychological distress

K10 Score (n = 297)	n	%
Low (10-15)	15	5.1
Moderate (16-21)	43	14.5
High (22-29)	83	27.9
Very high (30-50)	156	52.5



Table 20 shows that four-fifths (80.4%; n = 239) of participants in the Australian Capital Territory reported high or very high levels of psychological distress.

Overall, a greater proportion (82.8%; n = 106) of participants aged 14-17 reported high or very high levels of psychological distress than participants aged 18-21 (78.7%; n = 133).

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

Compared to this sample, high or very high levels of psychological distress among 16-17-year-old participants of *Writing Themselves In 4* (89.9%; n = 62) were more than three times that of the 27.3% reported among the general population aged 16-17 years. Figure 8 below displays a breakdown of results across the spectrum of K10 scores from *Writing Themselves In 4* participants aged 16-17 years (n = 69) in comparison to responses from those aged 16-17 years in the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (5).

9.2 Mental health diagnoses

Previous research has observed that LGBTQA+ people are more likely to be diagnosed with depression and anxiety than the general population (30), particularly among bisexual and trans people (33,39).

Participants were asked if they had ever been diagnosed with one or more mental health conditions at some point in their lives. Participants who reported having ever been diagnosed with a mental health condition were then asked if they had received treatment or support in relation to those conditions. Table 21 displays these results.

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

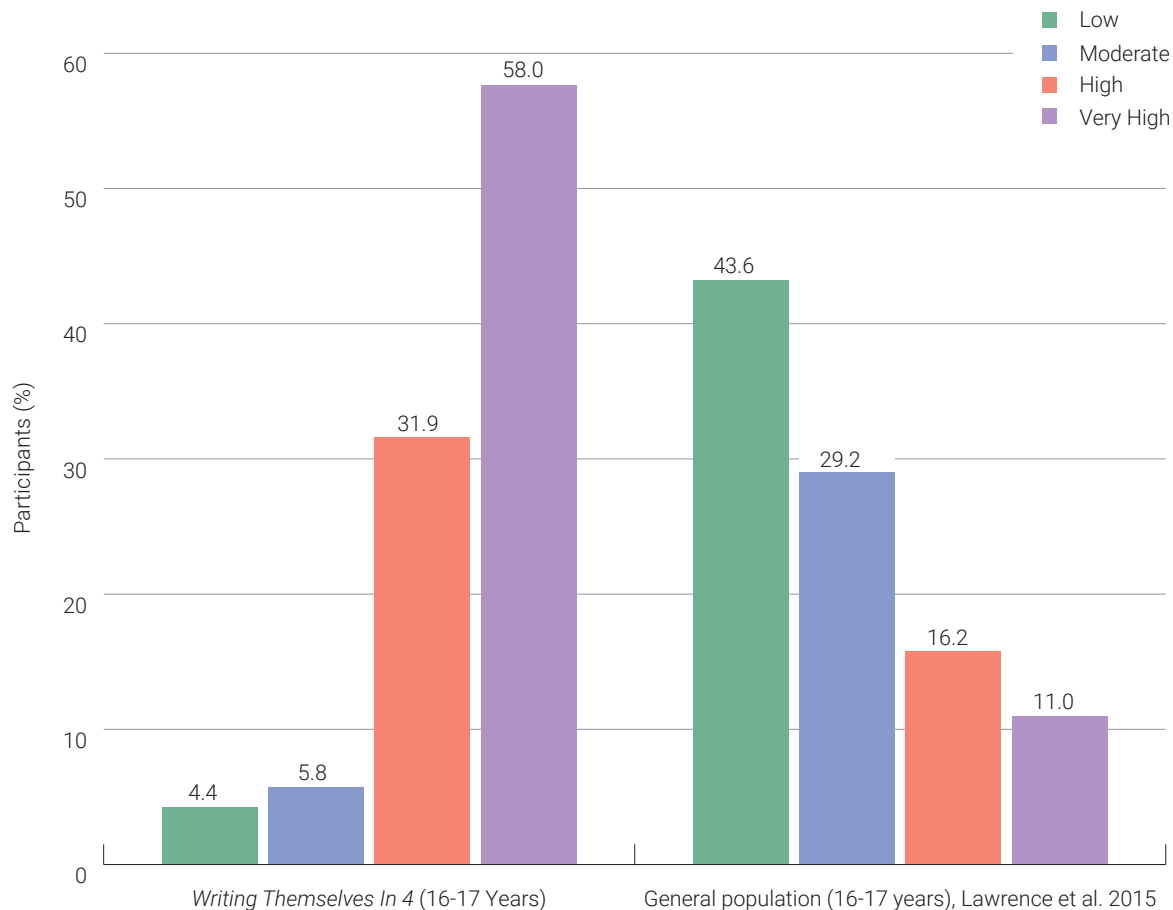


Table 21 Proportion of participants diagnosed with one or more mental health condition in their lifetimes and who received treatment or support for this in the past 12 months

Mental health condition (n = 290)	Ever received diagnosis		Received treatment or support in past 12 months	
	n	%	n	%
Generalised anxiety disorder	175	60.3	127	43.8
Depression	156	53.8	109	37.6
Eating disorder	46	15.9	12	4.1
Post-traumatic stress disorder	35	12.1	20	6.9
Social phobia	32	11.0	22	7.6
Panic disorder	26	9.0	11	3.8
Obsessive-compulsive disorder	26	9.0	12	4.1
Bipolar disorder	15	5.2	8	2.8
Agoraphobia	3	1.0	0	0.0
Schizophrenia	3	1.0	2	0.7
Other mental health challenge	29	10.0	16	5.5
Any of the above	201	69.3	157	54.1

Almost seven-tenths (69.3%; n = 201) of participants reported having ever been diagnosed with a mental health condition, and over half (54.1%; n = 157) reported receiving treatment or support for a mental health condition in the past 12 months. Three-fifths (60.3%; n = 175) of participants reported being diagnosed with depression and over half (53.8%; n = 156) with anxiety.

Over three-quarters (77.9%) 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 Suicidal ideation, planning and attempts

Suicide is the leading cause of death among people aged between 15 and 44 years in Australia (40). Young LGBTIQ people in Australia reported high levels of suicidal ideation, attempts, and self-harm in *Writing Themselves 3* (3) as well as in the 2014 *Growing Up Queer* study of 1,032 young Australians aged 16–27 (31).

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

Previous research has found that asking people about suicide does not increase the risk of suicide (41). Nonetheless, as a precaution, online and telephone resources were provided for QLIFE and KIDSHELPLINE prior to these questions, as well as the end of the survey. Prior to the questions, participants were given the option to choose ‘prefer not to answer these questions’ with the bold text ‘If you feel uncomfortable answering these questions, please skip them. Skipping this question does not make your other responses any less valuable.’ Participants were also given the option of ‘prefer not to answer’ for each question regarding suicidal ideation, suicide plans, suicide attempts, self-harm ideation, and self-harm.

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

- ‘Experiences of thoughts about suicide, wanting to die, or about ending your life’ (n = 298)
- ‘Made a plan to attempt suicide or end your own life’ (n = 293)
- ‘Attempted suicide or to end your life’ (n = 293)
- ‘Thoughts about harming yourself on purpose’ (n = 296)
- ‘Injured or harmed yourself on purpose’ (n = 294)

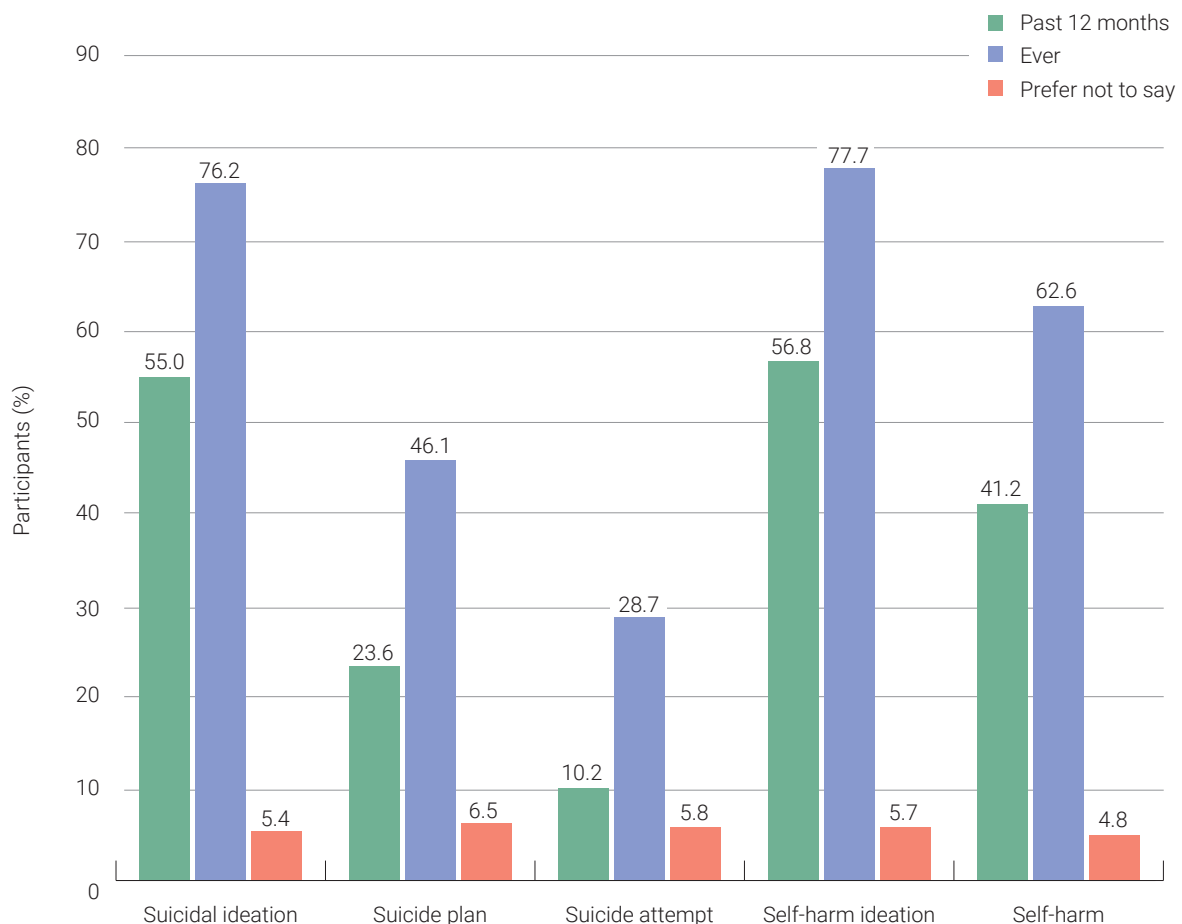
² This report is based on a convenience sample methodology and is therefore not valid prevalence data. Any comparisons with national prevalence data should be made with caution (see section 2.5).

10.2%

had attempted suicide in the last 12 months and 28.7% had done so at some point in their lifetime

- Over half (55.0%; n = 164) of participants had seriously considered attempting suicide in the previous 12 months,
- Almost one-quarter (23.6%; n = 69) had made a suicide plan in the previous 12 months
- One-tenth (10.2%; n = 30) had attempted suicide in the past 12 months while over one-quarter (28.7%; n = 84) had attempted suicide at some point in their lifetime
- Almost two-thirds of participants (62.6%; n = 184) reported having ever self-harmed, and four in ten (41.2%; n = 121) in the past 12 months
- Between 4.8% and 6.5% of participants answered, 'prefer not to say' to the questions. The proportion of young people who have ever experienced suicidal ideation, planning, attempts, or self-harm ideation or attempts may therefore be higher than indicated in these estimates.

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



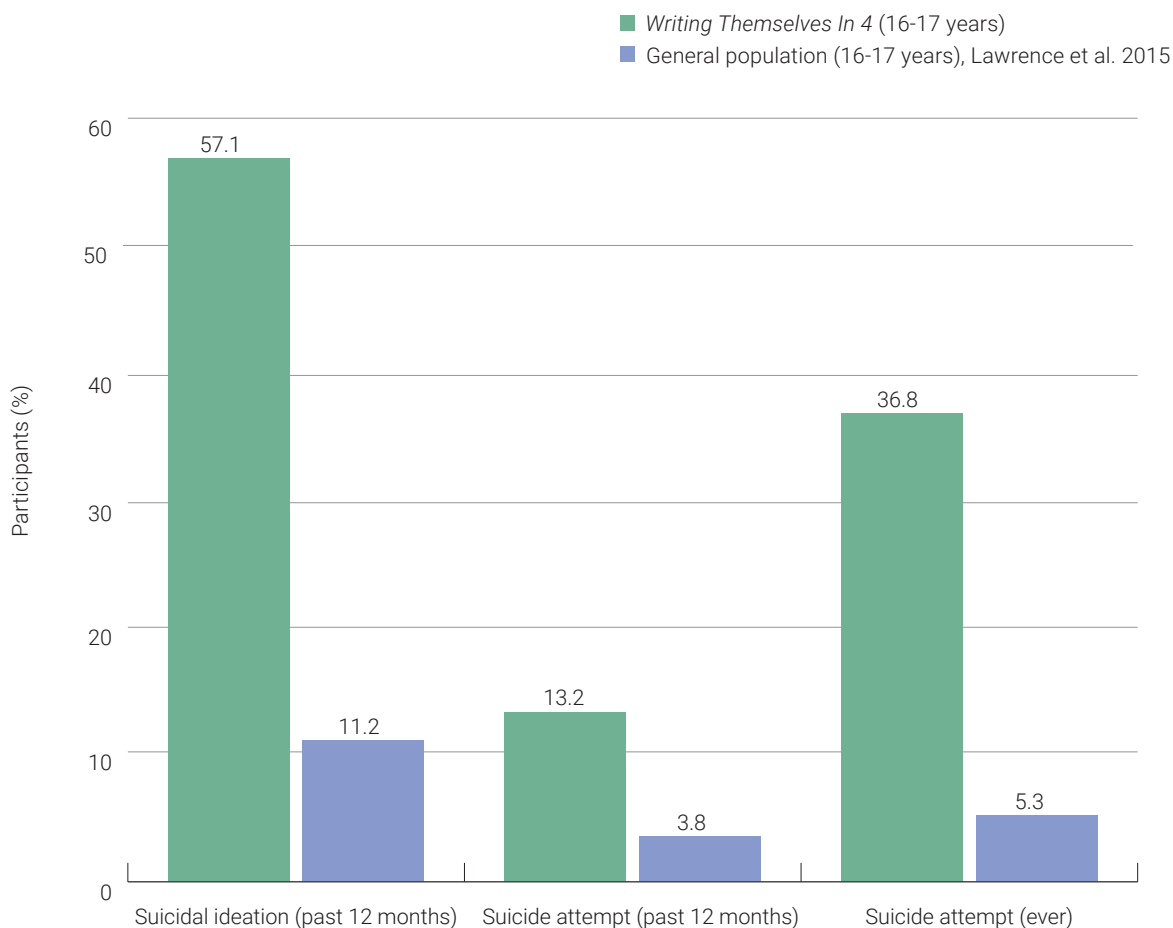
Again, the closest comparable population-based data comes from the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing where data from 16-17-year-olds is the most appropriate reference point. Figure 10 below displays a breakdown of participants aged 16-17 years who responded to questions regarding suicide ideation (n = 70) and attempts (n = 68) in *Writing Themselves In 4* in comparison to responses from those aged 16-17 in the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (5)

- Almost three-fifths (57.1%; n = 40) of participants aged 16–17 years reported suicidal ideation in the previous 12 months, more than five times the figure observed in studies of the general population aged 16–17 (11.2%) (5).
- Almost one-seventh (13.2%; n = 9) of participants aged 16–17 years had attempted suicide in the past 12 months, more than three times the 3.8% observed in studies of the general population aged 16–17 (5).
- Over one-third (36.8%; n = 25) of participants aged 16–17 years had attempted suicide in their lifetimes, more than seven times the 5.3% reported within studies of the general population aged 16–17 (5).

41.2%

had self-harmed within the past 12 months

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





9.4 Support for those in distress

Participants who answered that they had experienced suicidal ideation, planning, attempts, or self-harm ideation or attempts (n = 240) were asked if they had accessed an in-person professional counselling or support service, a professional telephone support service, or a professional text or webchat support service in relation to suicide or self-harm in their lifetimes and in the past 12 months.

Table 22 Proportion of participants who accessed professional suicide or self-harm support services ever in their lifetime

Suicide support access (n = 240)	n	%
In-person professional counselling or support service	148	61.7
Professional text or webchat support service	35	14.6
Professional telephone support service	34	14.2
Any of the above ³	156	65.0

Among participants who had experienced any suicidal ideation, planning, attempts, or self-harm ideation or attempts, three-tenths (61.7%; n = 148) of participants had ever accessed an in-person professional counselling or support service, one-seventh (14.6%; n = 35) a professional telephone support service, and 14.2% (n = 34) a professional text or webchat support service in relation to suicide or self-harm ever in their lifetimes.

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

In total, two-thirds (65.0%; n = 156) of participants who had experienced any suicidal ideation, planning, attempts, or self-harm ideation or attempts in the Australian Capital Territory had ever accessed a professional support service in relation to suicide or self-harm, and two-fifths (40.4%; n = 97) in the past 12 months.

Participants were then asked if they were to ever need professional help for suicide or self-harm in the future, how they would prefer to receive it. Responses are shown in Table 23.

Table 23 Participant preferences for future access to professional suicide support services

Suicide support access method preference (n = 298)	n	%
In-person	191	64.1
By text or webchat	45	15.1
By telephone	20	6.7
Other	1	0.3
Don't know	41	13.8

Two-thirds of participants (64.1%; n = 191) would prefer to access a professional suicide support service in-person, followed by 15.1% (n = 45) via text or webchat and 6.7% (n = 20) via telephone.

10 Alcohol, tobacco and other drug use

Australian and international research suggests that LGBT people tend to use alcohol and other drugs more commonly and at higher rates than those observed among heterosexual and cisgender people (25,42–44). 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 (45). 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) (46,47). Marginalisation, discrimination and poorer mental health among LGBTIQ+ people have also been suggested as potential explanations for these disparities (48).



15.3%

of participants were current smokers, including 9.3% of those aged 14-17 years and 19.8% of those aged 18-21 years

10.1 Tobacco use

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

Approximately one-seventh (15.3%; n = 46) of participants were current smokers, including almost one-tenth (9.3%; n = 12) of participants aged 14-17 years, and one-fifth (19.8%; n = 34) aged 18-21 years. Smoking rates were much lower than reported in the national sample of *Writing Themselves In 3*, in which 23% of participants reported smoking cigarettes daily. Rates of daily smokers observed among LGBTQA+ participants in the Australian Capital Territory aged 18-21 were lower than those observed in a survey of young people aged 18-24 years in the general population (49).

One in twenty (6.7%; n = 20) of participants reported currently using e-cigarettes or vaping. Approximately one twentieth (3.9%; n = 5) of participants aged 14-17 years, and 8.8% (n = 15) of participants aged 18-21 years reported currently using e-cigarettes or vaping.

10.2 Alcohol use

To assess levels of alcohol consumption, *Writing Themselves In 4* included the three-item AUDIT-C scale. Responses to the first item of this scale, pertaining to frequency of alcohol consumption are shown in Table 25 below.

- More than two-fifths (44.2%; n = 57) of participants aged 14-17 years reported ever drinking alcohol less than the 66.0% among young people aged 12-17 years in the general population (50).
- Among those who drank alcohol (n = 211), one-third (31.3%; n = 66) reported drinking six or more drinks on one occasion monthly or more frequently.
- Half (51.4%; n = 36) of participants aged 16-17 years reported drinking alcohol, and almost two-thirds (61.1%; n = 22) of these reported drinking six or more drinks on one occasion within the past year.
- Similar to cigarette smoking, there was a lower rate of reported drinking than *Writing Themselves In 3*, in which 48% of participants reported weekly drinking (3).

Table 24 Frequency of smoking tobacco

	14-17 years		18-21 years		Total	
	n	%	n	%	n	%
Smoking (n = 300)						
No, I have never smoked	109	84.5	116	67.8	225	75.0
No, I used to smoke but I no longer smoke	8	6.2	21	12.3	29	9.7
Yes, I smoke less often than weekly	7	5.4	18	10.5	25	8.3
Yes, I smoke at least weekly (but not daily)	1	0.8	5	2.9	6	2.0
Yes, I smoke daily	4	3.1	11	6.4	15	5.0

Table 25 Frequency of alcohol consumption

	14-17 years		18-21 years		Total	
	n	%	n	%	n	%
Alcohol consumption (n = 300)						
Never	72	55.8	17	9.9	89	29.7
Monthly or less	41	31.8	49	28.7	90	30.0
2-4 times per month	12	9.3	54	31.6	66	22.0
2-3 times per week	4	3.1	41	24.0	45	15.0
4 or more times a week	0	0.0	10	3.3	10	3.3

10.3 Other non-medicinal drug use

Participants were asked if they had used drugs (other than tobacco or alcohol) for non-medicinal purposes in the past six months.

Nearly four-tenths (39.5%, $n = 107$) of participants reported using any drug for non-medicinal purposes in the past six months. When analysed by age, one-quarter (27.2%; $n = 31$) of participants aged 14-17 and 48.4% ($n = 76$) of participants aged 18-21 reported using any drug for non-medicinal purposes in the past six months (compared to the 18% using illicit drugs among people aged 12-17 years in the general population (50)).

Table 26 Drug use for non-medical purposes in the past six months

Drug use ($n = 271$)	n	%
Cannabis	90	33.2
Ecstasy/MDMA	34	12.6
Amyl Nitrite/Alkyl Nitrite	29	10.8
Cocaine	18	6.6
Antidepressants	16	5.9
Nitrous Oxide	11	4.1
LSD	8	3.0
Benzodiazepines	7	2.6
Natural Hallucinogens	7	2.6
Meth/Amphetamine	7	2.6
Ketamine	5	1.9
Antipsychotics	5	1.9
GHB/GBL/1,4-BD	3	1.1
Pharmaceutical Opioids	3	1.1
Synthetic Cannabis	3	1.1
Steroids	1	0.4
Heroin	1	0.4
Mephedrone	1	0.4
Other	8	3.0
Any drug use	107	39.5

Table 26 shows that one-third (33.2%; $n = 90$) of participants reported using cannabis in the past six months, followed by ecstasy/MDMA (12.6%; $n = 34$) and amyl nitrite (10.8%; $n = 29$). Among participants aged 14-17 years, 22.8% ($n = 26$) of participants reported using cannabis in the past six months, followed by antidepressants (7.8%; $n = 9$), ecstasy/MDMA (5.2%; $n = 6$) and amyl nitrate (2.6%; $n = 3$). Among participants aged 18-21 years, 40.7% ($n = 64$) of participants reported using cannabis in the past six months, followed by ecstasy/MDMA (17.8%; $n = 28$), amyl nitrate (16.6%; $n = 26$), and cocaine (10.8%; $n = 17$).

Participants who reported using drugs ($n = 107$) 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 (22.4%; $n = 24$) reported ever being concerned about their drug use,
- 24.3% ($n = 26$) reported their family or friends ever being concerned about their drug use.

Of participants who reported ever being concerned about their drug use, 12.5% ($n = 3$) reported having sought professional support from a mainstream drug service. No responses were recorded for a mainstream drug service that was LGBTIQ+ inclusive, a drug service that is only for LGBTIQ+ people, or a drug service that is only for Aboriginal or Torres Strait Islanders.



11 Community connection

A sense of community connection has repeatedly been established as a key dimension of resilience among lesbian, gay, bisexual, trans and gender diverse people and can foster both social support and companionship (51–53). From Blues to Rainbows (4) found that many trans and gender diverse youth spoke of community activism as a means of feeling better connected to other queer young people and of facilitating gender affirmation. International research has observed that whereas LGBT community connectedness was associated with resilience and wellbeing among LGBQ adults, family support was a strong protective factor against poorer mental health outcomes among LGBT young people (54). These findings indicate that LGBT community connections and supports, working in conjunction with supportive family, friends, educational settings and professional support services, could foster improved wellbeing of LGBTQ young people in Australia.

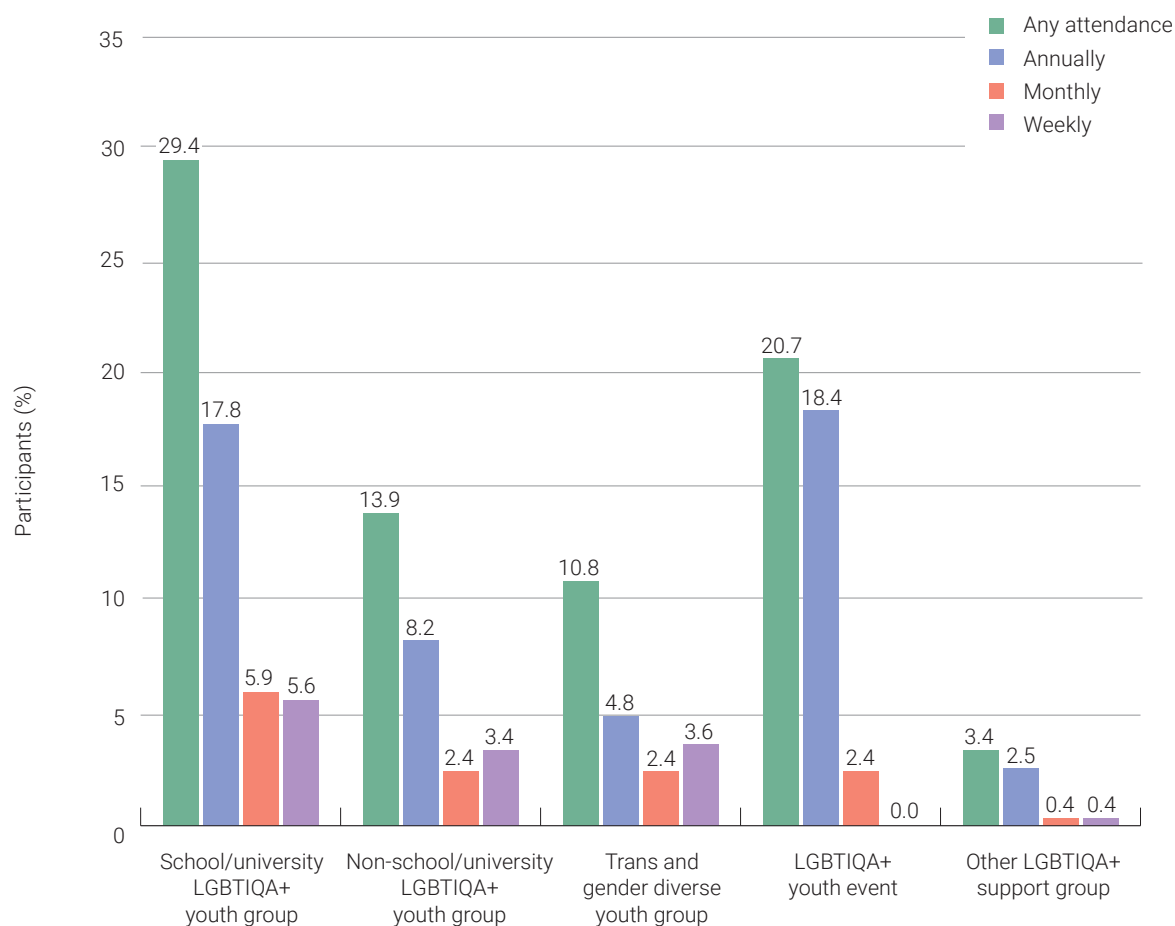
11.1 Engagement with LGBTIQA+ support groups or organisations

Participants were asked how often they had attended any of the following in the past 12 months. Responses for school/university LGBTIQA+ youth group and trans and gender diverse youth group were analysed only among participants reporting participation in school/university or who were trans or gender diverse respectively.

- School/university LGBTIQA+ youth group (n = 286)
- Non-school/university LGBTIQA+ youth group (n = 294)
- Trans and gender diverse youth group (n = 83)
- LGBTIQA+ youth event (n = 294)
- Other LGBTIQA+ support group (n = 238)

Almost three-tenths (29.1%; n = 84) of participants had attended a school/university LGBTIQA+ youth group in the past 12 months, 13.9% (n = 41) a non-school/university LGBTIQA+ youth group, 10.8% (n = 9) a trans and gender diverse youth group, 20.7% (n = 61) an LGBTIQA+ youth event, and 3.4% (n = 8) a different LGBTIQA+ support group.

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



11.2 Community volunteering and engagement

Table 27 Engagement in LGBTIQ+ supportive activities in the past 12 months

LGBTIQ+ supportive activity engagement (n = 294)	n	%
Stood up for the rights of LGBTIQ+ people at school/work	123	41.8
Created or posted something online supporting LGBTIQ+	118	40.1
Attended a rally or protest about LGBTIQ+ rights	74	25.2
Volunteered for an LGBTIQ+	44	15.0
Any of the above	195	66.3

Two-fifths (41.8%; n = 123) of participants had stood up for the rights of LGBTIQ+ people at school or work, 40.1% (n = 118) participants had created or posted something online supporting LGBTIQ+, one-quarter (25.2%; n = 74) had attended a rally or protest about LGBTIQ+ rights, and 15.0% (n = 44) had volunteered for and LGBTIQ+ organisation or cause in the past 12 months. Two-thirds (66.3%; n = 195) of participants had engaged in one or more of these activities in the past 12 months.

11.3 Online engagement

Table 28 Use of mobile applications or websites for LGBTIQ+ related purposes in the past 12 months

Mobile app/website use (n = 298)	n	%
Become a member or follow any social media groups specifically for LGBTIQ+ people	146	49.0
Make new friendships with LGBTIQ+ people	98	32.9
Access LGBTIQ+-specific sexual health information	82	27.5
Access LGBTIQ+-specific mental health information	60	20.1
Any of the above	194	65.1

Two-thirds (65.1%; n = 194) of participants had used a website or mobile application for LGBTIQ+ purposes in the last 12 months, with almost half (49.0%; n = 146) becoming a member of or following any social media groups specifically for LGBTIQ+ people, one-third (32.9%; n = 98) making new friendships with LGBTIQ+ people, one-quarter (27.5%; n = 82) accessing LGBTIQ+-specific sexual health information, and one-fifth (20.1%; n = 60) accessing LGBTIQ+-specific mental health information.





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

In total, 221 young people provided an answer to this question, which ranged in length from a few words to a paragraph or more of text. These responses from young LGBTQA+ people in the Australian Capital Territory as to what makes them feel good about themselves were both detailed and diverse. They indicated that, for many young people, they are not merely developing resilience strategies to 'cope' with being lesbian, gay, bisexual, pansexual, queer, asexual, trans or gender diverse, but are also finding creative and diverse ways of celebrating their identities. However, it is also important to note that some young people found this question hard or impossible to answer, perhaps representing either a difficulty considering or expressing feelings, or an absence of things in their lives that made them feel good about themselves (or both).

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

Social connectivity to friends and family

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

'I feel good when I'm with people who will respect my identity and not question it because I haven't transitioned yet. I feel good when my friends ask how they can be supportive and when I'm around them and generally having a good time.'

(Aged 18 years)

Romantic connection

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

'When my girlfriend tells me she loves me and accepts me no matter what.'

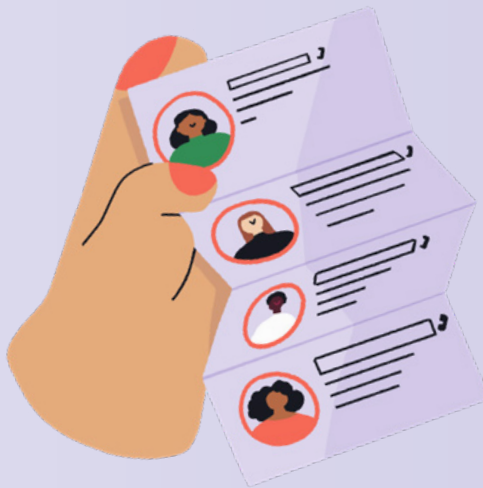
(Aged 21 years)

'My Girlfriend, she always makes me feel happy and loved.'

(Aged 16 years)

Creating and achieving

Creativity and a sense of accomplishment is central to feeling good about oneself for a great many LGBTQA+ young people in the Australian Capital Territory. 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.



'Doing physical tasks like building furniture, gardening, etc.'

(Aged 21 years)

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

(Aged 17 years)

Affirmation from within

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

'Looking like a girl – clothes, makeup, etc.'

(Aged 18 years)

'Being me.'

(Aged 14 years)

'My hair & the way I can present myself.'

(Aged 15 years)

'Appreciating myself naked, my voice changing'

(Aged 18 years)

Being affirmed by others

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

'Being seen as my corresponding gender straight away and seeing people actively trying to use my correct name and pronouns.'

(Aged 19 years)

'Just when people casually use my preferred name or pronouns, and they don't even need to think about it. When I don't have to conform to stereotypes that are aligned with my assigned gender.'

(Aged 16 years)

Having influence on others – making a difference

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

'I make good memes and have been able to advocate at numerous significant events over a wide range of topics.'

(Aged 17 years)

'I feel good when I'm volunteering.'

(Aged 18 years)

Not feeling good

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

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

13 Conclusions and recommendations

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

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

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

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

Summary of recommendations

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



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