



Research: Some key findings

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How many same-sex attracted young people are there?

Australian national research suggests (Hillier, Warr and Haste: 1996; Lindsay, Smith and Rosenthal: 1997; Smith *et al*: 2003) that **between 7 per cent and 11 per cent of secondary school** students are not exclusively attracted to the opposite sex.

What are their experiences?

The following is taken from the Executive Summary of *Writing Themselves In Again - 6 years on: the second national report of the sexuality, health and wellbeing of same sex attracted young Australians* (Hillier, Turner and Mitchell: 2005) from the Australian Research Centre in Sex, Health and Society, LaTrobe University.

A total 1745 young people aged between 14 and 21 were surveyed (1106 males). All states and territories were well represented in proportion to their populations and 21 per cent came from culturally and linguistically diverse backgrounds. While 80 per cent came from major cities, 15 per cent were from inner regional Australia and five per cent from remote areas.

The full report is available at: www.glhv.org.au/?q=node/69

A comprehensive list of other relevant research papers can be accessed through Gay and Lesbian Health Victoria's Clearinghouse website at www.glhv.org.au

The below sections highlight a number of the important findings.

Homophobia and discrimination

“Many of these young people (38 per cent) had experienced unfair treatment on the basis of their sexuality despite the fact that such treatment is illegal throughout Australia. Work and school were common sites of this discrimination. In addition, 44 per cent reported verbal abuse and 16 per cent reported physical abuse because of their sexuality, figures that are largely unchanged from 1998. Verbal abuse extended beyond name-calling and insults to include threats and rumour mongering, physical abuse ranged from having clothes and possessions damaged to rape and hospitalisation for injuries. *The most common site for this abuse, as in 1998, was school which remains the most dangerous place for these young people with 74 per cent of all the abuse happening in schools.*”

Impact of abuse

“Perhaps the most striking finding of this research is the extent to which homophobic abuse had a profound impact on young people’s health and wellbeing. Young people who had been abused fared worse on almost every indicator of health and wellbeing than those who had not. Young people who had been abused felt less safe at school, at home, on social occasions and at sporting events. Those who had been abused were more likely to self harm, to report an STI and to use a range of legal and illegal drugs. On the good side those who had been abused were more likely too to have sought support from an individual or an organization. Despite the difficult and violent situation young people reported generally feeling safer in schools than in 1998, indicating that more supports for those abused are now available in the school setting. Research participants responded in many different ways to experiencing homophobia and, despite the fact that there were many negative health outcomes as a result of this treatment, many also reported being stronger and more determined than they were before.”

Drug and alcohol use

“In 2004 the use of all drugs including alcohol, tobacco, marijuana, party drugs and heroin was down on reported use in 1998. This may be the result of an improved climate in which young people experience SSA. Percentages of young people injecting drugs had dropped from 11 per cent in 1998 to 4 per cent in 2004. Nevertheless drug use still remains substantially higher than for heterosexual young people, for example, double the number of SSAY have injected drugs. Alcohol use is similar to heterosexual young people. There is a marked gender difference in drug use which showed in both 1998 and 2004 that young women were more likely to have used marijuana and tobacco and to have injected drugs than were the young men. Drug use clearly serves a number of important functions in the lives of these young people and is more likely to be a coping mechanism of some kind than a “lifestyle choice”. There is a significant relationship between the experience of homophobic abuse and drug use and this relationship is reiterated in the stories of the young people.”

Disclosure and support

“More young people had disclosed their sexuality to someone in 2004 than in 1998 (95 per cent vs 82 per cent) and support for those who disclosed had increased. This was a real positive as young people who had been able to get support reported feeling better about their sexuality. The most marked improvement is for young people in schools where teachers and counsellors in schools are giving increased support. Friends are still the most popular confidantes for young people who wish to disclose their sexuality but the internet is also very important. Young people who are isolated and unsafe in their day-to-day world can connect to a world that is more supportive and accepting through the internet and almost three quarters of the young people in this study had done so.”

Information sources

“The internet remained the most important source of information about homophobia and discrimination, gay and lesbian relationships and gay and lesbian safe sex. There is, however, strong evidence that schools are beginning to provide relevant sex education information for same sex attracted young people with the 14-17 year old group being significantly more likely to learn about homophobia and discrimination,

gay and lesbian relationships and safe sex than the 18 – 21 year old group. Though this was still the minority of schools, there is an indication of change with the younger ones more likely to have had their needs met than the older ones. Overall 80 per cent of respondents found sex education at school to be useless or fairly useless and only 20 per cent found it at all useful.”

Multi-layers of identity

“Finally the report examines some aspects of the multilayered world in which SSA is experienced. Young people from CALD backgrounds showed no differences from their Anglo peers in their feelings about being SSA, in the abuse directed at them, in whom they had spoken to about their sexuality and whether they had received support. There were also no differences between the two groups on feelings of safety in most environments. However they were less likely to have disclosed to parents and, perhaps because of this, were also less likely to feel safe at home (77 per cent vs 86 per cent). Given that CALD young people did not score worse on any of the health outcomes, this strategy of non- disclosure may well be a good one for these young people.

“Christianity, remains a last bastion of resistance to what is regarded in legal and health arenas as a normal part of human sexuality. Young people who were Christians, who attended Christian schools and/or belonged to Christian families were very well aware of this problem and wrote about their anguish. In most cases they were forced to choose between their sexuality and their religion. In many cases the rejection of their sexuality and the embracing of their religion left young people hating and harming themselves. Leaving their faith for many was a painful but necessary road to recovery – a sad loss for the church and a survival choice for the young person.

“Coming from a rural area was not shown in the quantitative data to make a large difference to the health deficits that SSAY experienced, to their drug and alcohol use or to their sexual behaviour. However, young people from rural areas felt less safe at social occasions than their urban peers. They had, understandably, more difficulty accessing information through gay media and in the qualitative data expressed many concerns about their isolation and fear of exposure in rural areas.”

The way forward

“There are some clear calls to action that emerge from these data and the most important of these arises from the capacity to demonstrate for the first time that those young people who have been abused and discriminated against are doing worse than their peers who, often by remaining silent, have avoided violence and abuse. It is unacceptable that preventable abuse is predisposing the young people who experience it to the health risks associated with high rates of drug and alcohol use and to increased self-mutilation, overdosing and other forms of self harm. This is a situation for which the whole community must take some responsibility and schools in particular where most of the abuse occurs. Actively addressing homophobia wherever it occurs, recognising it, naming it and reacting with zero tolerance is the most salient challenge arising out of this report.”

Suicide risk

Nicholas and Howard (2001) found that same-sex attracted young people were four times more likely to attempt suicide than heterosexual young people, and that their highest risk period for suicide attempts was in the months prior to disclosure of their sexual orientation to any other person. This indicates that most significant period of risk is at a time where those around the individual may be unaware of their sexuality and highlights the importance of being proactive about supporting sexual diversity rather than waiting for young people to come out.

Comprehensive links to further research can be found at: www.glhv.org.au

Adapted from Family Planning Victoria's ssafeschools website. "SSAFE (same-sex attracted friendly environments) in schools" was a project of FPV that ended in 2004. Material updated 2006.

Hillier, L., Turner, A. and Mitchell, A. (2005) *Writing Themselves In Again: 6 years on* Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University

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Howard, J. and Nicholas, J. (2001) *Same-Sex Attracted Youth Suicide: Why are we still talking about it?* National Conference, Suicide Prevention Australia, Sydney

Lindsay, J., Smith, A. and Rosenthal, D. *Secondary Students, HIV/AIDS and sexual health* Centre for the Study of Sexually Transmissible Diseases, monograph series No 3, La Trobe University, 1997.

Smith, A., Agius, P., Dyson, S., Mitchell, A. and Pitts, M. (2003) *Secondary Students and Sexual Health: results of the 3rd National Survey of Australian Students – HIV/AIDS and Sexual Health* Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University