Private Lives 2

The second national survey of the health and wellbeing of GLBT Australians

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Australian Research Centre in Sex, Health & Society
beyondblue
GLHV
MOVEMBER FOUNDATION

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Contents

Acronyms

ABS	Australian Bureau of Statistics
ACON	AIDS Council of NSW
AFAO	Australian Federation of AIDS Organisations
ARCSHS	Australian Research Centre in Sex, Health and Society
ATSI	Aboriginal or Torres Strait Islander
DRE	Digital rectal examination
EGM	Electronic gaming machine
GLBT	Gay, lesbian, bisexual, and transgender
GLBTI	Gay, lesbian, bisexual, transgender and intersex
GLHV	Gay and Lesbian Health Victoria
HILDA	Household Income and Labour Dynamics in Australia
NHS	National Health Survey
PL1	*Private Lives 1*
PL2	*Private Lives 2*
QICSA	Quality Improvement and Community Services Accreditation
PSA	Prostate specific antigen
SSAGQ	Same sex attracted and gender questioning
SSASGD	Same sex attracted and sex and gender diverse
SSAY	Same sex attracted young people
VEOHRC	Victorian Equal Opportunity and Human Rights Commission
WTi3	*Writing Themselves in 3*

Executive Summary

Background

Private Lives 2 (PL2) is a report on the second national survey of the health and wellbeing of gay, lesbian, bisexual, and transgender (GLBT) Australians. The first *Private Lives* (PL1) was released in 2006 and was, at that time, the largest survey of its kind conducted anywhere in the world. In 2011, 3,835 GLBT respondents successfully completed PL2.

The project was supported by *beyondblue* with funds from The Movember Foundation, with additional funds provided by the Victorian Department of Health and a La Trobe University faculty grant. The project was managed jointly by Gay and Lesbian Health Victoria (GLHV) and the Australian Research Centre in Sex, Health and Society (ARCSHS) La Trobe University.

Methodology

PL2 was an on-line survey publicised, nationally, through GLBT-community networks and media, and social media such as Facebook, Twitter and YouTube. Hard copies of the survey were distributed to GLBT seniors organisations across the country. The questionnaire consisted, primarily, of forced-choice (quantitative) questions but included a small number of open-ended or qualitative questions.

Key findings

About the respondents

Participants were aged between 16 and 89 years (mean age of 37.7 years), with 48.2 per cent identifying as female, 44.4 per cent as male, 4.4 per cent as transgender and 3 per cent preferring another term to describe their sex/gender. Just over 42 per cent identified as “gay”, the majority of these being males (89.8 per cent). Thirty per cent identified as “lesbian” and 11.8 per cent identified as “bisexual”.

Participants came from all states and territories, with just over 79 per cent living in major cities, followed by 20 per cent in inner and outer regional areas, and 0.7 per cent in rural and remote areas. 2.3 per cent were of Aboriginal or Torres Strait Islander (ATSI) descent, 18.2 per cent were born overseas, and nearly 23 per cent reported having a disability or long-term health condition. The PL2 sample was well educated compared to the Australian population and were more likely to be employed, with 58% also contributing unpaid help to others.

Households, relationships and support

Households

Nearly 40 per cent of respondents currently lived with their partner only, 7.4 per cent with their partner and one or more children, and 23 per cent lived alone. These figures are similar to the national averages.

Relationships

Just over 55 per cent of respondents were currently in a relationship, with women more likely than men to be partnered. Ten per cent had been in their current relationship for less than 6 months and a quarter for over 10 years. Of the participants who reported being in a relationship, 88 per cent were in a same sex relationship. Nearly 45.0 per cent of respondents were single, and approximately 44 per cent of those were single by choice.

Nearly 18 per cent of participants who were currently in a relationship reported that they had formalised their commitment (through marriage or some other ceremony), and 34.4 per cent said that they had yet to formalise their relationship but either planned or would like to.

Support and legislative reform

While friends and partners were participants' primary sources of emotional support and health information, biological family was more likely to be called on at a time of illness.

Almost 86 per cent of respondents said they were aware of recent legislative changes (July 2009) recognising same sex couples as partnered for Centrelink and other purposes. Just over 10% of participants said they had been affected by these changes.

Health and wellbeing

General and physical health

According to the SF36 general health scale, the general health of males in the PL2 sample is lower than the national average. However, the general health of females in the PL2 sample is lower still, with trans males and females reporting the lowest levels of general health.

The most common health conditions among PL2 participants were depression and anxiety/nervous disorders, with depression rates ranging from a high of 50 per cent of trans males to a low of 24.5 per cent of males. The number of participants diagnosed with different types of cancers is small while the percentage of both males and females who are obese has increased between PL1 and PL2.

Rates of drug use for non-medical purposes were higher than national averages, with nearly a quarter of PL2 respondents reporting having used marijuana in the past 12 months. While gay men were more likely than lesbians to report using a number of drugs including meth/amphetamine, ecstasy and GBH, similar percentages of male and female respondents reported being non- and heavy smokers. Alcohol use and rates of gambling among PL2 participants were lower than the national averages.

Mental health and wellbeing

Despite moderate improvements in their general health, the mental health of the PL2 sample remains markedly poorer than that of the general population, at levels similar to those reported in PL1. On the SF36 mental health subscale (scored from 1 to 100) where a higher score indicates better mental health, the PL2 sample had a lower mean than the national average, (69.49 in the PL2 sample versus national averages of 73.5 and 75.3 for women and men respectively). On the K10 scale, which assesses non-specific psychological distress and where a higher score indicates increased psychological distress (ranging from 0 to 50), PL2 participants scored considerably higher than the national average (19.59 versus 14.5 respectively).

There were also marked variations in overall mental health and levels of psychological distress *within* the PL2 sample, according to gender identity, sexual identity and age. Among the PL2 participants, trans males and trans females reported the highest levels of psychological distress with a shared K10 mean of 23.2, followed by bisexual women and men (21.8 and 20.5 respectively), and same sex attracted women and men (19.04 and 18.83 respectively).

Again, trans males and trans females reported poorer mental health on the SF 36 scale than bisexual, and same sex attracted, men and women. In the PL2 sample, 55 per cent of young females and just over 40 per cent of young males, aged 16 to 24 years, recorded a High to Very high K10 score (between 22 and 50) compared with 18 per cent of young females and 7 per cent of young males in the national population. People who score in this range are particularly vulnerable to mental health problems.

Nearly 80 per cent of the PL2 sample had experienced at least one episode of intense anxiety in the past 12 months, and over a quarter of respondents had been diagnosed with, or treated for, an anxiety disorder in the same period.

Health service access and use

Service use

Participants used a wide range of health services, from mainstream providers such as psychologists, optometrists and chiropractors, to alternative and complimentary therapists, including acupuncturists and massage therapists. Just over three quarters of the total sample reported having a regular GP and of those, nearly 69 per cent reported that their GP knew of their sexuality.

Screening

Screening for cervical and breast cancer did not appear to be lower than in the general population. 56.2 per cent of women in the PL2 sample aged 50-69 years reported having had a mammogram in the past two years, compared with 55.2 per cent of women aged 50-69 years in the national population. Just over 80 per cent of men in the sample reported having ever been tested for HIV, and 10.6 per cent of these had had a positive result in their most recent test. An unexpectedly high proportion of women reported having ever been tested for HIV (51.6 per cent).

Discrimination, harassment and violence

The most common types of heterosexist violence reported by participants were non-physical, from verbal abuse (25.5 per cent), to harassment (15.5 per cent), to threats of physical violence (8.7 per cent) and written abuse (6.6 per cent). A significant percentage of respondents reported Occasionally or Usually hiding their sexuality or gender identity in a range of situations for fear of heterosexist violence or discrimination: 44 per cent in public and 33.6 per cent when accessing services. Young people aged 16 to 24 years were more likely than any other age group to hide their sexuality or gender identity at the nine locations listed.

The percentages of lesbians and gay men reporting sexual assault were similar (2.6 per cent and 2.2 per cent respectively). However, rates of almost all types of physical and non-physical abuse were higher for trans males and females, with 6.8 per cent of trans females reporting having been sexually assaulted in the past year.

While a majority of both lesbians and gay men reported being out at home and with family, this was not the case for bisexuals, and in particular for bisexual men. For example, 71.4 per cent of lesbians and 65.6 per cent of gay men report that they have never hid their sexuality or gender identity with family members. This percentage drops to 45.7 per cent for bisexual women and to 28.9 per cent for bisexual men.

GLBT connections

Organisational membership

Overall, a higher percentage of the PL2 sample reported being a member of one or more mainstream organisations than were members of one of more GLBT organisations (53 per cent versus 46 per cent). However, a considerably higher percentage reported that being a member of a GLBT organisation was Very or Extremely important to them (60 per cent for GLBT membership versus 45 per cent for mainstream membership). Bisexual men and women were less likely than same sex attracted men and women to report being a member of one or more GLBT organisations, with bisexual men reporting the lowest level of membership (70 per cent reported not being a member of a GLBT community organisation),

Friendship networks

Over 71 per cent of respondents reported having contact with GLBT friends or acquaintances on a daily or weekly basis. This drops to 54 per cent for bisexual men. A majority of all gender and sexual identity groupings report at least weekly contact with GLBT friends or acquaintances, an indication of the importance of GLBT social networks in participants' everyday lives.

Media use

Overall, GLBT people are more likely to access GLBT-online media on a daily or weekly basis than either GLBT print or broadcast media (47 per cent, 19.3 per cent, and 16.1 per cent respectively). Nearly 57 per cent of participants reported that they had never used the internet to form intimate relationships. Nonetheless, 51 per cent of the sample reported that they had had sex with someone they met in person after chatting with them on the internet, with gay and bisexual men more likely than lesbian and bisexual women (70 per cent and 66.7 per cent versus 36.0 per cent and 38.1 per cent, respectively). Young people aged 16 to 24 years were the least likely to report having had sex with someone after chatting with them on the internet (39.9 per cent), and those aged 25-34 years the most likely (57.5 per cent). Nearly 39.5 per cent of respondents reported that they had formed an ongoing relationship with someone they had had sex with after chatting with them on the internet.

1 Introduction

Computer says "Yes"[1]

The YouTube video that was used as part of the promotional material for the *Private Lives 2* survey features a brief exchange between a medical secretary and a young, male client. In response to her question "Wife's name?" the young man answers "Bruce". What follows is a series of misunderstandings. When the penny finally drops, the secretary angles her body away, typing furiously on her keyboard. As she turns back to face our client, she declares "Computer says no". The video is an echo of Alison's story that opened the first *Private Lives* report published in 2006.[2] Alison has taken her partner, Karen, to the Emergency Department of a hospital. The woman entering her details informs Alison that the computer cannot accept "same sex partner". In order to proceed to the next data field she must choose one of the existing options, "married, single, de facto, divorced".

Private Lives 2 (PL2) is the second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians. It builds on the findings of the first *Private Lives* report (PL1) which explored the impact of systemic discrimination on GLBT Australians' quality of life and their use of health services. PL 1 and 2 are part of a growing body of research, undertaken at the Australian Research Centre in Sex, Health and Society (ARCSHS), on how GLBT people live their everyday lives and the challenges they face as members of sexual and gender identity minorities.[3]

This research spans a decade of significant and dramatic change in the legal rights and social recognition of GLBT people in Australia.[4] In the six years since PL1 was launched there have been amendments to Commonwealth legislation recognising the rights and responsibilities of same sex couples[5], GLBT seniors and young people have been included in Commonwealth, state and territory policies and programs[6], a national accreditation framework for GLBTI-inclusive health has been developed[7] and GLBTI people have been included as a priority group in *beyondblue's* National Priority Driven Research for 2012.

The research conducted at GLHV and ARCSHS documents some of the effects of these changes on GLBT people's everyday lives and in particular on their health and wellbeing. In the first national survey of same sex attracted young people (SSAY), published in 1998, 82 per of respondents had disclosed their same sex attraction to at least one person. By the time the third national survey was completed in 2010, that figure had jumped to 97.5 per cent. Furthermore, the 2010 report showed that same sex attracted and gender questioning (SSAGQ) young people were less likely to self harm in schools that

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1 Jenny Walsh as she appears in GLHV's *Private Lives 2* promotional YouTube video, (www.youtube.com/watch?v=XHTRjaoGOLg).

2 Of course the video also pays homage to the queer classic, *Little Britain* and the obstreperous character who refuses all client requests with the refrain, "Computer says no".

3 In addition to PL1 and 2 this includes research and policy on same sex attracted and gender questioning (SSAGQ) young people (*Writing themselves in* 1998, 2004 and 2010 and *Beyond homophobia: Meeting the needs of SSAGQ young people in Victoria* 2010), gay men and gay male communities (*Mapping Gay Men's Communities* 2009 and *HIV Futures* 1997, 1999, 2001, 2003, 2006 and 2009), transgender men and women (*TranZnation: A report on the health and wellbeing of transgender people in Australia and New Zealand* 2007) and heterosexist violence and harassment in Victoria (*Coming forward: The underreporting of heterosexist violence and same sex partner abuse in Victoria* 2008).

4 In 2004, only 38 per cent of Australians supported same-sex marriage, by 2010 that figure had jumped to 62 per cent with 80 per cent of young people aged 18 to 24 years expressing support. At www.australianmarriageequality.com/wp/ accessed 26 August 2011. See also The Australian Human Rights Commission (2011) report on sexual orientation and sex and/or gender identity discrimination.

5 The Same-Sex Relationships (Equal Treatment in Commonwealth Laws—General Law Reform) Act 2008 removed discrimination against same-sex couples and their dependent children from a wide range of Commonwealth laws and programs. http://www.health.gov.au/internet/main/publishing.nsf/Content/samesexbill accessed 14 November 2011.

6 The Commonwealth Department of Health and Ageing has begun to work closely with the National LGBTI Alliance to include GLBTI people in aged care and mental health policies and programs. In 2011 the Victorian state Government committed $4 million (2012-2015) to prevent suicide among same sex attracted and sex and gender diverse (SSASGD) young people.

7 Over the last 2 years GLHV has been working with Quality Improvement and Community Services Accreditation (QICSA) to develop and trial a national accreditation framework for GLBTI-inclusive health.

had implemented anti-homophobia policies and procedures. A comparative analysis of the PL1 and PL2 data shows that the percentages of GLBT respondents reporting good or excellent health is higher in PL2 across the life course.

While the research documents increasing acceptance of GLBT people and marginal improvements in their general health, it also shows how GLBT people continue to experience much higher levels of abuse and poorer mental health compared with the population at large. A 2008 Victorian study showed that, despite recent legislative and social reform, levels of heterosexist violence against GLBT people have remained constant over the preceding decade (Leonard, Mitchell et al. 2008). The three *Writing Themselves in* reports show a correlation between SSAGQ young people's increasing openness and confidence and levels of homophobic abuse, particularly in schools. In 1998, 69 per cent of respondents reported homophobic violence in schools, in 2004 the figure had risen to 74 per cent, and in 2010 it had increased again, to 80 per cent. The PL2 data show that while there has been some improvements in the general health of GLBT Australians they continue to experience poorer mental health than the population as a whole, at levels similar to those reported in PL1.

The research, however, has not simply described a period of change. It has also played a significant role in contributing to those changes. The results of PL1 have been used by GLBT advocates to lobby government and mainstream health care providers to recognise and address the needs of GLBT people. They have also been used by GLBT health and community organisations to identify gaps in existing programs and new areas of service provision. PL2 will contribute to the growing evidence base on which all those with a genuine interest in improving the health and wellbeing of GLBT people can draw.

However, PL2 is part of a sea change in how GLBT research and advocacy are framed. It is no longer driven primarily by the imperative to argue a case, to show that GLBT people should be considered *insofar* as they are subject to systemic discrimination. GLBT people are not effects of heterosexism, they are part of the diversity that constitutes the Australian population as a whole. PL2 poses the question to government and non-government agencies "What are you doing to ensure that you are recognising and meeting the particular needs of your GLBT clients?" Put simply, and as the YouTube video that accompanied the promotion of PL2 concludes, it's time "Computer says 'Yes'".

1.1 Background

Over the last twenty years there has been growing recognition of the effects of systemic discrimination on the health and wellbeing of GLBT people. In a number of countries, including Australia, this has led to the development of government policies and programs that seek to address both the effects and underlying causes of homophobic and transphobic discrimination and abuse (Dodds, Keogh and Hickson 2005; Fish 2006; NHS Scotland 2005; Royal College of Nursing UK 2004; Victorian Government Department of Human Services 2003). However, despite this growing interest, there have been very few, large scale, national surveys of the health and wellbeing of GLBT people. Furthermore, as Buchmuelle and Carpenter (2010) argue, there are only a handful of population-based surveys that directly ask questions about sexual orientation or gender identity.

The few studies that have involved large samples of sexual and/or gender identity minorities have tended to focus on a single issue and/or a particular population group *within* the GLBT community. These include a large scale European study of lesbian and bisexual women's experiences of accessing health care (Hunt and Fish 2008, N=6, 000), a US study of disparities in health insurance coverage and outcomes between same-sex and different-sex couples (Buchmuelle and Carpenter 2010, N=5,000), a UK study of the levels of 'homophobic hate crime' and its effects (Dick 2008, N=1,721) and *Writing Themselves in 3* (Hillier, Jones et al. 2010, N=3,134), the third national survey of the health and wellbeing of same-sex attracted and gender questioning young Australians.

PL2, like PL1, is unusual in providing a snapshot of the everyday lives of GLBT people. Unlike other national surveys that have tended to focus on a single issue or particular subgroups within the GLBT community, PL2 looks at the lives of sexual and gender identity minorities in all their complexities and a range of factors that effect their health and wellbeing. As such, PL2 provides not only a unique insight into "being" and "living GLBT" in Australia today, but also an evidence base on which to continue to build policies, programs and services that address GLBT people's varied health and wellbeing needs.

1.2 Rationale and aims

Like PL1, PL2 aims to:

- Document aspects of GLBT Australians' everyday lives and in particular those that relate to their health and wellbeing
- Improve our understanding of the links between minority sexual orientation and gender identity, and physical and mental health
- Document GLBT Australians' patterns of health screening and health service use; and
- Provide evidence for the ongoing improvement of mainstream and targeted health services, including mental health services, for GLBT Australians

In addition, PL2 aims to remind government and health care providers that inclusive models and practices of health care delivery should necessarily include GLBT people.

1.3 Frameworks

1.3.1. Gender identity and sexuality

The PL2 data have been analysed according to gender identity and sexuality/sexual identity. Using gender identity as the primary lens, the sample was divided into five categories: “females”, “males”, “trans females”, “trans males” and respondents who chose another term to describe their gender identity (“other preferred”). This accounted for the total sample, N=3,835. Using sexuality as the primary lens, the sample was divided into six categories “lesbian females”, “bisexual females”, females who chose another term to describe their sexual identity (“other females”), “gay males”, “bisexual males” and males who chose another term to describe their sexual identity (“other males”). This did not include 81 respondents who could not be placed into one of the 6 sexuality categories (n=3,754).

Analysing the data according to gender identity is particularly important when looking at general health and the particular physical health needs of trans females and males. It is also important in drawing out the ways in which heterosexist discrimination impacts differently on sexuality and gender identity minorities. Analysing the data according to sexual identity is important when comparing the health and wellbeing of the PL2 sample with that of the population as a whole. It is also important in highlighting the ways in which minority sexuality interacts with gender to produce differences in health outcomes between bisexual and same sex attracted people, and between bisexual women and men.

1.3.2 Intersex

PL1 had included intersex in its terms of reference but the number of intersex respondents was 18 which accounted for only 0.33 per cent of the total sample (N=5,476). This was too small a number to provide statistically meaningful data or inter GLBTI comparisons. In the absence of the resources needed to undertake an intensive intersex recruitment strategy, it was decided not to include intersex as a separate category in PL2.

The difficulties in recruiting intersex respondents both as part of GLBTI and mainstream population health surveys suggest the need for novel strategies for engaging with this group. This is all the more pressing given the range of health and legal issues facing intersex people, and their families, as they age (Styma 2006).

2 Methodology

PL2 draws heavily on the research design and methodology developed and trialled for PL1. Like PL1, PL2 was an online survey publicised, primarily, through GLBT-community networks across Australia. Online surveys have proven an effective way of engaging hard to access and "hidden" populations, including GLBT people (Henrickson, Neville, Jordan and Donaghey 2007; Riggle, Rostosky and Reedy 2005; Rosser, Oakes et al. 2007).

However, PL2 was also publicised through social media that were not available or were in their infancy at the time PL1 was launched. These included Facebook, Twitter and YouTube. These media were used, in part, to access GLBT people who do not identify with the GLBT community or use GLBT media. They were also used to increase the percentage of female respondents in PL2 compared with PL1 (48.2 per cent versus 35.2 per cent) with research suggesting that women are now more likely than men to use social networking sites (Abraham, Mörn and Vollman 2010; Madden and Zickuhr 2011).

Hard copies of the survey were distributed to GLBT seniors' organisations in a number of states and territories. The underrepresentation of GLBT people aged 60 years and above in PL1 was consistent with research suggesting that people in this age cohort are the least likely to use the internet and social networking sites.[8] The percentage of respondents aged 60 years and above in PL1 was 2.3 per cent compared with 7.2 per cent in PL2, an increase, in absolute numbers, of 119. Unlike PL1, PL2 included a question on disability; an important addition given that nearly 23 per cent of the PL2 sample reported having a disability or long-term health condition.

Although the number of respondents is fewer in PL2 than in PL1 (3,835 compared with 5,476), the PL2 sample included a greater proportion of women, was inclusive of GLBT respondents with a disability, and included a greater percentage of respondents 65 years and older. In this sense, the second iteration of *Private Lives* is, perhaps, more representative of the diversity of the GLBT community than was the first.

2.1 Survey design

Online surveys have been used in a number of recent reports at ARCSHS and have proven successful in increasing GLBT people's participation (Couch, Pitts et al. 2007; Hillier, Jones et al. 2010; Leonard, Mitchell et al. 2008; Pitts, Smith, Mitchell and Patel 2006).

The PL2 survey was designed by a small group of GLHV/ARCSHS researchers. Both PL1 and *Coming forward* (2008) were used in the design and layout of the survey. PL2 included additional questions on gambling and the impact of recent same-sex legislative reforms, and more detailed questions on GLBT people's experiences of mental ill-health and their degree of social connectedness. Standardised instruments and measures were used to allow comparisons with national data where appropriate, including the Australian Bureau of Statistics (ABS) and the National Health Survey.

8 According to a report by the Australian Communications and Media Authority (2009) only 56 per cent of Australians aged 65 years and older had used the internet in the past 12 months compared to a population average of 89 per cent (p.1). According to a 2010 survey of the use of social networking sites in the US, only 3 per cent of people aged 65 years and older reported using such sites, the lowest of any age cohort (Pingdom 2010).

The questionnaire consisted primarily of forced-choice (quantitative) questions but included a small number of open-ended or qualitative questions. The survey was hosted by www.demographix.com and was in English only. Participants were resident in Australia and over 16 years of age.

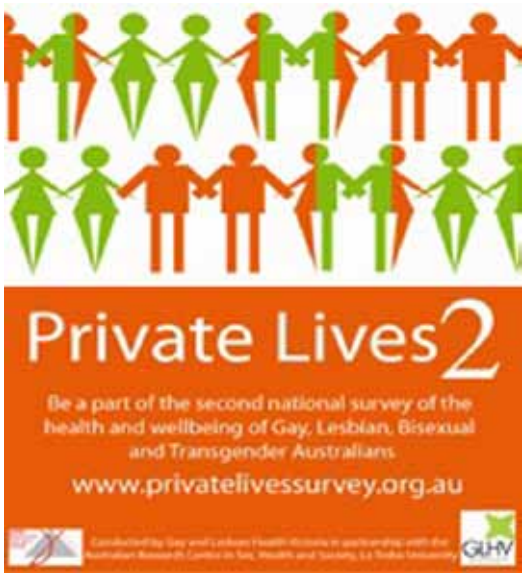
Ethics approval for the survey was granted by the La Trobe University Human Research Ethics Committee (Reference No. 10-063).

2.2 Advertising and recruitment

The survey ran from 12 January to 31 April 2011 and was publicised using a range of media.

Business cards were designed which had a brief description of the survey and the URL (Figure 1). The cards were distributed, primarily, through GLBT community organisations, events and venues including Fair Day in Sydney and Chill Out at Daylesford (Victoria).

Figure 1 – Business card advertising *Private Lives 2*



A press release was sent to the GLBT print media at the commencement of the survey and appeared in a number of state and territory GLBT magazines. Emails, publicising the survey, were sent through GLBT-community and professional networks including the Australian Federation of AIDS Organisations (AFAO) and its state and territory-based affiliates, the ALSO Foundation, Hares and Hyenas, Minus 18, and others. Emails were also sent through the Victorian Equal Opportunity and Human Rights Commission (VEOHRC), queer offices in Universities across the country, and a range of government and non-government organisations.

The survey was publicised on Joy FM radio in Melbourne and posted as a banner advertisement on Gaydar and Pink Sofa. Hard copies of the survey were sent to GLBT seniors groups across Australia for distribution, on request, to their members. The survey was also publicised through social networking

sites, including Twitter, Facebook (for one month during the second half of the recruitment period) and YouTube (www.youtube.com/watch?v=XHTRjaoGOLg).

2.3 Data analysis

Quantitative data were analysed using PASW Version 18. Descriptive and comparative analyses were undertaken. Qualitative data were read and compared with quantitative results and were also analysed, thematically, using limited data coding.

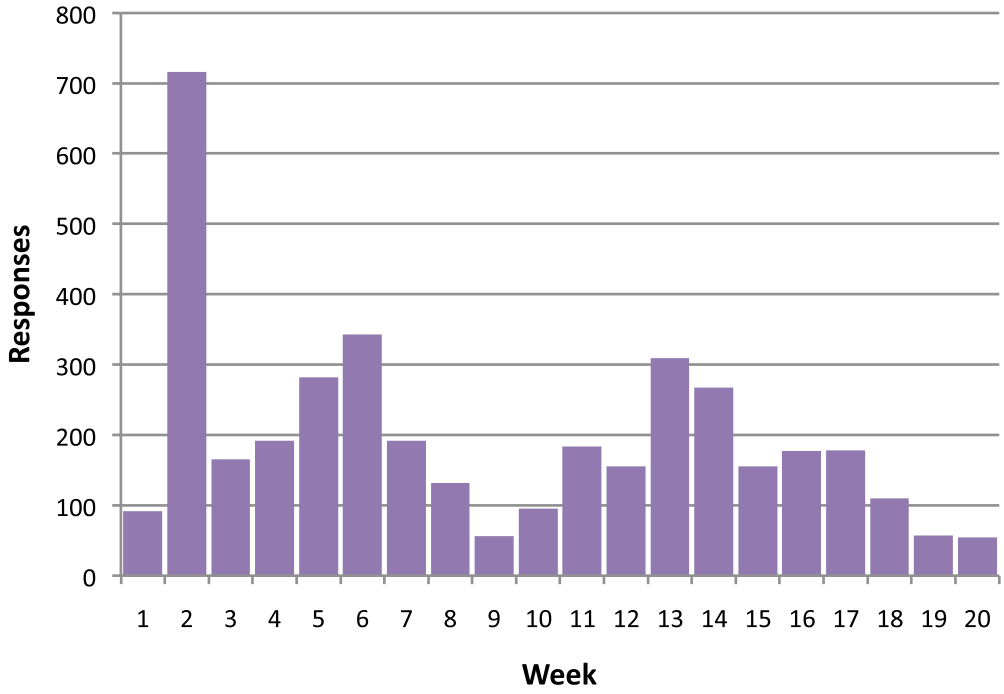
Quantitative results were compared with a number of other studies including GLBT data from PL1 and *Coming forward* and national data from the ABS and National Health Survey.

3 About the respondents

In total 3,911 people responded to the survey. Of those, 76 were discounted either because they were not resident in Australia at the time of completing the survey or they were under 16 years of age. The total number of respondents who were eligible and successfully completed the survey was 3,835.

The survey was launched on Wednesday 12 January 2011. 2.4 per cent of responses were received in the first week and 50 per cent by week 7. Response rates fluctuated over the following 13 weeks with an average weekly response rate of 144. The survey closed on Sunday 31 April 2011.

Figure 2 – Pattern of responses



3.1 Demographics

3.1.1 Distribution/residence

Figure 3 – Percentages of respondents by state and territory

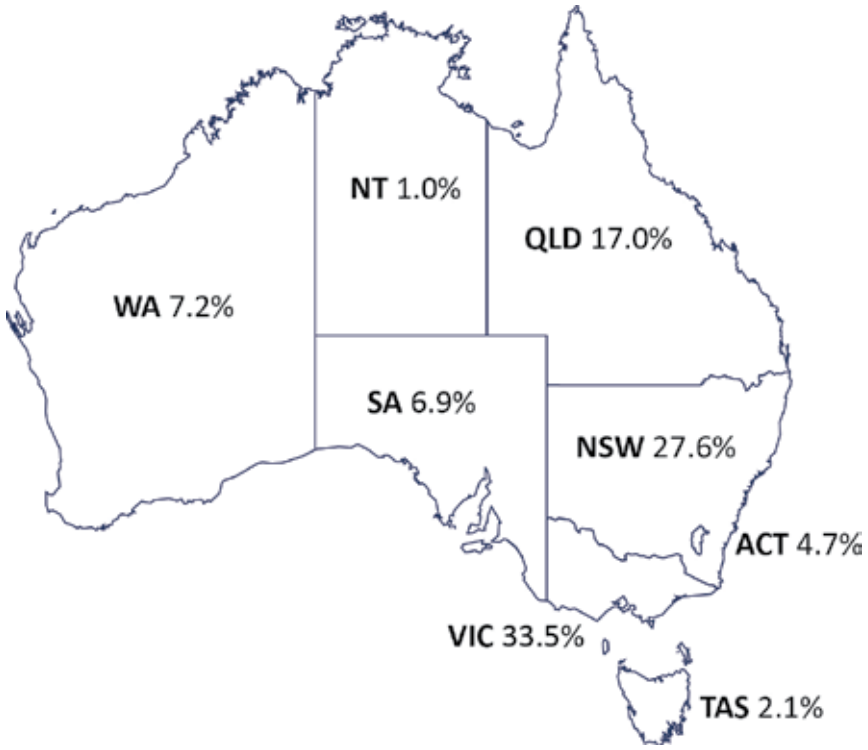


Figure 3 distributes respondents according to their state or territory of residence at the time they completed the survey. The percentages of participants resident in each state and territory were comparable to the distribution for the general population (Australian Bureau of Statistics 2011a).[9] Just over 79 per cent of respondents lived in major cities, followed by 20 per cent in inner and outer regional areas, and 0.7 per cent in rural and remote areas. The population distribution of PL2 participants is similar to the ABS' most recent estimates (30 June 2010) where 69 per cent of Australians live in major cities, 29 per cent in inner and outer regional areas, and 2 per cent in remote and very remote areas (Australian Bureau of Statistics 2010a). The larger percentage of PL2 respondents resident in major cities is likely to reflect the disproportionate numbers of GLBT people moving from regional and remote, to urban, locations.

3.1.2 Age of participants

Mean age of the total sample was 37.7 years (SD=13.31) with ages ranging from 16 to 89 years. Although the age range of the samples is similar in PL1 and PL2, the mean age of the PL2 sample is

9 The comparative data are taken from the national population estimates for March 2011 based on the 2006 census data. According to the ABS estimates , WA accounts for 10 per cent of the national population, the NT 1 per cent, SA 7 per cent, Qld 20 per cent, NSW 32 per cent, ACT 2 per cent, Vic 25 per cent and Tas 2.1 per cent (Australian Bureau of Statistics 2011a).

nearly four years older than that of PL1 (34 years). PL2 participants aged between 20 and 29 years accounted for 25.9 per cent of the total sample, with nearly 74 per cent of respondents aged between 20 and 49 years. Those under 20 years accounted for 6.7 per cent of the total sample (n=245) and those over 60 years, 7.2 per cent (n=265).

While the percentage of respondents under the age of 20 years is almost identical to that reported in PL1 (6.8 per cent), the percentage and total number of respondents over 60 years are considerably higher (2.3 percent in PL1, n=125). This explains the increase in the mean age of respondents between the two surveys and reflects the additional efforts that were made to recruit GLBT seniors for PL2.

3.1.3 Gender identity and sexuality

Table 1 - Gender identity

	n	%
Female	1849	48.2
Male	1701	44.4
Transgender (identifying as female)	122	3.2
Trans (identifying as male)	47	1.2
I prefer to refer to myself as…	116	3.0

Of the total sample, 48.2 per cent identified as female, 44.4 per cent as male, and 3 per cent preferred another term to describe their sex/gender. This represents a significant shift in the ratio of male to female respondents between PL1 and PL2. In PL1 a majority or respondents indentified as male (62.6 per cent) while only 35.2 per cent of respondents identified as female. Furthermore, PL2 has a much higher percentage of transgender respondents, 4.4 per cent compared with 1.8 per cent in PL1. In fact, the total number of transgender respondents in PL2 (n=169) is comparable to that in *TranZnation*.[10]

Nearly 27 per cent of the 116 respondents who preferred another term to describe their gender identity used genderqueer or genderqueer in addition to another term. Of those who used genderqueer, 74 per cent were under 30 years. A further 14 per cent of those who preferred another term described themselves as intersex. A number of respondents gave more detailed explanations for preferring another term including:

Uncomfortable with my default setting of 'female'

I see myself as male but my gender is mostly female

Transgendered androgynous born female.

10 *TranZnation* included respondents from both New Zealand and Australia. The total number of respondents was 253 of whom 224 were resident in Australia.

Table 2 - Sexuality recorded against gender identity

Sexuality	Total		male	female	Trans (M)	Trans (F)	Other preferred
	n	%					
Gay	1627	42.6	86.5	8.2	19.1	0.0	4.4
Lesbian*	1151	30.1	0.0	59.9	4.2	27.0	9.7
Queer	272	7.1	2.6	8.2	44.6	4.1	43.4
Bisexual	449	11.8	7.0	15.4	10.6	25.5	8.8
Heterosexual/ Straight	82	2.1	0.9	2.1	10.6	14.8	3.5
Not sure or undecided	64	1.7	0.9	1.7	4.2	11.5	0.9
I prefer to refer to myself as….	170	4.5	2.0	4.2	6.4	17.2	29.2

* Lesbian includes both "lesbian" and "dyke"

Just over 42 per cent of respondents identified as "gay". The majority of these were males (89.8 per cent). Thirty per cent of respondents identified as "lesbian" (which included 96.0 per cent who identified as female and 2.9 per cent who identified as trans female), followed by 11.8 per cent who identified as "bisexual". Proportionately more females than males identified as "bisexual" (15.4 per cent compared with 7.0 per cent), a finding consistent with a number of other studies (Hillier, Jones et al. 2010; Pitts, Smith. Mitchell & Patel 2006; Smith, Rissel, Richters, Grulich & de Visser 2003). This was also true of transgender respondents, with trans females considerably more likely than trans males to identify as bisexual (25.4 per cent versus 10.6 per cent).

"I prefer to refer to myself as…" accounted for 4.5 per cent of responses (n=170), with females twice as likely as males to choose this self-description. Respondents who preferred another gender identity and trans females were more likely than the other gender identities to describe their sexuality using a term or identity not provided.

Twenty per cent of the 170 respondents who preferred another term to describe their sexuality, used the term pansexual. Again, a number of respondents took the opportunity to comment on their use of another term including:

> *It has just happened that I have sex with men*
>
> *I dislike labels. I am someone who has mainly liked and been with guys but is currently in a relationship and in love with a girl*
>
> *Heteroflexible*
>
> *Asexual/homoromantic*

Table 3 – Sexuality

	n	%
Lesbian female	1314	65.6
Bisexual female	324	16.2
Other identified (female)	366	18.3
Gay male	1479	84.5
Bisexual male	128	7.4
Other identified (male)	142	8.1

When the data was cut according to sex/gender identity and then by sexuality, 66.6 per cent of females described themselves as lesbian compared with 84.5 per cent of males who described themselves as gay. Females were over twice as likely as males to refer to themselves as bisexual (16.2 per cent versus 7.4 per cent).

Table 4 – How old were you when you first became aware of your same sex attraction or gender difference

Age when became aware	n
Specified an age	2947
Always knew	804
Not sure	318

Some respondents gave multiple answers to the question. For example, 193 of the respondents who selected "I always knew" also gave an age (M=10.86 years, SD=4.77 years). Of those respondents who specified an age, the range was from 1 – 61 years, with a mean age of 15.33 years (SD=7.20) and a median age of 14 years.

Table 5 – Age when became aware of same sex attraction

	Mean age (years)
Lesbian female	17.17
Bisexual female	16.17
Other female	14.69
Gay male	13.73
Bisexual male	14.46
Other male	12.02

Table 5 lists variations in the age of first awareness of same-sex attraction according to sexuality. It only lists those respondents who specified an age (n=2,947). There is significant variation in the age of first awareness between lesbians and gay men. Gay men are more likely than lesbians to report being aware of their same sex attraction at an earlier age (13.73 versus 17.17 years respectively).

A similar percentage of gay men and lesbians aged 16 to 24 years reported that *they always knew* they were same sex attracted (25.9 per cent and 24.4 per cent). However, this is not the case for gay men and lesbians aged 60 years and older. While 23.2 per cent of gay men in this older cohort report that they always knew (similar to the percentage of younger gay men aged 16 to 24 years) the percentage of lesbians aged 60 years and older who report they away knew drops to 14.9 per cent.

The disparities between different age cohorts, and between lesbians and gay men become more pronounced when we look at those respondents who provided an answer to age of first awareness. The mean age of first awareness for gay men aged 16 to 24 years is 12.7 years, and increases to 15.32 years for gay men aged 60 years and older. For lesbians, however, the increase in reported age of first awareness is much larger, with the younger cohort reporting a mean age of 13.3 years compared with a mean of 21.64 years for the older cohort. [11]

The data show that while older and younger gay men in the PL2 sample arrived at an awareness of their same sex attraction at a similar age this was not the case for older and younger lesbians. These differences may be due to changing attitudes toward not only sexuality but also gender, and how the interactions between these two have had a greater impact on same sex attracted females' sense of their sexual identity than on that of same sex attracted males.

Respondents were given the opportunity to comment on how they first became aware of their same sex attraction or gender difference. Many of the key themes were similar to those for SSAGQ young people and their "first realisation" reported in Hillier, Jones et al. (2010). In PL2 some of the key themes were: just knew, sexual attraction, crush, love, different, sudden realisation, can't explain, a gradual process, pornography, other GLBT people, reflection, and dreams. Respondents listed an array of contexts in which they first became aware, from media sources including films, books and social to media, to school, to unsatisfying or "incomplete" heterosexual relationships. The following quotes refer to these different contexts and themes but do not capture the richness and diversity of the 3,221 responses.

> *It just always made sense…I am not aware of becoming 'aware'*
>
> *I fell in love with a woman!*
>
> *When I saw a movie about a transsexual tennis player.*
>
> *I started to be more turned on by the blokes in my father's porn than the women.*
>
> *It slapped me in the face during a high school sport class. We were playing indoor hockey. I fell over and my friend helped me up. I was overcome with attraction to her….*
>
> *Tried the hetero thing and realised that wasn't who I was.*

3.1.4 Country of birth and ancestry

The majority of respondents were born in Australia (81.8 per cent, n=3,116), followed by the UK (6.5 per cent, which includes combined figures for England, Scotland and Wales), New Zealand (3.3 per cent) and USA (0.9 per cent). Although less than 19 per cent of respondents were born overseas, they

11 The figures for age of first awareness in the 16 to 24 year old cohort are comparable to those reported in *Writing themselves in 3*, where 60 per cent of respondents knew of their same sex attraction or gender difference by age 13 years (Hillier, Jones et al. 2010).

were drawn from 73 countries. The percentage of survey respondents born in Australia is slightly lower than that reported in PL1 (87 per cent) but significantly higher than the national figure of 73.0 per cent (Australian Bureau of Statistics 2011b). 94.4 per cent of respondents were Australian citizens.

Respondents who were born overseas were asked "In what year did you first arrive in Australia to live here for more than one year?" Just over a third of respondents who were born overseas had lived in Australia for 0 to 9 years, 16.9 per cent 10 to 19 years, 28.4 per cent 20 to 29 years, and 21.4 per cent 30 years or more.

Respondents were able to list up to two ancestries from the 8 provided (including "other"). 38.9 per cent of respondents listed a single ancestry (n=1,490).

Table 6 – One ancestry

Ancestry	%
English	31.2
Australian	26.0
Other	22.5
Irish	6.5
Scottish	4.9
Chinese	3.7
Italian	3.1
German	2.1

Of these, 31.2 per cent nominated English followed by 26.0 per cent Australian and 22.5 per cent other. Other accounted for a further 120 ancestries. The range of responses reflects the ethnic and cultural diversity of GLBT Australians and suggests that for many GLBT people ancestry is an important marker of identity.

3.1.5 Aboriginal and Torres Strait Islander descent

2.3 per cent of respondents identified as Aboriginal or Torres Strait Islander (n= 86). Although the number is small, the percentage is higher than that reported in PL1 (2.0 per cent) and comparable to the 2006 ABS census data of 2.6 per cent (Australian Bureau of Statistics 2007).

3.1.6 Religious affiliation

Table 7 - Religious affiliation

Current religion	n	%
No religion	2294	59.9
Catholic	441	11.5
Anglican (Church of England)	315	8.2
Buddhist	121	3.2
Uniting Church	110	2.9
Wicca	72	1.9
Presbyterian	38	1.0
Jewish	37	1.0
Baptist	32	0.8
Greek Orthodox	18	0.5
Islamic	17	0.4
Lutheran	16	0.4
Other	317	8.3

Nearly 60 per cent of respondents reported no current religion, 11.5 per cent were currently Catholic, 8.2 per cent Church of England, 3.2 per cent Buddhist and 8.3 per cent a religion other than one of the options provided. These figures are markedly different to those reported in PL1. In PL1 the percentage of respondents who reported no religion was higher at 71 per cent, with a corresponding decrease in the percentage reporting having a current religion (E.g. 8.2 per cent Catholic). The increasing religiosity between the two surveys may be explained, in part, by the increasing numbers of young people who are finding ways of reconciling their same sex attraction or gender difference with their religious beliefs (Hillier, Jones et al. 2020). It may also reflect the larger number of women and participants aged 60 years and older who completed PL2 compared to PL1, with data showing that women and older Australians are more likely to report religious affiliation.[12]

Despite the increased religiosity of the PL2 sample, the percentage of GLBT respondents who reported being religiously affiliated is well below the national figure of 81.3 per cent (Australian Bureau of Statistics 2006).

3.1.7 Disability

Overall, 22.7 per cent of respondents reported having a disability or long-term health condition. Of these, 40.8 per cent reported that the disability was primarily a physical or diverse disability, 31.1 per cent that it was primarily a psychiatric disability, followed by 22.1 per cent who reported “other”. This percentage is comparable to national data showing that approximately one in five Australians experience some form of disability (Australian Bureau of Statistics 2011c). PL1 did not include a question on disability.

[12] In the 2001 census 14 per cent of women compared with 17 per cent of men reported “no religion”.

Table 8 – Primary disability or long-term health condition by gender identity

Disability/ Health-related condition	Total (%)	Male	Female	Trans (M)	Trans (F)	Other preferred
Physical/diverse	40.8	40.1	42.7	50.0	29.3	40.8
Psychiatric	31.1	27.1	33.3	16.7	39.0	31.1
Sensory or speech disability	2.8	3.7	2.6	0.0	0.0	2.8
Acquired brain injury	1.6	2.3	1.3	0.0	0.0	1.6
Intellectual	1.6	3.3	0.2	5.6	4.9	1.6
Other	22.1	23.4	19.8	27.8	26.8	22.1

More females than males reported having a disability or long-term health condition, 24 per cent and 17.8 per cent respectively. A larger percentage of females than males reported that their disability was primarily psychiatric (33.3 per cent versus 27.1 per cent). More than twice the percentage of trans females than trans males reported that their disability was primarily psychiatric (39.0 per cent versus 16.7 per cent).

Bisexuals of both sexes are more likely than their exclusively same-sex attracted counterparts to report a psychiatric disability. 41.7 per cent of bisexual women compared to 31.4 per cent of lesbians reported a psychiatric disability, and 38.5 per cent of bisexual men compared to 24.8 per cent of gay men. However, this trend is reversed when we look at rates of self-reported physical or diverse disability, with 42.3 per cent of lesbians compared to 36.9 per cent of bisexual women reporting a physical or diverse disability, and 42.2 per cent of gay men compared to 30.8 per cent of bisexual men.

Of the total number of respondents who reported having a disability or long-term health condition (n=865) nearly 52 per cent reported that they have no specific restrictions, 42.7 per cent that they have particular limitations or restrictions affecting things such as education and employment, and 5.4 per cent reported that they sometimes or always need help with mobility, self-care or communication.

3.2 Education and employment

3.2.1 Education

Table 9 – Primary or secondary school completion

Education level	n	%
Did not go to school	2	0.1
Year 8 or below	28	0.7
Year 9 or equivalent	62	1.6
Year 10 or equivalent	414	10.8
Year 11 or equivalent	335	8.8
Year 12 or equivalent	2981	78.0

Table 10 – Educational qualification

Education qualification	%
University degree	29.1
Post-graduate degree	19.9
Other qualification	12.3
Trade certificate/apprenticeship	12.1
Still studying for first qualification	10.7
Doctorate	3.1
No	12.8

Nearly 79 per cent of male and female respondents had completed year 12 or equivalent. These rates fell to 68.1 per cent for trans males and 59.8 per cent for trans females. Nonetheless, the percentage of trans females and trans males who reported completing a university degree was similar to that for male and female respondents, e.g. 27.0 per cent for trans females and 30.3 per cent for females. Twenty-three per cent of participants had a post-graduate degree or doctorate and 76.5 per cent had at least one non-school qualification. As PL1 noted, this is an unusually highly educated sample. According to the most recent ABS data only 57 per cent of persons aged 15 to 64 have at least one non-school qualification and 24 per cent a bachelor degree or higher (compared to 52.1 per cent of PL2) (Australian Bureau of Statistics 2011d).

3.2.2 Employment

Table 11 – Employment status by gender identity

Employment status	Total (%)	Male	Female	Trans (M)	Trans (F)	Other preferred
Full-time employment	47.8	52.4	46.3	30.4	32.8	24.8
Student	18.1	16.0	19.7	23.9	13.1	25.7
Part-time employment	11.2	7.8	14.0	13.0	10.7	17.7
Not in paid employment (incl. volunteer work/ parenting)	7.6	5.6	7.9	15.2	16.4	18.6
Self-employed	5.9	6.7	4.8	8.7	9.8	5.3
Casual employment	5.4	5.3	5.3	8.7	8.2	4.4
Retired	4.2	6.2	2.1	0.0	9.0	3.5

Just over 70 per cent of respondents were currently employed, with 47.8 per cent in full-time employment and 11.2 per cent in part-time employment. Of the 30 per cent of respondents who reported not being currently employed, 18.1 per cent were students, 7.6 per cent were not in paid employment, and 4.2 per cent were retired. Rates of full-time employment were significantly lower for trans males and trans females, with 32.4 per cent of trans males and 32.8 per cent of trans females reporting full-time employment, compared with 52.4 per cent of males and 46.3 per cent of females.

Table 12 – Income including wages/salaries, government benefits, pensions, allowances and sundry income by gender identity

Income (per week $)	Total (%)	Male	Female	Trans (M)	Trans (F)	Other preferred
2,000	9.7	14.8	6.1	2.2	2.5	3.5
1,600 – 1,999	9.2	10.8	8.4	6.7	7.4	2.7
1,300 – 1,599	12.2	11.8	13.5	2.2	11.5	1.8
1,000 – 1,299	13.5	13.2	14.7	11.1	8.2	6.2
800 - 999	11.1	9.9	11.7	15.6	14.8	11.5
600 - 799	9.6	8.9	10.0	13.3	7.4	15.9
400 - 599	9.9	8.2	10.4	17.8	16.4	15.9
250 - 399	9.8	8.8	9.7	11.1	18.0	15.9
150 - 249	6.1	4.7	6.4	8.9	11.5	15.9
1 - 149	4.6	4.6	4.8	8.9	0.0	6.2
Nil income	4.0	4.0	4.1	2.2	2.5	3.5
Negative income	0.2	0.3	0.2	0.0	0.0	0.9

Just over 44 per cent of the participants reported an average income of $1,000 or more per week. Overall, there are only small variations in income between male and female respondents. However, the percentage of male respondents who report earning over $2,000 per week is more than twice that of female respondents, at 14.8 per cent versus 6.1 per cent respectively. While nearly 50 per cent of male and 57 per cent of female respondents reported an average weekly income of less than $1,000, this percentage jumps to nearly 78 per cent for trans males and 71 per cent for trans females.

3.2.3 Unpaid help

Fifty eight per cent of respondents reported that in the past 12 months they had willingly given unpaid help in the form of time, service or skills, through an organisation or group. Of that 58 per cent, nearly a quarter had volunteered with two organisations in the past 12 months, and 13.4 per cent with three or more. These are notably higher than national data showing that 38 per cent of women and 34 per cent of men have undertaken voluntary work in the past 12 months (Australian Bureau of Statistics 2010b). Trans male respondents were most likely to volunteer (73.9 per cent), followed by females (60.4 per cent), males (54.2 per cent) and trans females (47.5 per cent).

4 Households, relationships and support

"Relationships" was the first choice of the majority of PL1 respondents when asked to list the three best things in their lives. Numerous studies have documented the range of GLBT intimate and social relationships, from blended families where one or both partners bring children from previous heterosexual relationships, to extended networks of current and former sexual partners (King and Bartlett 2005; Pitts, Mitchell et al. 2006).

Research has also highlighted the importance of intimate, long-term relationships to GLBT people, as both a source of emotional and material support and as a protective factor against the negative health effects of heterosexism (Todosijevic, Rothblum and Solomon 2005). In particular, a number of recent studies suggest that broader, public recognition of same sex and non-gender normative relationships has a positive effect on the mental health and wellbeing of GLBT people (Herdt, and Kertzner 2006: Riggle, Rostosky and Horn 2010).

4.1 Living arrangements

4.1.1 Who lives with you

Table 13 – Who lives with you*

Who lives with you?	%
Partner	39.6
Alone	23.0
Housemate/s	17.0
Parents or other relatives	16.8
Children	11.2
Friend/s	5.1
Other	1.9

*Multiple responses possible

The data suggest multiple and complex domestic relationships and living arrangements. Nearly 40 per cent of respondents currently lived with their partner only, 7.4 per cent with their partner and one or more children, and 23 per cent lived alone. These figures are similar to the national averages reported in PL1 in which 40 per cent of GLBT respondents were living with a partner and a quarter were living alone.

Just over 3.5 per cent of respondents reported living as a single parent with one or more children, 16.8 per cent lived with one or more parents and/or relatives, and 22.1 per cent recorded living with housemates or friends.

4.2 Relationship status

4.2.1 Current relationships

Just over 55 per cent of respondents were currently in a relationship. The percentage is slightly higher than the almost 50 per cent reported in PL1. Females were more likely than males to report currently being in a relationship (64.7 per cent and 46.8 per cent respectively) with lesbians the most likely (66.4 per cent) and trans females the least likely (43.0 per cent). Of the 55.3 per cent of respondents who were currently in a relationship, 77.9 per cent reported that their partner was their primary source of emotional support.

Of the 44.7 per cent of respondents who reported they were not currently in a relationship, 83.3 per cent (n=1,417) answered the question "Are you single by choice"? Of these , 44.2 per cent reported they were single by choice. Bisexuals (female and male) are more likely to report being single by choice than lesbians and gay men (47.3 per cent versus 41.0 per cent for females and 55.2 per cent versus 39.9 per cent for males). Trans males are more likely than trans females to report being single by choice (82.4 per cent versus 51.8 per cent, followed by other identifying (47.9 per cent), females (44.9 per cent), and males (42.1 per cent).

Of the 55 per cent of respondents who were currently in a relationship, 94.4 per cent were in a relationship with one other person, while the remaining 5.6 per cent where in a relationship with two or more persons. Just over 62 per cent of respondents reported that they were in a monogamous relationship, while 27.3 per cent reported that they "have a clear and spoken agreement with their regular partner about casual sex with other sexual partners".

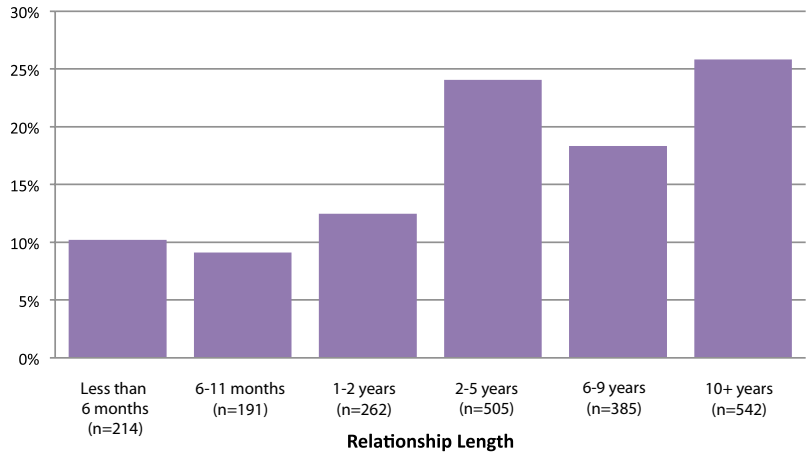
4.2.2 Same sex relationship

Of those who reported being in a relationship, 88 per cent were in a same sex relationship, 10 per cent in an opposite sex relationship, and 2 per cent both. Just over 51 per cent of the sample were currently in a same sex relationship (n= 1,969). Fifty two per cent of females and 32 per cent of trans females reported that they were currently in a same-sex relationship compared with 41 per cent of males and 13 per cent of trans males. These results are similar to those reported in PL1 where the percentage of respondents in a same sex relationship fell just short of 50 per cent.

4.2.3 Length of current relationship and formal recognition

Respondents who were currently in a relationship were asked how long they had been in that relationship (for those who reported more than one partner they were asked to comment on their 'main partner').

Figure 4 – Length of current relationship



Just over 10 per cent had been in the relationship for less than 6 months, 12.5 per cent for between 1 and 2 years, 18.3 per cent for 6-9 years, and 25.8 per cent for 10 or more years. Gay men were more likely than lesbians to report that they were currently in a 10 year or longer relationship (30.5 per cent versus 24.0 per cent respectively). 28.3 per cent of respondents who were currently in a relationship did not live with their partner.

Nearly 18 per cent of respondents who were currently in a relationship reported that they had formalised their commitment (through marriage or some other ceremony), 34.4 per cent said that they had yet to formalise their relationship but either planned or would like to, while 33.1 per cent reported they had no intention of doing so. The percentage of respondents who reported that they had formalised their relationship was, as might be expected, lowest for those aged 16 to 24 years (2.5 per cent) and highest for those in the oldest age cohort, 65 plus years (26.6 per cent). However, the percentage of respondents who report that they have yet to, but are either planning or would like to formalise their relationship, is higher among the 16 to 24 year old cohort compared with the 65 year plus cohort (43.1 per cent versus 17.2 per cent). This suggests that there has been a significant change in attitudes over time within the GLBT community regarding formal recognition of same sex and gender diverse committed relationships, with younger people more supportive of such arrangements than GLBT seniors.

4.2.4 Financial relationship

Just over a quarter of respondents reported that their financial arrangements with their partner were "totally merged", nearly 26 per cent that they made "equal contributions to joint expenses", and 20.6 per cent that their finances were "totally separate".

4.3 Children and dependents

4.3.1 Children

Of the 22.1 per cent of respondents who reported having children or step children, 29.8 per cent one child, 38.9 per cent had 2 children, and 12.5 per cent had 4 or more children. Lesbians were more likely to have children than gay men (32.5 per cent compared with 11.0 per cent). However, bisexual males were more likely than bisexual females to report having children (39.5 per cent versus 24.8 per cent respectively).

Nearly 38 per cent of the total sample reported wanting to have a child or more children. 87.9 per cent of respondents who answered 'yes' to this question did not have children or step children.

4.3.2 Dependents

Nearly 30 per cent of respondents reported that they had spent time in the week prior to completing the survey providing unpaid care, help, or assistance to family members or others. The most common sort of help provided related to problems of old age (31.5 per cent), followed by a long-term illness (15.5 per cent), a disability (12.5 per cent), child care (10.2 per cent), and illness, accident or surgery (9.2 per cent). Females were more likely than males to report providing care, help or assistance, with 35.1 per cent of females and 31.1 per cent of trans females providing care compared with 22.9 per cent of males and 25.5 per cent of trans males, and 34.8 per cent of lesbians compared with 22.4 per cent of gay men.

4.4 Emotional support, advice and care

Respondents were asked three related questions: Who they would turn to for emotional support; Who they would turn to for health information and advice; and Who would care for them if they were sick? For each of the questions they could choose multiple responses from a list provided.

Seventy-three per cent said they would turn to GLBT friends for emotional support, 66.8 per cent to straight friends, 55.6 per cent to a current partner, and 52.6 per cent to their biological family.

Similarly, 53.7 per cent of respondents said they would turn to their GLBT friends for health information and advice, followed by 41.6 per cent who nominated their current partner, 39.2 per cent straight friends, and 32.2 per cent their biological family.

However, while GLBT friends topped the list for both emotional support and health information and advice, respondents were more likely to nominate biological family as carers when they were sick (60.5 per cent), followed by current partner (52.7 per cent) with GLBT friends the third most likely option at 36 per cent. Over 20 per cent of respondents reported that they didn't know who would care for them or that no-one would care for them, if they were sick.

The results suggest that GLBT people associate dependent care more with ties of blood and intimate relationships, and emotional support and advice more with GLBT friends and social networks.

4.5 Legislative reform

Respondents were asked whether or not they were aware of changes to legislation that recognised same sex partners in defacto relationships as partnered for Centrelink and Family Assistance Office purposes. The legislation came into effect on 1 July 2009. They were also asked to comment on whether or not they had been affected by these changes.

Nearly 86 per cent of respondents said they were aware of these legislative reforms. Overall, lesbians were more likely than gay men to answer "yes" to this question (91.9 per cent versus 82.4 per cent). Of the 86 per cent of respondents who were aware of these same sex legislative changes, 13 per cent said that they have been affected by them (n=429). Again, lesbians were more likely than gay men to answer "yes".

Ninety-five per cent of those who said they had been affected by these changes took the opportunity to comment on what they thought of them. Over half referred, directly, to the economic costs, which covered a range of government benefits and legal entitlements, and different types of dependent relationships.

> *Centrelink support payments were significantly reduced as both incomes are now being considered.*
>
> *Decrease in payments received. My Aus study and my partner's Disability Pension.*
>
> *Family rebate has reduced substantially.*
>
> *I can no longer access single parent payment or health care card.*

Of the respondents who referred directly to the negative economic impact of these changes, nearly twice as many were critical of the changes as were supportive (40.6 per cent versus 22.6 per cent). Criticism was directed less at the economic losses and more at the government's unwillingness to grant same sex couples full legal and social equality, while nonetheless treating them as a unit for the purposes of 'revenue generation'. As one respondent put it

> *Complete hypocrisy by the fed government, I can't get married but they will tax me and give me less money as if I am married.*

A number of respondents talked of the increased burden the changes placed on older GLBT people and were angry at the absence of 'grandfather provisions' in the legislation.

> *Other such changes usually include a 'grandfather clause' for those over a certain age who would be affected by such changes but this didn't happen. We're most upset and have had to rearrange our whole retirement plan which includes working much longer than we had anticipated.*

Those who were supportive felt that the legislation was a sign of increasing recognition of same sex couples. "I feel", wrote one respondent, that "it is an important step towards full equality". In addition, a number of respondents talked of the emotional costs of their reduced economic status, including relationship breakdown, while a number said that financial dependency was not something they had wanted, or expected, to be part of their relationship.

> *Our relationship was not founded on the basis of one person being financially responsible for another and I found it very difficult to come to terms with the idea…*

5 General health and wellbeing

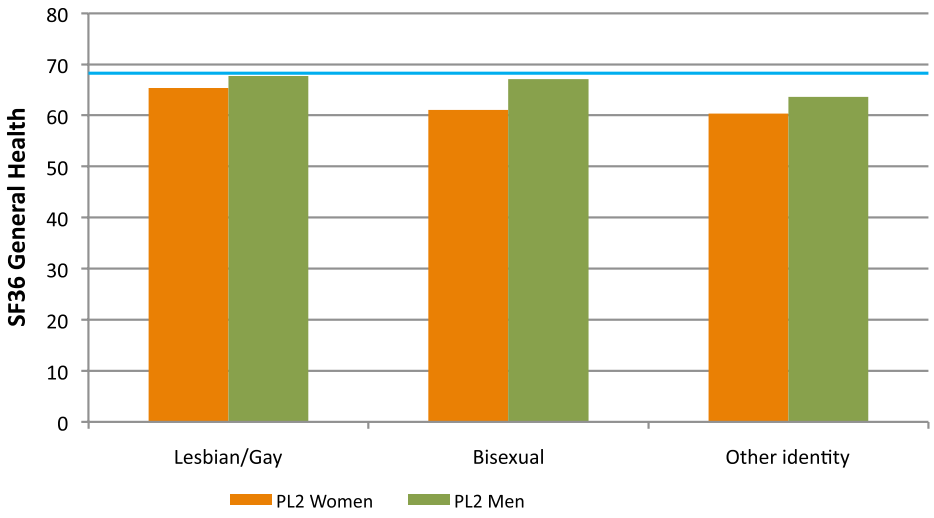
Studies comparing the general health and wellbeing of sexual and gender identity minorities with that of heterosexuals suggest that GLBT people continue to be at increased risk of a range of health conditions, due, in part, to their experiences of heterosexist discrimination and abuse. PL1, for example, noted higher rates of obesity and smoking amongst lesbians, while a recent US study reported higher multiple risks of cardiovascular disease amongst lesbians and bisexuals, male and female (Conron, Mimiaga and Landers 2010). However, the same US study noted that gay men were less likely to be overweight or obese than males in the general population while a number of other studies have shown that GLBT-community attachment may be a protective factor against the negative health effects of heterosexism.

5.1 General health

5.1.1 Self-rated health

The SF36 general health subscale is a five-item scale designed to assess general health function. The scale is scored from 1 to 100 with a higher score indicating better health. The comparison figures are from the Household, Income, and Labour Dynamics in Australia (HILDA) survey, 2008 (N=9,354) (The University of Melbourne 2009).

Figure 5 - Self-reported general health (SF36) by sexuality[13]



The levels of self-reported general health amongst the female respondents in PL2 are lower than those of females in the general population (68.2). Within the PL2 sample, bisexual females (61.1) and those who preferred another identity (60.3) reported lower levels of general health than lesbians (65.4). The variations in rates of self-reported general health follow a similar pattern for male respondents. However, PL2 males were closer to the national average (68.3) than were PL2 females, and variations in self-reported general health between males in the PL2 sample were less (gay 67.7, bisexual 67.1, and other identified 63.6).

13 The SF36 mean score for the Australian population is an average of the means for women (68.2) and men (68.4).

While the rates of self-reported general health are slightly lower for males and females in PL2 compared with PL1 (69.6 for males and 67.1 for females) they are significantly lower for trans males and females. In PL1 trans males scored an average of 65.1 and trans females 66.1; these averages dropped to 60.3 for trans males and 59.2 for trans females in PL 2.

Figure 6 - Self-rated health (very good/excellent) by sex and age

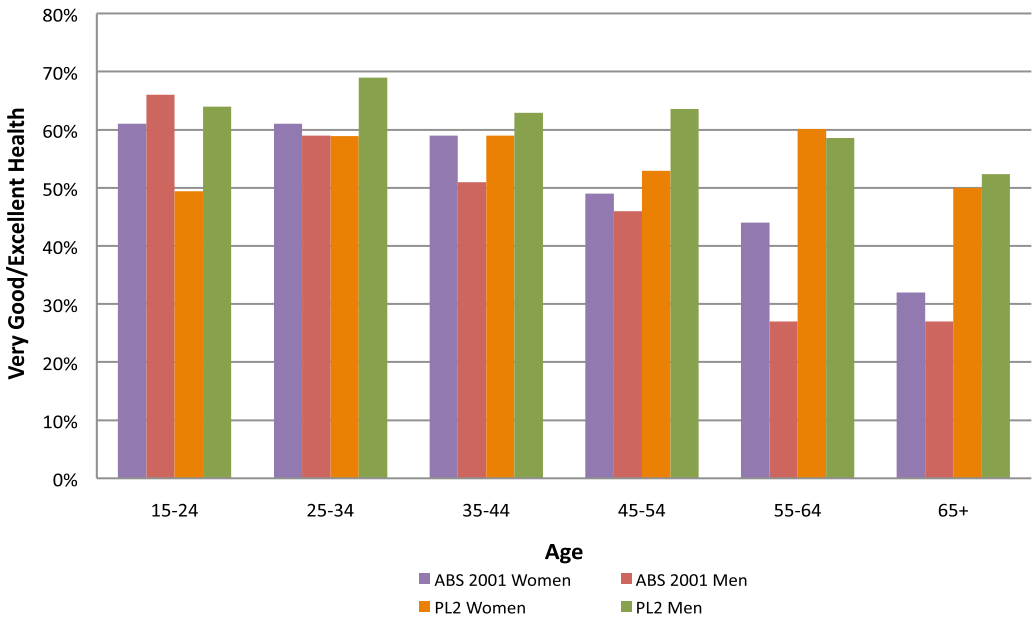


Figure 6 shows variations in self-reported Very good or Excellent health according to sex and age for both PL2 participants and the national population (Australian Bureau of Statistics 2002). However, the data have to be interpreted cautiously in light of more recent ABS figures showing an improvement in national health between 2001 and 2008 (Australian Bureau of Statistics 2009).[14]

What Figure 6 does demonstrate is that young females aged 16 to 24 years in the PL2 sample are noticeably less likely to rate their health as Very good or Excellent than are females aged 15 to 24 in the general population in 2001. This gap is likely to increase when improvements in national health, since 2001, are accounted for. This also suggests that the gap between young males in the PL2 and national populations may also be larger than that shown in Figure 6. What is clear is that young people in the PL2 sample, both female and male, are rating their general health as noticeably poorer than young females and males in the general population.

Figure 6 suggests, however, that this may not be the case for PL2 participants aged 45 years and older. The data indicate that in 2011, even if improvements in national health are adjusted for, PL2 participants are likely to report higher levels of Very good to Excellent health than the same age cohort in the national population.

14 According to ABS data, the percentage of National Health Survey respondents who reported being in Very good or Excellent health rose from 51.7 per cent in 2001 to 55.8 per cent in 2007-08.

Table 14 – Self-rated wellbeing by sexuality

Level	Total (%)	Lesbian female	Bisexual female	Other female	Gay male	Bisexual male	Other male
Excellent	13.3	14.1	8.7	7.1	15.4	11.7	12.0
Very good	38.2	39.5	29.8	35.4	40.2	35.9	32.4
Good	30.6	29.6	40.1	37.4	28.3	27.3	28.9
Fair	13.2	12.4	17.4	12.4	11.8	19.5	21.1
Poor	4.7	4.3	4.0	7.7	4.3	5.5	5.6

Respondents were asked to rank their "feeling of wellbeing" on a five-point scale from Poor to Excellent. The overall pattern of responses is similar to that for general health on the SF36 scale. However, there is an overall drop of approximately 10 per cent in the ratings of Very good or Excellent between the two items. It is possible that "General health" is understood to refer, primarily, to physical health while "Wellbeing" is understood to include both physical and mental health. While research suggests that GLBT people's physical health is not dissimilar to that of the population as a whole, this is not the case for their mental health which continues to be significantly poorer (see Chapter 6).

Table 15 – Changes in self-rated health in one year by sexuality

One year comparison	Total (%)	Lesbian female	Bisexual female	Other female	Gay male	Bisexual male	Other male
Much better	14.2	17.2	14.2	16.9	10.7	8.6	21.3
Somewhat better	23.2	23.7	26.3	24.3	22.0	26.6	17.7
About the same	50.5	46.4	47.1	42.9	56.9	53.9	47.5
Somewhat worse	10.6	11.0	12.1	14.2	8.9	8.6	12.8
Much worse	1.4	1.7	0.3	1.6	1.4	2.3	0.7

Approximately half of both male and female respondents reported that their health was currently about the same as it was a year ago (ranging from 42.0 per cent for other females to 56.9 for gay males). Lesbians and bisexual females were more likely than gay men and bisexual males to report that their health was currently much better than a year ago.

5.1.2 Weight and height

Table 16 shows the heights and weights of the PL2 participants. These data have been used to calculate the Body Mass Index (BMI) of participants which is an indicator of whether weight is within the normal range.

Table 16 – BMI of participants by gender identity

	Female	Male	Trans female	Trans male	Other
Height (mean ms)	1.63	1.77	1.76	1.60	1.71
Weight (mean kgs)	76.29	83.42	82.75	74.57	79.87
BMI	27.83	26.23	26.62	26.95	27.60

Table 17 – Obesity rates by gender identity

Weight	Total (%)	Female	Male	Trans female	Trans male	Other
Underweight	2.7	2.5	2.8	5.4	-	3.2
Normal weight	45.5	42.6	49.4	36.9	52.4	45.3
Overweight	24.3	22.0	26.8	28.8	21.4	21.1
Obese	27.5	32.9	21.0	28.8	26.2	30.5

The percentage of respondents who fall into each of the four weight categories listed in Table 17 differ from those reported in PL1. While the percentages of those who are at a normal weight and overweight are similar in both surveys, there is a marked increase in the percentage of male and female respondents who are obese in PL2. In PL1, 12.3 per cent of males and 23.6 per cent of females are obese, compared with 21.0 per cent of males and 32.9 per cent of females PL2. The percentage of males in the PL2 sample who are obese is slightly lower than the 25 per cent reported in the National Health Survey 2007-2008 (Australian Bureau of Statistics 2009). However, the percentage of females in the PL2 sample who are obese is higher than the national figure of 24 per cent.

5.1.3 Circumcision

Nearly 51.5 per cent of males reported that they were circumcised. Gay men were the most likely to be circumcised (55.8 per cent), followed by bisexual males (47.9 per cent) and other identified males (34.2 per cent). Of those males who reported that they were circumcised, 94.1 per cent were circumcised as an infant, 2.7 per cent at puberty, and 3.2 per cent as an adult.

5.2 Common health conditions

Participants were asked if they had been diagnosed with or treated for a range of heath conditions in the past three years.

Figure 18 – Reported health conditions by gender identity

Health condition	Total (%)	Male	Female	Trans (M)	Trans (F)	Other preferred
Depression	30.5	24.5	33.9	38.3	50.0	41.6
Anxiety/nervous disorder	22.3	16.6	25.6	42.6	34.4	33.6
Asthma	12.6	9.2	15.2	19.1	14.8	17.7
Low iron level	11.3	2.4	19.3	8.5	9.8	17.7
Hypertension	9.1	12.1	6.0	8.5	16.4	8.0
Sexually transmissible infection	8.6	15.0	3.4	12.8	1.6	4.4
Other psychiatric disorder	5.8	3.2	7.0	23.4	9.0	14.2
Bronchitis/emphysema	4.0	3.2	4.8	6.4	0.0	4.4
Diabetes	3.5	3.9	3.0	2.1	7.4	0.0
Osteoarthritis	3.0	2.0	3.6	2.1	3.3	7.1
Other arthritis	2.8	2.0	3.2	8.5	2.5	4.4
Chronic fatigue syndrome	2.2	1.4	2.8	4.3	0.8	4.4
Cancer	2.1	2.4	1.8	0.0	2.5	3.5
Heart disease	2.1	2.9	0.9	0.0	9.0	2.7
Rheumatoid arthritis	1.5	1.0	1.9	4.3	0.0	1.8
Impaired glucose tolerance	1.4	1.1	1.7	0.0	0.8	3.5
Osteoporosis	1.1	0.5	1.5	0.0	2.5	2.7
Thrombosis	0.5	0.6	0.4	0.0	2.5	0.0
Stroke	0.2	0.3	0.0	1.6	0.0	0.3
Other illness/disability	10.3	7.5	12.3	19.1	9.0	17.7
None	30.1	34.0	28.2	21.3	17.2	20.4

The most common reported diagnosed condition overall was depression, ranging from 50 per cent of trans male respondents to 24.5 per cent of male respondents. These figures are similar to those reported in PL1 where 58.8 per cent of trans males and 29.5 per cent of males reported that they had ever been told by a doctor that they were suffering from depression. A significant percentage of PL2 respondents also reported having been diagnosed with an anxiety/nervous disorder in the past three years, while approximately one in ten reported asthma, low iron level, other illness/disability or hypertension.

5.2.1 Cancers

Respondents who reported that they had been diagnosed with or treated for cancer in the past three years were asked what type of cancer it was.

The most common cancers were skin cancer (non-melanoma) (n=19), prostate cancer among males (n=16), breast cancer among females (n=12), melanoma (n=11) and non-Hodgkin lymphoma (n=5).

5.3 Risk behaviours

5.3.1 Drug and alcohol use

Respondents were asked if, in the past 12 months, they had used 1 or more of the 15 drugs listed for non-medical purposes.

Table 19 – Non-medical drug use

Drug	n	%
Marijuana	927	24.2
Pain-killers	790	20.6
Tranquillisers	480	12.5
Ecstasy	472	12.3
Meth/amphetamines	333	8.7
Cocaine	272	7.1
LSD	126	3.3
Ketamine	106	2.8
GBH	89	2.3
Naturally occurring hallucinogens	89	2.3
Barbiturates	49	1.3
Steroids	35	0.9
Kava	34	0.9
Heroin	12	0.3
Other	191	5.0
None	1668	43.5

Rates of drug uses among the PL2 sample were higher than national averages for the majority of drugs listed in Table 19. Nearly a quarter of PL2 respondents reported having used marijuana for non-medical purposes in the past 12 months, followed by pain killers (20.6 per cent), tranquilizers (12.5 per cent), ecstasy (12.3 per cent) and meth/amphetamine (8.7 per cent). These compare with national rates of use of 10.3 per cent for marijuana (Cannabis), 3 per cent for pain killers, 1.5 per cent for tranquilizers, 3 per cent for ecstasy, and 2.1 per cent for methamphetamines (Australian Institute of Health and Welfare 2011).

Gay men were more likely than all the other sexuality groupings to use meth/amphetamines, cocaine, ecstasy, GBH and ketamine, a range of illicit drugs associated with the commercial gay scene (Leonard, Dowsett et al. 2008).

Lesbians were less likely to use the majority of drugs listed than either bisexual or other females. For example, 3.7 per cent of lesbian females reported using cocaine compared with 7.7 per cent of bisexual females and 9.8 per cent of other females. Trans male and trans female respondents were more likely to report having used steroids in the past 12 months than male and female respondents (4.3 per cent of trans males versus 1.0 per cent of males, and 1.6 per cent of trans females versus 0.8 per cent of females).

Of the 45.6 percentage of respondents (n=1,750) who reported using one or more drugs in the past 12 months for non-medical purposes, 46.5 per cent reported using one drug only, 22.2 per cent 2, 12.0 per cent 3 drugs, and 6.2 per cent 6 drugs or more.

The percentage of respondents who reported using tranquilizers or pain killers suggests that some people may have misunderstood what was meant by "for non-medical purposes". This misunderstanding may also explain why 97 of the 191 respondents who listed "other" drugs included substances that are likely to be used for *medical purposes only* such as anti-hypertensives, antibiotics, vitamin supplements (with no mood altering effects) and antidepressant/anxiety medication where respondents stated that they had been recently treated for depression or anxiety.

Included under "other" were 33 respondents who reported using amyl nitrite.

Rates of alcohol use over 12 months

Nearly 92 per cent of respondents reported that they had had an alcoholic drink of any kind in the last 12 months with only minor variations in use according to gender identity and sexuality. This compares with national data of 80.5 per cent (which includes respondents 14 years and older). Almost 6 per cent of PL2 respondents reported having an alcoholic drink of any kind every day compared to 9.6 per cent of the national population (Australian Institute of Health and Welfare 2011a). 8.8 per cent of the PL2 sample reported having an alcoholic drink of any kind 5 to 6 days a week, and 14.7 per cent 3 to 4 days a week. Gay men and bisexual males were more likely than lesbians and bisexual females to report having an alcoholic drink of any kind every day, 7.7 per cent of gay males and 9.5 per cent of bisexual males, versus 4.9 per cent of lesbians and 3.7 per cent of bisexual females.

Self-assessed smoking status

Nearly 60 per cent of respondents considered themselves to be a non-smoker, followed by 13.7 per cent who identified as an ex-smoker, 6.3 per cent an occasional smoker, and 9.8 per cent as either a heavy or chain smoker. These figures compare with national data of 57.8 per cent of the population who report having "never smoked' and 24.1 per cent who report being "ex-smokers" (Australian Institute of Health and Welfare 2011). According to sexuality, similar rates of females and males reported being non- and heavy smokers.

5.3.2 Gambling

Just over a third of respondents reported having gambled in the past 12 months (n=1,273). Respondents were provided with a list of 12 gambling activities and asked if they had spent money on any of these in the past 12 months. The major activity on which respondents had spent money was lotto (21.4 per cent, n=820), followed by pokies/EGMs (18.9 per cent), raffles/sweeps (18.1 per cent), scratch tickets (13.0 per cent) and track racing (8.8 per cent). Table 20 compares Victorian data (2008) with the Victorian sample from PL2 (no comparable national data were available) (Department of Justice 2009). Overall, PL2 participants resident in Victoria are less likely to gamble than the Victorian population as a whole. This is true for both men and women and for nearly all of the activities listed.

Table 20 – Gambling activities

Activity	Vic Gambling Study (%)		PL2 – Victoria (%)	
	Males	Females	Males	Females
Lotto etc.	48.5	46.6	21.1	16.3
Raffles etc.	39.7	46.0	19.3	13.9
Pokies etc	22.8	20.2	17.1	14.5
Track racing	21.0	12.0	13.1	9.4
Scratch tickets	13.3	17.2	9.0	6.1
Table games	7.4	1.9	5.6	4.6
Sports and events	6.5	1.5	3.4	2.1
Informal private betting	5.6	1.4	3.2	2.2
Prize draws	4.9	9.7	6.0	4.3
Speculative investments	4.2	2.2	0.6	0.1
Keno	2.7	2.0	1.6	0.7
Bingo	0.8	3.4	1.0	1.6
Other	0.06	0.0	0.8	0.3

Of the third of respondents who reported having gambled in the past 12 months, 9.4 per cent (n=118) answered yes to the question "Have you ever had an issue with your gambling?" This accounts for 3.1 per cent of the total survey sample. Of those who reported having ever had an issue with their gambling, 90.7 per cent said they had had an issue with pokies/EGMs, followed by 11.0 per cent who nominated table games, 7.6 per cent track racing, 4.2 per cent scratch tickets, and 3.4 per cent sports.

Gay men and bisexual males were more likely than lesbians and bisexual females to report having gambled in the past 12 months (39.7 per cent and 40.2 per cent versus 33.3 per cent and 23.3 per cent respectively). Of the 3.1 per cent of the total sample that reported ever having had an issue with their gambling, lesbian and bisexual women were more likely than gay and bisexual men to report that they had an issue with pokies/EGMs (96.0 per cent and 88.9 per cent versus 88.9 per cent and 60.0 per cent respectively). However, the order is reversed when we look at table games, with 8.0 per cent of lesbians and 11.1 per cent of bisexual women reporting having had an issue with table games compared with 11.1 per cent of gay men and 4.0 per cent of bisexual men.

6 Mental health and wellbeing

There is now a well established body of research showing significant variations in the prevalence and patterns of mental ill-health between GLBT and mainstream communities (Corboz, Dowsett, et al. 2008; Herek and Garnets 2007; Meyer 2003; Smith et al. 2003). In particular, the research suggests that GLBT people are at increased risk of a range of mental health problems, including depression, anxiety disorders, self-harm and suicide, due to their experiences of heterosexist discrimination and abuse (Cochran and Mays 2000; Cochran, Sullivan and Mays 2003; Cox, Dawaele et al. 2009; Hillier, Jones et al. 2010; Pitts, Mitchell et al. 2006; Suicide Prevention Australia 2009).

At the same time, data suggest that heterosexism interacts with differences *within* the GLBT community—including differences in sexual identity, gender identity and age—to produce variations in types and severity of mental disorders among this population (King, et al. 2008; Meyer 2003; Rosser, Oakes et al. 2007). For example, research shows that people who identify as bisexual have poorer mental health than people who identify as either same sex attracted or heterosexual (Dodge and Sandfort 2007; Jorm, A. F. et al. 2002; Mathy, Lehmann, and Kerr 2004). Research also shows that SSAGQ young people are particularly vulnerable to the effects of heterosexism, placing them at increased risk of self-harm, and drug and alcohol abuse (Cochran, Stewart et al. 2002; Ferguson, Horwood et al. 2005; Hillier, Jones et al. 2010; Rosario, Schrimshaw and Hunter 2009; Ryan et al. 2009).

6.1 Psychological distress (K10)

K10 is a ten-item scale measuring non-specific psychological distress.[15] The scale ranges from 0 to 50 with a higher score indicating poorer mental health.

The mean K10 score for the survey sample was 19.59 (SD=7.66) compared to the national average of 14.5 (Slade, Grave & Burgess 2011). All the different groupings of PL2 respondents scored higher on the K10 scale than the national average, indicating poorer or reduced mental health.

Table 21 – K10 by gender identity

	Mean
Male	18.95
Female	19.69
Trans male	23.22
Trans female	23.20
Other	22.12

15 It was developed by Kessler and Mroczek in the early 1990s for use in the US National Health Interview Survey and was first used by the ABS as part of the National Survey of Mental Health and Wellbeing in 1997 (Andrews and Slade 2001).

Table 22 – K10 by sexuality

	Mean
Lesbian female	19.04
Bisexual female	21.79
Other female	21.38
Gay male	18.83
Bisexual male	20.48
Other male	20.47

Trans male and female respondents scored highest (23.22 and 23.20 respectively), followed by bisexual and other identified women (21.79 and 21.38) and bisexual and other identified men (20.48 and 20.47). Bisexual men and women have a higher K10 score than same sex attracted men and women, respectively.

Figure 7 – K10 by sex and age, PL2 and national data

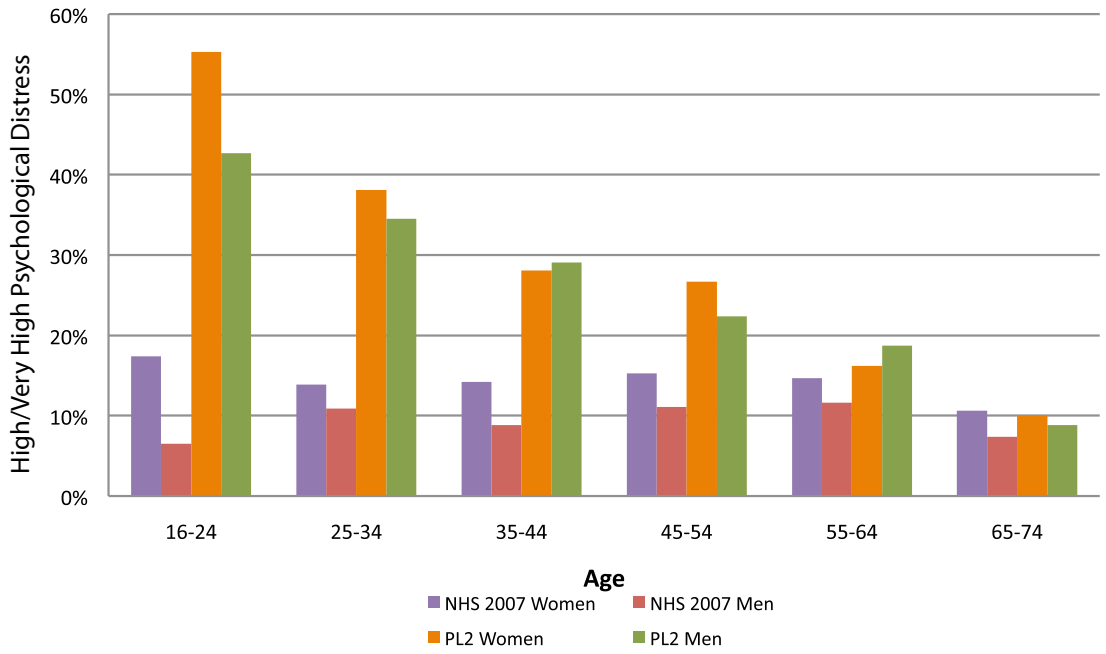


Figure 7 shows variations according to sex and age in both the PL2 sample and National Health Survey (NHS) data of respondents who had High to Very high K10 scores (between 22 and 50). People who score in this range are particularly vulnerable to mental health problems. What emerges is a disturbing picture, with 55 per cent of PL2 females and just over 40 per cent of PL2 males aged 16 to 24 years scoring 22 and above, compared to 18 per cent of young females and 7 per cent of young males in the national sample. Furthermore, the percentage of the PL2 sample who report high levels of psychological distress remains considerably higher than the national average for most of the life course and the two populations only begin to merge at age 65 years.

6.2 Mental health (SF36)

The following data are from the SF36 mental health subscale, with comparison data again taken from HILDA 2008 (The University of Melbourne 2009). The scale is scored from 1 to 100 with a higher score indicating better mental health. The mean SF36 score for women in the national sample was 73.5 and for men 75.3 compared with a mean in the PL2 sample of 69.49 (SD=20.24).

Table 23 – SF36 by gender identity

	Mean
Male	71.44
Female	68.92
Trans male	64.17
Trans female	60.47
Other	61.59

PL2 females report a lower mean than females in the national data (68.92 versus 73.5). Trans females reported the lowest average of 60.47. Similarly, PL2 males report a lower mean than males in the national data (71.44 versus 75.3), with trans males reporting the lowest average of 64.17.

Table 24 - SF36 by sexuality

	Mean
Lesbian female	70.05
Bisexual female	64.67
Other female	65.63
Gay male	71.63
Bisexual male	68.25
Other male	68.06

In the PL2 sample, bisexual women and women who preferred another identity had a lower mean mental health score than lesbian females (64.67 and 65.63 versus 70.05). Similarly, bisexual men and men who preferred another identity reported a lower mean than gay men (68.25 and 68.06 versus 71.63).

Figure 8 – SF36 mental health by sex and age, PL2 and national data

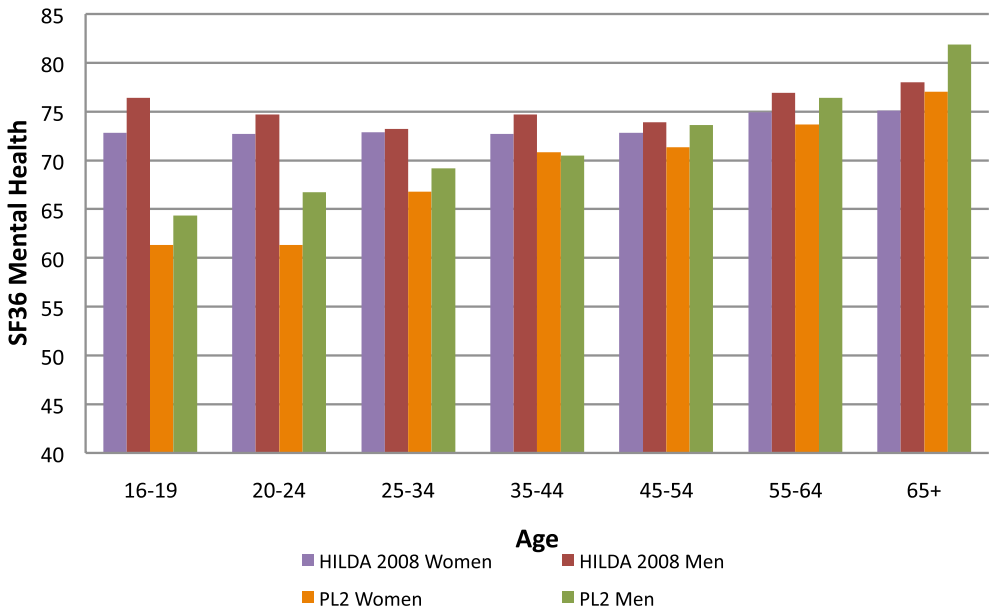


Figure 8 presents variations in SF36 mean scores according to sex and age for both PL2 and national samples. Young females and males aged 16 to 19 years in the PL2 sample have lower scores than the same age cohort in the national data. While the disparities between these two populations are marked across much of the life course, they do decrease with age and are minimal between 44 and 54 years.

6.3 Resilience and anxiety

6.3.1 Resilience

Respondents were asked a series of six questions about how well they coped with difficult or stressful life events. The instrument measures resilience on a scale from 0 (Least resilient) to 100 (Most resilient). The mean score of the survey sample was 58.08 (SD=22.12).

Figure 9 – Brief resilience scale by sexuality

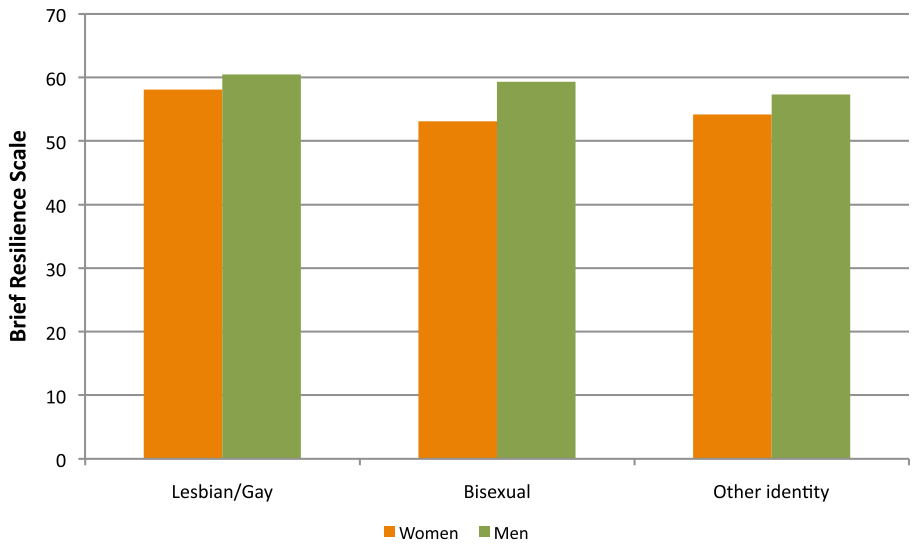


Figure 9 shows that for all the sexuality groupings in the PL2 sample, men have higher resilience scores than women. Gay men have the highest resilience at 60.49 and bisexual women the lowest at 53.11.

Trans males and trans females score lower than males and females, with males scoring highest at 60.37 and trans females the lowest at 49.37.

6.3.2 Anxiety

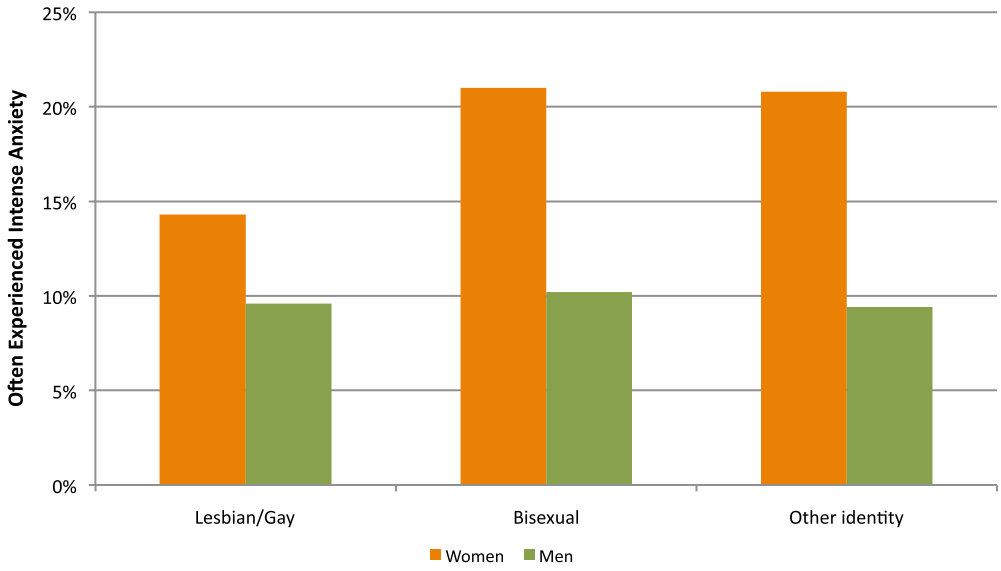
Respondents were asked about their experience of episodes of anxiety over the past 12 months and whether, in the past 3 years, they had been diagnosed with, or treated for, an anxiety disorder.

Table 25 - How often in the past 12 months have you experienced episodes of intense anxiety by gender identity

Episodes of anxiety	Total (%)	Male	Female	Trans (M)	Trans (F)	Other preferred
Never	21.9	27.9	17.5	15.2	14.8	12.4
Rarely	31.7	34.0	31.1	21.7	20.5	23.9
Sometimes	32.8	28.9	35.3	39.1	41.8	39.8
Often	13.6	9.2	16.2	23.9	23.0	23.9

Nearly 80 per cent of the total PL2 sample had experienced at least one episode of intense anxiety in the 12 months prior to completing the survey. Trans male and trans female respondents were considerably more likely than male and female respondents to report that they had often experienced episodes of intense anxiety over the past 12 months, with trans males nearly 2.5 times more likely than males (23.9 per cent versus 9.2 per cent).

Figure 10 - Percentage of respondents who had experienced episodes of anxiety "often" in the past 12 months by sexuality

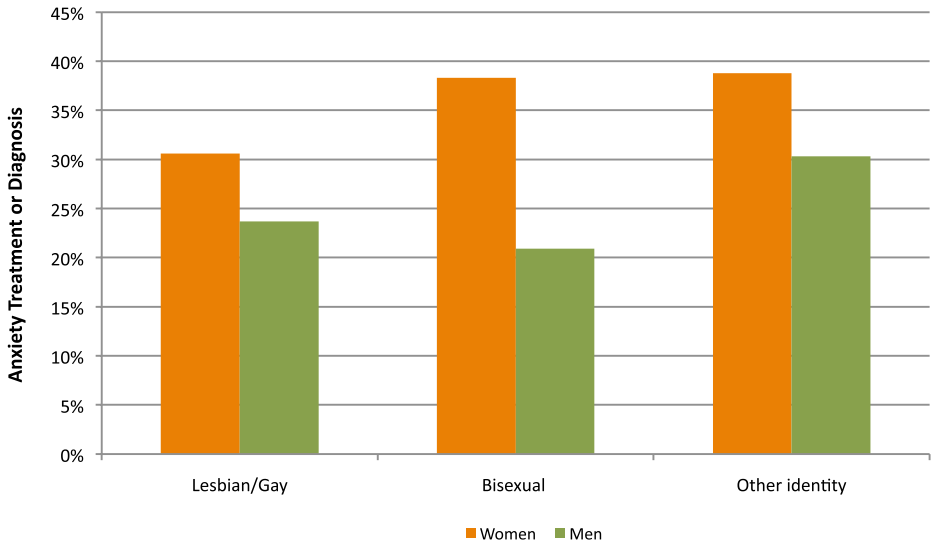


Lesbians, bisexual and other identified women were more likely than their male counterparts to report an episode of intense anxiety in the past 12 months. Approximately a third more lesbians than gay men reported that they had often experienced episodes of intense anxiety in the past 12 months (14.3 per cent

versus 9.6 per cent) and this ratio more than doubles for bisexual women compared with bisexual men (approximately 21 per cent versus 10 per cent).

Over a quarter of the total PL2 sample reported having been diagnosed with or treated for an anxiety disorder in the past three years. Trans males and trans females were considerably more likely than males and females to report such treatment or diagnoses, with trans males more than twice as likely as males (45.7 per cent versus 22.3 per cent).

Figure 11 - In the past three years have you been diagnosed with, or treated for, an anxiety disorder by sexuality



Again, lesbians, bisexual women and other identified women were more likely than gay men, bisexual men and other identified men, respectively, to report having been diagnosed or treated for an anxiety disorder in the past 3 years. Bisexual women were more likely than lesbians to report such a diagnosis or episode, but the order is reversed for males, with gay men more likely than bisexual men. Bisexual women were nearly twice as likely as bisexual men to report having been diagnosed or treated for an anxiety disorder in the past 3 years, 38.27 per cent versus 20.93 per cent.

7 Health service access and use

Studies show that GLBT people may delay seeking treatment in the expectation that they will be subject to discrimination or receive reduced quality of care (Heck, Sell and Gorin 2006; Mayer, Bradford et al. 2008). As a consequence, GLBT people are not only more likely to be under screened for a number of common health conditions than the population at large, but they also risk presenting later in disease progression with the potential for reduced treatment and health outcomes (Leonard 2002; Pitts, Mitchell et al. 2006).

However, a number of population-based studies of women's health suggest that lesbians are *more likely* than heterosexual women to access health care (Bakker, Sandfort et al. 2006; McNair, Szalacha and Hughes 2011; Tjepkema 2008). But the research also shows that lesbians consistently report higher rates of dissatisfaction with the quality of health care they receive (Avery, Hellman and Sudderth 2001; Pennant, Bayliss and Meads 2009; Tjepkema 2008). Data also suggest that some groups within the GLBT community, and in particular trans females and males, experience increased material hardship and reduced economic opportunities, leading to reduced access to health services (Grant, Mottet, et al. 2010).

Overall, PL2 participants appear to be more comfortable accessing a range of health and human services than previous research had indicated. Nonetheless, 34.6 per cent of GLBT participants in a Victorian survey reported Occasionally or Usually hiding their sexuality or gender identity when accessing services (Leonard, Mitchell et al. 2008). This suggests that some GLBT people are still unwilling or unable to be open about aspects of their lives that may be important for treatment and care. It demonstrates the continuing need for GLBT-sensitivity training to ensure individual health care workers and agencies are able to provide GLBT-inclusive services.

7.1 Health insurance

Almost 60 per cent of the total sample had private health insurance. This is higher than the rate reported in PL1 (50 per cent) and higher than the percentage of the general population who report being privately insured, 45.6 per cent of whom reported Hospital Treatment Membership and 52.9 per cent General Treatment membership (Private Health Insurance Administrative Council 2011). Higher rates of private health insurance among the PL2 participants may be explained by their higher rates of education and employment (see Section 3.2).

7.2 Regular GP

Just over three quarters of the total sample reported having a regular GP. This is identical to the percentage reported in PL1. Nearly 7 per cent of those who reported having a regular GP saw their GP 12 or more times in the past 12 months, nearly 50 per cent 2 or 3 three times in the past 12 months, and 17.5 per cent once in the previous 12 months.

Of those participants with a regular GP, nearly 69 per cent reported that their GP knew of their sexuality. The percentages were similar for lesbians and gay men (75.2 and 73.1 per cent respectively) but higher for bisexual women compared with bisexual men (41.6 per cent and 27.4 per cent respectively). Eighteen and a half per cent of respondents who had a regular GP reported that their GP did not know their sexuality while 12.8 per cent said they didn't know if their GP knew their sexuality. These percentages are similar to those reported in PL1 and are of concern. In some situations, a GPs not knowing the sexuality of their client can lead to reduced quality of care.

When the data are analysed according to gender identity, trans females were the most likely to report having a regular GP (84.3 per cent). However, they were the least likely to report having private health insurance (44.6 per cent).

7.3 Other health service use

Table 26 – Health service use in the past 12 months by gender identity

Health service	Total (%)	Male	Female	Trans (M)	Trans (F)	Other preferred
Optician/optometrist	37.3	38.2	37.0	25.5	36.1	36.3
Counsellor/psychologist/social worker	36.7	26.9	42.7	53.2	57.4	57.5
Massage therapist	31.8	26.9	38.4	19.1	15.6	19.5
Physiotherapist	19.9	15.8	24.1	27.7	9.8	20.4
Chiropractor	12.6	11.1	14.5	12.8	6.6	10.6
Community nurse/practice nurse/ nurse practitioner	11.1	11.1	10.6	19.1	13.8	12.4
Psychiatrist	10.4	8.2	9.8	29.8	31.1	22.1
Naturopath/herbalist	8.1	5.2	11.0	2.1	4.1	9.7
Osteopath	8.1	5.6	10.9	6.4	1.6	9.7
Acupuncturist	7.4	4.9	10.2	8.5	0.8	6.2
Other alternative health practitioner	6.6	4.2	9.0	4.3	4.1	8.8
Dietician	4.9	4.5	5.3	0.0	4.1	8.0
Hearing specialist	3.8	4.5	3.0	0.0	7.4	4.4
None of the above	18.1	23.6	13.8	17.0	11.5	14.2

Survey respondents used a wide range of health services, from mainstream providers such as psychologists, optometrists and chiropractors, to alternative and complementary therapists, including acupuncturists and massage therapists. Trans males and trans females were more likely than males and females to access psychologists and psychiatrists. For example, while 9.8 per cent of female and 8.2 per cent of male respondents had used a psychiatrist in the past 12 months, the percentages jump to 31.1 per cent and 29.8 per cent for trans female and trans male respondents respectively. These differences may reflect the requirement that transgender people receive psychiatric assessment as part of the transition process (Couch, Pitts et al. 2007).

Female respondents reported higher health service usage than male respondents for the majority of services listed in Table 26. In particular, females were more likely than males to use a counsellor/psychologist/social worker (42.7 per cent versus 26.9 per cent respectively). These findings are consistent with those reported in PL1 and with research documenting increased use of counselling services by women in the general population (Paslow and Jorm 2000).

7.4 Screening

7.4.1 Pap test and mammogram

Table 27 – Pap test and mammogram in the past 2 years by gender identity

Test	Female	Trans (M)	Trans (F)	Other preferred
PAP test	56.2	39.1	0.0	29.5
Mammogram	21.2	4.3	4.1	9.8

Concerns continue to be expressed about under screening of lesbians for cervical cancer and over the past 10 years a number of health promotion resources have been developed encouraging lesbians to have regular Pap tests.[16] It would appear that these initiatives may have had some success as just over 56 per cent of females and 39.1 per cent of trans males reported having a Pap test in the past 2 years. The percentage for female respondents is similar to the figure of 58.6 per cent of women who participated in the National Cervical Screening Program, 2008-2009 (Australian Institute of Health and Welfare 2011b).

Over a fifth of female respondents reported that they had had a mammogram in the past 2 years. However, when we consider only those women aged 50 to 69 years who are targeted in the national screening program as the 'at risk' group for breast cancer, the percentage that have been tested in the past 2 years jumps to 56.2 per cent. These rates are similar to the national testing rates for women in this age group of 55.2 per cent and suggest that lesbians are not under-screened for breast cancer (Productivity Commission 2011).

[16] These include Outs and Ins: A resource booklet for lesbian and bisexual women's health produced by {also} and dialog and Lesbians Need Pap Test Too, produced by Pap Screen Victoria (www.papscreen.org.au/articleasp?ContentID=A17).

7.4.2 HIV test

Table 28 – Have you been tested for HIV by gender identity

HIV Test	(%)	Male	Female	Trans (M)	Trans (F)	Other preferred
In the last 12 months	28.8	45.5	13.6	34.0	28.9	25.9
More than 12 months ago	36.1	34.7	38.0	27.7	33.1	33.0

In Australia the majority of newly diagnosed HIV infections continue to be among men who have sex with men.[17] This is reflected in the HIV testing rates with just over 80 per cent of men in the sample reporting having ever been tested for HIV compared to 51.6 per cent of females. Of the 80 per cent of males who reported having ever been tested, 56.9 per cent had been tested in the previous year, a drop of 8 per cent on "the previous year" testing rates reported for men in PL1. Rates of testing in the past 12 months for transgender respondents vary between 28.9 per cent for trans females and 34.0 per cent for trans males.

Table 29 – Most recent HIV test result by gender identity

HIV Test	(%)	Male	Female	Trans (M)	Trans (F)	Other preferred
HIV negative	92.7	87.9	98.9	96.4	96.0	95.3
HIV positive	6.1	10.6	0.4	0.0	1.3	4.7
Don't know	0.9	1.0	0.5	3.6	1.3	0.0
Would rather not say	0.3	0.4	0.1	0.0	1.3	0.0

10.6 per cent of males who had ever had an HIV test reported a positive result to their most recent test (n=142), and 0.4 per cent of females (n=4). A further 1.4 per cent of males declined to disclose the outcome of the test or were unsure of the result. The percentages of males who received a positive result to their most recent HIV test and who were unsure of or unwilling to disclose the result, are slightly higher than those reported in PL1.

7.4.3 Prostate-specific Antigen (PSA) or digital rectal examination (DRE) of the prostate

Nearly 27 per cent of males reported having either a PSA or DRE test in the past two years, followed by 21.5 per cent of trans females and 6.5 per cent of trans males. Rates of testing increase with age, with 8.9 per cent of males aged 25-34 having been tested in the past two years, 42.1 per cent of males aged 45-54 years, and 86.3 per cent of males aged 65-75 years.

17 In Australia, in 2008, 69 per cent on new HIV infections occurred between men-who-have-sex-with-men (Commonwealth of Australia 2010).

8 Discrimination, harassment and violence

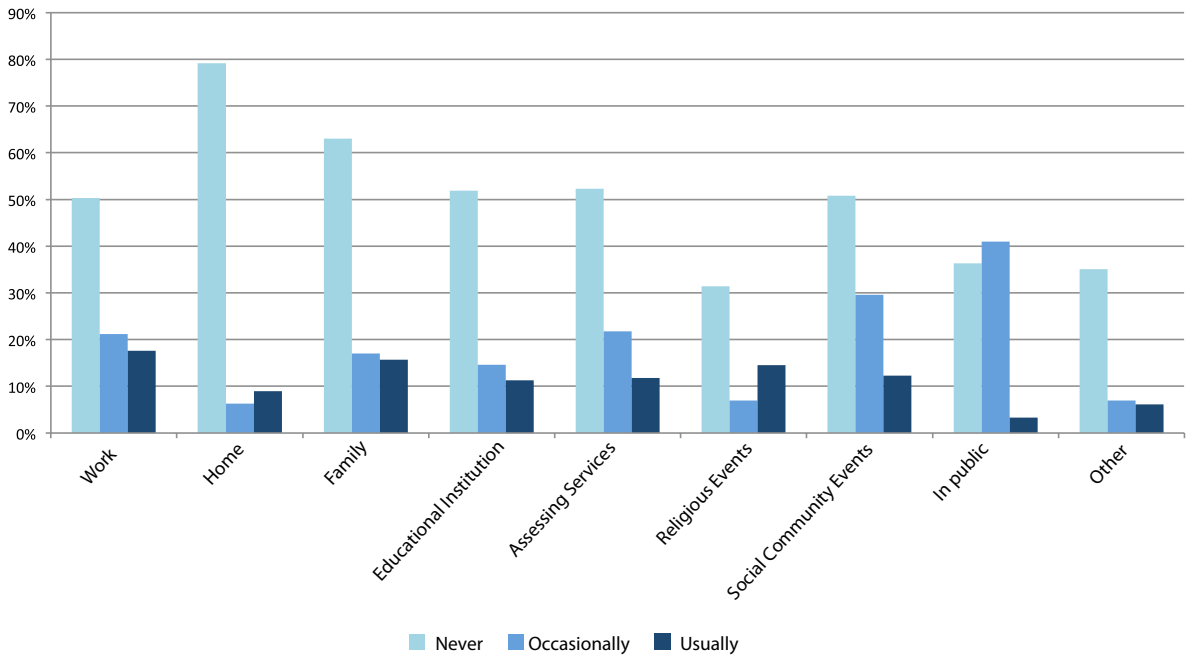
Despite recent Australian reforms recognising the rights and responsibilities of GLBT people and same sex couples, levels of violence against GLBT people have remained constant over the past decade (Leonard, Mitchell et al. 2008). A number of state-based surveys have documented the different forms this heterosexist violence can take (including transphobic and homophobic violence), from isolated incidents of physical and sexual abuse to less dramatic but systemic acts of harassment and vilification (Attorney General's Department of NSW 2003; Berman and Robinson 2010; Leonard, Mitchell et al. 2008).

8.1 In hiding

Studies have documented the strategies that GLBT individuals adopt to reduce the likelihood of their being subject to acts of heterosexist violence and abuse. PL1 found that 90 per cent of GLBT people had at some time avoided expressions of affection for fear of prejudice or discrimination, while a recent Queensland report found that 74 per cent of GLBT respondents usually or occasionally hid their sexuality or gender identity in public, for fear of heterosexist abuse (Berman and Robinson 2010).

Respondents were asked if, in the last year, there were situations where they hid their sexuality or gender identity for fear of violence or discrimination at one or more of nine listed locations (including "other").

Figure 12 – In the past year have you hidden your sexual orientation or gender identity[18]



18 Data for N/A are not shown

For six of the eight locations listed in Figure 12 (excluding "Other") a majority of respondents reported that they Never hid their sexual orientation of gender identity. The places where respondents were most likely to report Never hiding sexuality and gender identity are the private spaces of "Home" (79.2 per cent) and "With family members" (63.0 per cent). However, over 44 per cent of respondents reported that they Occasionally or Usually hid their sexuality or gender identity "In public" compared with 36.3 per cent who reported that they Never did so. Furthermore, a significant percentage of respondents reported Occasionally or Usually hiding their sexuality or gender identity when "Accessing services", at "Social and community events" and "At work" (33.6 per cent, 41.9 per cent, and 38.8 per cent respectively).

Young people aged 16 to 24 years were more likely than any other age group to report hiding their sexuality or gender identity at all of the locations listed in Figure 12. Thirty-five per cent of 16 to 24 year olds Usually or Occasionally hide their sexuality or gender identity at home compared with 12.9 per cent of 25 to 39 year olds, while 49.5 per cent of 16 to 24 year olds reported hiding their sexuality or gender identity at an educational institution.

Table 30 - In hiding, "Home" and "With family members" by sexuality

Frequency	Lesbian female	Bisexual female	Other female	Gay male	Bisexual male	Other male
AT HOME						
Never	86.9	74.6	73.2	81.1	40.5	62.3
Occasionally	4.7	8.7	10.4	5.1	11.9	8.7
Usually	4.7	13.0	9.0	9.1	32.5	14.5
WITH FAMILY MEMBERS						
Never	71.4	45.7	56.6	65.6	28.9	50.7
Occasionally	16.4	24.1	18.8	15.6	17.2	12.3
Usually	9.2	27.2	17.7	14.7	43.8	24.6

The data suggest that bisexuals experience increased pressures to hide their sexuality or gender identity compared with lesbians and gay men. While Table 30 presents data for "At home" and "With family members", variations in rates of openness according to differences in sexuality are repeated across the remaining sites, including when accessing services.

While 86.9 per cent of lesbians and 81.1 per cent of gay men report Never hiding their sexuality of gender identity "At home", the percentages drop to 74.6 per cent for bisexual women and to 40.5 per cent for bisexual men. The differences are even more pronounced when we look at "With family members". Only 28.9 per cent of bisexual men and 45.7 per cent of bisexual women report that they Never hide their sexuality or gender identity compared with 65.6 per cent of gay men and 71.4 per cent of lesbians.

The data indicate that bisexual men may experience added pressures compared with not only gay men but also bisexual women. This can be seen in the considerably lower percentage of bisexual men who report Never hiding their sexuality or gender identity "At home" or "With family members". It can also be seen in the much higher percentage of bisexual men who report Usually hiding their sexuality or gender identity in both of these locations (e.g. 43.8 per cent of bisexual men "With family members" compared with 14.7 per cent of gay men, and 27.2 per cent of bisexual women).

It may be the case that while the private spaces of home and family provide an opportunity for adult lesbians and gay men to be open about who they are and how they love, they provide reduced opportunities for SSAGQ young people or bisexuals, and, in particular, bisexual men.

8.2 Levels and types of violence

Table 31 – Experience of heterosexist violence and harassment in the last year by gender identity

Type of heterosexist abuse*	(%)	Male	Female	Trans (M)	Trans (F)	Other preferred
Verbal abuse (including hateful or obscene phone calls)	25.5	26.0	22.5	46.7	36.9	45.1
Harassment such as being spat at and offensive gestures	15.5	15.4	14.8	22.2	17.8	33.6
Threats of physical violence, physical attack or assault without a weapon (punched, kicked, beaten)	8.7	10.5	5.9	11.1	15.1	20.5
Received written threats of abuse including emails and graffiti	6.6	6.8	4.9	15.6	16.5	17.7
Deliberate damage to property or vandalism - Car	3.3	3.5	2.9	2.2	6.7	5.3
Sexual assault	2.9	2.3	3.1	0.0	6.8	4.5
Deliberate damage to property or vandalism – House	2.4	2.9	1.7	4.4	2.5	7.1
Theft - Money	2.2	2.4	1.9	2.2	4.3	1.8
Theft - Property	2.0	2.2	1.7	4.4	3.4	2.7
Physical attack or assault with a weapon (knife, bottle, stones)	1.8	2.2	1.3	0.0	2.5	6.2
Deliberate damage to property or vandalism - Work	1.2	1.4	1.0	0.0	1.7	3.5
House – break in	1.1	1.3	1.0	0.0	0.8	0.9
Theft - Car	0.5	0.7	0.3	0.0	0.0	0.9
Other (please specify)	6.4	3.8	7.1	23.1	16.3	18.2

* The 14 types of abuse listed are taken from *Coming forward* 2008 and were also used in the Queensland study, Berman and Robinson 2010.

The most common type of abuse reported was non-physical, from verbal abuse (25.5 per cent), to harassment (15.5 per cent), threats of physical violence (8.7 per cent), and written abuse (6.6 per cent). Types of physical abuse were less common, with 2.9 per cent of respondents reporting being sexually assaulted in the past 12 months because of their sexuality or gender identity, and 1.8 per cent reporting physical attack or assault with a weapon.

The percentages of lesbians and gay men reporting sexual assault were similar (2.6 per cent and 2.2 per cent respectively). However, rates of almost all types of non-physical and physical abuse were higher for transgender males and females. For example, while 26.0 per cent of males and 22.5 per cent of females reported verbal abuse in the past 12 months, the percentages jump to 46.7 per cent and 36.9 per cent for trans males and females respectively. The one exception is sexual assault where no trans male respondents reported having being sexually assaulted in the past 12 months compared with 6.8 per cent of trans females (almost 2.5 times the average of the total survey sample).

The rankings of different forms of heterosexist violence are similar to those reported in PL1 and in three state-based surveys of violence and discrimination against GLBT people (NSW 2003, Victoria 2008 and Queensland 2010). In all these surveys, the major types of abuse reported by GLBT respondents are non-physical, with verbal abuse topping the list, followed by harassment and offensive gestures, threats of physical violence and written threats. However, it is difficult to compare rates or incidence of abuse across the different surveys because of their use of different time frames.[19]

19 For example, both the Victorian and Queensland reports asked respondents if they had experienced heterosexist violence "ever" and "in the past two years" while the NSW report asked only "in the past year". Furthermore, the NSW report is a decade old and may not reflect changing attitudes and levels of violence against GLBT people in NSW.

9 GLBT connections

As PL1 notes, community connectedness and social inclusion are key determinants of health and wellbeing (Brannon and Feist 2000; Sohlam 2004). There have been significant shifts in the everyday lives of GLBT people in the wake of recent and ongoing legislative and social reforms. These include the diversification of GLBT culture and new ways of "being and doing GLBT" (Rowe and Dowsett 2008), as well as the increasing mainstreaming of GLBT issues.

These changes suggest that GLBT people's social and friendship networks may be changing and that these changes may vary significantly according to differences within the GLBT community, in particular age. Patterns of internet use, the degree to which individuals are GLBT-community and mainstream attached, and the ways in which GLBT people socialise and "sexualise" (Leonard in press) are all being reworked in the wake of current and ongoing social, legal and technological change.

9.1 Community connectedness

9.1.1 Mainstream community organisations

Nearly 47 per cent of respondents reported that they weren't a member of any mainstream organisation, 17.4 per cent that they were a member of one, 17.2 per cent of two, and 18.5 per cent of three or more. Membership rates varied according to gender identity, with trans males and trans females more likely to report not being a member of any mainstream organisation compared with males and females respectively (60 per cent trans males versus 46.8 per cent of males). Rates of membership did not vary markedly according to sexuality.

Nearly 45 per cent of respondents reported that being a member of a mainstream organisation is Extremely or Very important to them, 34.1 per cent that it is Somewhat important, and 21.2 per cent that it is of Little or No importance at all. Four per cent of respondents who reported being a mender of one or more mainstream organisations reported that they participated on a daily basis in a community event run by one of those organisations, 34.5 per cent on a weekly basis, 21.8 per cent annually, and 5.2 per cent never.

Of the total sample (N=3,835), 0.2 per cent reported that they participated on a daily basis in mainstream, community events arranged by an organisation of which they were not a member, 3.6 per cent on a weekly basis, 35.4 per cent annually, and 39.0 per cent never.

9.1.2 GLBT community organisations

54.5 per cent of the total sample reported that they weren't a member of a GLBT community organisation, 24.1 per cent a member of one GLBT organisation, 12.9 per cent of two, and 8.5 per cent of three or more. Trans males and females are more likely to be a member of a GLBT community organisation compared with males and females. 41.8 per cent of trans females and 27.9 per cent of trans males reported not being a member of a GLBT organisation compared with 55.0 per cent of females and 56.6 per cent of males.

Table 32 – GLBT community organisation membership by sexuality

Number	Total (%)	Lesbian female	Bisexual female	Other female	Gay male	Bisexual male	Other male
0	54.7	51.7	59.3	56.1	54.7	75	50
1	24.2	26.4	25.1	20.8	23.7	16.1	22.8
2	12.8	14.2	10.7	13.6	12.4	6.5	11.8
3+	8.4	7.7	5	9.4	9.3	2.4	15.4

Bisexual men and women are more likely than same sex attracted respondents to report not being a member of a GLBT community organisation. The rate of membership, however, is particularly low for bisexual men, 75 per cent of whom are not a member of any GLBT community organisation.

Nearly 60 per cent of respondents reported that being a member of a GLBT community organisation is Extremely or Very important to them, 26.1 per cent that it is Somewhat important and 14.0 per cent that it is of Little or No importance at all.[20] Of those respondents who reported being a member of one or more GLBT organisations, 2.2 per cent reported that they participated on a daily basis in a community event organised by a GLBT organisation of which they were a member, 18.9 per cent on a weekly basis, 31.1 per cent annually and 7.3 per cent never.

Of the total sample, 0.1 per cent reported that they participated on a daily basis in GLBT-community events arranged by an organisation of which they were not a member, 1.8 per cent on a weekly basis, 45.0 per cent annually, and 35.4 per cent never.

Overall, a higher percentage of the PL2 sample reported being a member of one or more mainstream organisations than were members of one of more GLBT organisations (53 per cent versus 46 per cent). However, a considerably higher percentage reported that being a member of a GLBT organisation was Very or Extremely important to them (60 per cent for GLBT membership versus 45 per cent for mainstream membership). Similarly, a smaller percentage of respondents reported that membership of a GLBT community organisation was of Little or no importance at all (14.0 per cent).

9.1.3 GLBT friends and acquaintances by sexuality

Table 33 – Percentage of friends who are GLBT

How many	Total (%)	Lesbian female	Bisexual female	Other female	Gay male	Bisexual male	Other male
All	1.5	1.5	0.9	2.2	1.8	0.0	0.0
Most	33.5	37.2	20.4	36.3	33.9	13.5	34.3
Some	40.7	41.1	46.9	38.7	39.8	39.7	35.0
Few	20.4	17.8	27.2	19.0	20.5	32.5	24.3
None	3.9	2.5	4.6	3.8	3.9	14.3	6.4

20 This refers only to those respondents who reported being a member of one or more GLBT community organisations.

Sixty-five per cent of respondents indicated that the majority of their friends or acquaintances were not GLBT, up from 58.1 per cent in PL1. Bisexual men were more likely to report that few or none of their friends were GLBT, 46.8 per cent compared with just over 24 per cent for the total PL2 sample.

Table 34 – How often do you have contact with your GLBT friends or acquaintances by sexuality

How often	Total (%)	Lesbian female	Bisexual female	Other female	Gay male	Bisexual male	Other male
Daily	31.6	29.0	30.3	38.6	32.5	21.9	37.1
Weekly	39.8	40.4	39.3	33.1	42.7	32.0	32.9
Monthly	20.1	22.8	20.1	19.3	17.4	25.8	18.6
Annually	4.8	5.0	4.6	5.5	3.8	8.6	5.7
Never	3.7	2.7	5.6	3.6	3.6	11.7	5.7

Over 71 per cent of respondents reported that they have contact with GLBT friends or acquaintances on a daily or weekly basis. This percentage drops to just under 54 per cent for bisexual men. The majority of all sexual identity groupings report at least weekly contact with GLBT friends or acquaintances, an indication of the importance of GLBT friendship and social networks in GLBT people's day-to-day lives.

9.2 GLBT media

Table 35 – Access GLBT print media by sexuality

How often	Total (%)	Lesbian female	Bisexual female	Other female	Gay male	Bisexual male	Other male
Daily	2.4	2.6	1.2	3.3	2.3	3.2	2.2
Weekly	16.9	13.6	9.6	14.2	22.9	7.2	18.1
Monthly	38.0	42.6	31.1	34.2	38.2	26.4	27.5
Annually	17.7	21.8	16.5	16.1	15.0	17.6	13.8
Never	25.1	19.4	41.6	32.2	21.6	45.6	38.4

Table 36 – Access GLBT broadcast media by sexuality

How often	Total (%)	Lesbian female	Bisexual female	Other female	Gay male	Bisexual male	Other male
Daily	5.8	6.3	1.2	3.9	7.2	4.7	3.6
Weekly	10.3	10.7	8.1	10.4	10.9	9.4	8.7
Monthly	13.7	15.5	11.8	15.1	12.9	9.4	10.1
Annually	13.3	15.6	12.1	12.0	11.6	10.9	15.2
Never	56.8	51.9	66.7	58.5	57.5	65.6	62.3

Table 37 – Access GLBT online media by sexuality

How often	Total (%)	Lesbian female	Bisexual female	Other female	Gay male	Bisexual male	Other male
Daily	20.6	16.6	17.0	21.1	23.4	29.1	19.4
Weekly	26.9	26.0	23.5	23.3	29.4	22.8	28.1
Monthly	25.7	28.9	27.6	26.6	23.2	24.4	23.0
Annually	10.3	12.9	9.9	9.4	8.7	8.7	9.4
Never	16.5	15.6	22.0	19.7	15.3	15.0	20.1

Overall, GLBT respondents are more likely to access GLBT online media than print or broadcast media. Nearly 48 per cent of respondents accessed online media on a daily or weekly basis, 19.3 per cent print media, and 16.1 per cent broadcast media. Overall lesbians and gay men's patterns and rates of use of GLBT media are similar. However, while rates and patterns of online and broadcast media use are similar for bisexuals and same sex attracted respondents (both male and female), a much higher percentage of bisexual respondents report never accessing GLBT print media (45.6 per cent of bisexual men and 41.6 per cent of bisexual women versus 21.6 per cent of gay men and 19.4 per cent of lesbian women).

9.3 Internet use

9.3.1 Maintaining or increasing social networks

Sixty per cent of PL2 respondents reported using the internet daily to maintain or increase their social networks, 20.3 per cent weekly, and 8.6 per cent annually. Only 9.0 per cent reported that they never used the internet for this purpose.[21] Approximately 60 per cent of males and females reported using the internet daily compared with 67.4 per cent and 66.1 per cent of trans males and trans females, respectively. While more bisexual women than lesbians reported using the internet daily (70.1 per cent versus 54.0 per cent), the rates of use were similar for bisexual and gay men (58.3 per cent versus 60.6 per cent respectively).

9.3.2 Maintaining or increasing GLBT social networks

Nearly 34 per cent of respondents reported using the internet daily to maintain or increase their GLBT social networks, 23.2 per cent weekly, and 5.7 per cent annually. If we look at variations according to age and sexuality, these percentages did not vary markedly for respondents aged 16 to 44 years but began to decline for those aged 45 years and older. Nonetheless, more than a quarter of respondents across all age cohorts report using the internet daily to maintain or increase their GLBT social networks (from a high of 37.7 per cent of 16 to 24 year olds to a low of 25.6 per cent of 65 years and older).

The percentage of respondents who reported daily use to increase/maintain GLBT networks was markedly less than those who reported using the internet to maintain and increase social networks generally. At the same time, those who reported never using the internet to maintain or increase their GLBT social networks were considerably higher at 21.1 per cent.

21 Given that PL2 was an online survey, use of the internet may be higher among this sample than the GLBT and mainstream populations.

Males were more likely than females to report using the internet daily (37.4 per cent versus 28.1 per cent), with rates highest amongst trans males and trans females (43.5 per cent and 47.5 per cent respectively). Gay and bisexual men were more likely than lesbian and bisexual women to report daily use (38.5 per cent and 33.1 per cent versus 28.1 per cent and 30.6 per cent, respectively).

9.3.3 Forming intimate and sexual relationships

The percentage of respondents who reported using the internet to form intimate relationships remained constant across the different periods of use, varying between 11.5 per cent who said they used the internet daily, to 10.2 per cent who said they used the internet annually. Nearly 57 per cent of the total sample said they never used the internet to form intimate relationships.

Gay men reported the highest rate of internet use for this purpose, from 15.3 per cent daily, to 15.1 per cent weekly, and 9.4 per cent annually. These compared with rates of use by lesbians of 8.0 per cent daily, 5.9 per cent weekly, and 9.2 per cent annually.

If we look at variations according to age and sexuality, respondents aged 16-24 years are least likely to report having never used the internet (51.7 per cent) to form intimate relationships, while those aged 65 years and older are the most likely (62.4 per cent). However, the percentage of respondents who report using the internet daily or weekly to form intimate relationships remains fairly constant across all age cohorts, from a high of 23.8 per cent of 25-34 year olds to a low of 19.7 per cent among 65 years and older.

Using chat rooms

Bisexual men were more likely than gay men to report having used a chat room in the past 12 months (70.9 per cent compared with 63.2 per cent). The percentages drop to 39.0 per cent for bisexual females and 24.9 per cent for lesbian females.

Meeting in person

Just over 66 per cent (n=2,523) of the total sample reported having ever met someone in person who they had chatted to on the internet. Gay and bisexual men were more likely than lesbians and bisexual women to answer yes to this question (78.1 per cent and 76.6 per cent, compared with 55.1 per cent and 62.8 per cent, respectively).

Sex (in person)

Nearly 51 per cent of the total sample reported that they had had sex with someone they met in person after chatting to them on the internet. Again, gay and bisexual men (70.0 per cent and 66.7 per cent) were more likely than lesbians and bisexual women (36.0 per cent and 38.1 per cent) to answer yes to this question. Young people aged 16 to 24 years were the least likely to report having had sex with someone after chatting with them on the internet (39.9 per cent), and those aged 25-34 years the most likely (57.5 per cent).

Forming ongoing relationships

Nearly 39.5 per cent of respondents (n=1,502) reported that they had formed an ongoing relationship with someone they had had sex with after chatting with them on the internet. Once again, gay and bisexual men (49.0 percent and 46.1 per cent) were more likely than lesbians and bisexual women (33.0 per cent and 33.1 per cent) to answer "yes" to this question.

Respondents aged 25-34 years were the most likely to report that they had formed an ongoing relationship (47.2 per cent) and those aged 65 years and older, the least likely (21.4 per cent).

10 A final word

Participants were asked "As a GLBT person, what is the most important thing that has happened in your life in the last year?" Of the 3,835 respondents, 85 per cent (n=3,261) provided a written response. They range from the deeply personal to the political, from the joys and pains of intimate relationships, to the belonging and value that come with GLBT advocacy and community-attachment. They reveal the complexities of being and living GLBT, a map of the contemporary states of gender identity and sexuality minorities in Australia.

It is impossible to do justice to the range of events, issues and feelings expressed. However, the thematic analysis below draws together some common threads from the diversity of individual responses. A small number of respondents expressed concerns that the question implied that their gender identity or sexuality existed independent of the totality of their lives.

> *I don't understand how one can segment [oneself] as a GLBT person and have something important only happen to that part of them.*

However, the vast majority of participants took the question as an opportunity to reflect on the ways in which "being GLBT" colours or shapes their relationships and sense of individual and collective value.

10.1 Relationships

A large percentage of participants, of all gender identities, sexualities and ages, talked of the importance of intimate relationships in their lives. These included new relationships, the celebration of anniversaries, and the end of long-term partnerships.

> *Meeting my current partner on Pink Sofa falling in love and starting our plans for a family*
>
> *7 year anniversary with my same-sex partner*
>
> *Celebrated 29 years of my relationship*

10.2 Coming out

A similarly large number of respondents talked of coming out, many to family, others to friends, work colleagues and to themselves.

> *Admitting to myself that I was bi*
>
> *Realising I'm transgendered and coming out to my close friends and close family.*

What was remarkable was not only the number of young people who reported coming out but also the age range.

> *Coming out to my mum and sister and accepting that I am gay (17 years)*
>
> *I came out, finally (59 years).*

10.3 GLBT-community attachment and advocacy

A large number of participants talked of the importance of getting involved in GLBT community groups, social networks and advocacy. For some it gave them a sense of purpose, for others it was a way of finding and connecting with GLBT people.

> *Being involved in the marriage equality movement. It's been awesome.*
>
> *Volunteering for a GLBT community organisation and meeting wonderful people as a result.*

Some participants commented on the difficulties and sadness of their current situations, where just surviving the past year was an effort.

> *Not killing myself.*
>
> *Nothing. Too scared to live.*

10.4 Moving in, out and from

And finally, to the band of participants who talked of moving—moving into, out of, and from—we would like to add moving forward. Perhaps the next iteration of *Private Lives* will describe an Australia in which the particularities of "living GLBT" have little or nothing to with discrimination and prejudice.

> *Moving out of home and being able to express myself freely.*
>
> *Moved from a remote town of 900 people to a rural centre of 45000 people. We're not the 'only gays' in the village'!*
>
> *Moving in with my partner and becoming 'official'.*

11 Recommendations

The survey findings suggest that despite the significant legislative and social reforms of the past decade, for many GLBT people, their experiences of heterosexist discrimination, stigma and abuse continue to have a negative impact on their general health, and, in particular, their mental health. The PL2 data also show marked variations in rates and patterns of health and wellbeing *within* the GLBT community, according to (among other characteristics) sex/gender, gender identity, sexual identity, and age. The data suggest that trans males and trans females, bisexuals (especially bisexual women), and young people aged 16-24 years are particularly vulnerable to the effects of heterosexist discrimination.

The following recommendations are aimed at improving the health and wellbeing of all GLBT Australians and the quality of health services they receive. They address the underlying causes of reduced general and mental health and wellbeing for this population, assist in the ongoing development of GLBT inclusive health and human services, and address the specific health and wellbeing needs of vulnerable populations within the GLBT community.

11.1 Legislative and social reform

PL2 participants highlighted a number of areas in which GLBT Australians do not enjoy full legal equality. At the same time, the data showing high rates of non-physical forms of heterosexist discrimination and abuse, suggest that social attitudes may lag behind legislative reform.[22]

Legislative reform

- The full legal, social and symbolic recognition of GLBT people and same sex and non-gender normative couples
- The development and implementation of provisions against heterosexist violence, discrimination and harassment

Social reform

- Government-funded public education campaigns challenging heterosexism and promoting diversity
- Targeted campaigns addressing the effects of heterosexist discrimination on marginal and vulnerable populations within the GLBT community, including campaigns addressing transphobic discrimination and abuse.

22 See the Australian Human Rights Commission (2011) report on sexual orientation and sex and/or gender identity discrimination. Chapter 12 lists actions that could be undertaken by Government to address the discrimination documented in that report.

11.2 Policy

GLBT people have been included in a number of health and well-being related government policies at state, territory and federal levels. However, unlike other population groups, they are not included as *a matter of course*. There is also a lack of population data on GLBT people's health and wellbeing and with that, an evidence-base on which to develop health policies, programs and services, that address the specific needs of this population.

- Inclusion of sexual and gender diversity (GLBT people) in all population-based government health and wellbeing policies, in policies addressing the social determinants of health, and policies documenting and celebrating the diversity of the Australian population
- A recognition, in policy, of the differences internal to the GLBT community including (but not restricted to) sex/gender, gender identity, sexual identity and age, and how they lead to variations in rates and patterns of health and ill-health within this population
- The inclusion of questions relating to gender identity and sexuality, and to same-sex and non-gender normative couples, in national population surveys, including the ABS census and National Health Survey

11.3 Program and service development

There is increasing pressure on mainstream (and GLBT specialist) health and human services to guarantee that they are GLBT inclusive.[23] At the same time, there is an immediate need for mainstream and specialist programs and services to address the health and wellbeing of GLBT people and, in particular, of those populations within the GLBT community most vulnerable to the negative health consequences of heterosexist discrimination and abuse.

GLBT-inclusive practice

- The ongoing development and implementation of GLBT-inclusive practice guidelines for health and human services
- Mandating GLBT-inclusive practice in all government-funded health and human services
- GLBT-sensitivity training for the health and human services sectors

23 See, for example, Victorian Government, Department of Health (2009) *Well Proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services.*

Programs, services and resources

- The inclusion of GLBT people in mainstream health and wellbeing programs, health promotion initiatives and resources
- Encouraging schools to take up programs tackling homophobia and transphobia, and promoting diversity
- Support services for transgender people
- Programs and services targeting:
  - Obesity and increased rates of smoking amongst lesbians
  - High rates of drug and alcohol use among GLBT people and, in particular, gay men
  - Increased rates of depression and anxiety amongst bisexual women
  - The mental health needs of SSAGQ young people
  - The mental health needs of trans males and females
  - The specific needs of GLBT people as they age

11.4 Research

There is a need for further research on the relationship between heterosexist discrimination, stigma and abuse and GLBT people's reduced health and wellbeing and, in particular, on how heterosexist attitudes impact on their mental health.

- What are the risk and protective factors for mental ill-health among GLBT people and populations within the GLBT community?
- What are the cultural determinants of increased rates of depression and anxiety amongst lesbians and bisexual women?
- What are the social determinants of reduced mental health for bisexuals and how do gender and sexuality interact to produce variations in rates and patterns of mental ill-health between bisexual women and men?
- What are the barriers and incentives to GLBT people accessing health care services?

Finally, more research is needed on the health and wellbeing of people with a variety of intersex conditions. Current research that includes intersex as part of sexual and gender identity minorities has failed to recruit or engage with significant numbers of this population.

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