LGBT National LGBT Health Alliance

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(Youth Violence)
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Submission to the Inquiry into the Impact of Violence on Young Australians

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The National LGBT Health Alliance welcomes the opportunity to make a submission to the inquiry into the impact of violence on young Australians being conducted by the House Standing Committee on Family, Community, Housing and Youth. We have a particular interest in the impact of violence on same-sex attracted and sex and gender diverse young people.

About the National LGBT Health Alliance

The National LGBT Health Alliance is an alliance of organisations across Australia that provide programs, services and research to improve the health and wellbeing of lesbian, gay, bisexual and transgender and other sexuality, sex and gender diverse (LGBT) people.

The Alliance advocates on LGBT health issues at the national level, seeks commitment to support and develop LGBT health and wellbeing through research and service development, and builds capacity among LGBT health organisations across the country.

Key areas of work include violence, the link between health and human rights, alcohol, tobacco and other drugs, mental health, ageing, research, sexual health (including HIV and other STIs), health and wellbeing of people living with HIV, and relationship recognition.

General Comment: Same-sex attracted young people in Australia

Australian research has shown that between 7% and 11% of young people are attracted to others of their own sex or are unsure of their sexual attraction (Lindsay et al., 1997; Smith et al. 2003, Smith et al 2009). The research also shows that same-sex attracted young people are some of the most vulnerable young people in Australia. Two specific Australian surveys of the health and wellbeing of same-sex attracted young people have been carried out in the last decade (Hillier et al. 1998; and Hillier et al. 2005), the most recent one showing that:

- over half the respondents had been verbally or physically abused because of their sexuality:
- school was the place where most of that abuse took place; and
- the majority of respondents felt unsafe in many different environments including school, at home and in the community (Hillier et al. 2005)

The levels of violence experienced by same-sex attracted young people increased between 1998 and 2005, escalating in schools in particular (Hillier et al. 2005).

Same-sex attracted young people are also part of all other populations of young people, including Aboriginal & Torres Strait Islander young people, young people from culturally and linguistically diverse backgrounds, young people with disability and young people living in rural and isolated areas. These “multiple identities” may bring with them specific health issues. For example, young people from some cultural backgrounds may experience not only the homophobia and heterosexism commonly seen in the broad Australian community (Flood & Hamilton, 2005), but also experience racism related to their cultural identity. In some cases they will experience other forms of homophobia within their cultural community. Young people living in rural and remote areas may experience additional fears about being outed and rejected in smaller and/or more conservative communities.

LGBT and the term ‘same-sex attracted’

The descriptive term ‘same-sex attracted’ is used to describe young people who are not exclusively attracted to the opposite sex because young people tend to experience sexual attractions long before they adopt a sexual identity.

Issues of sexual identity are particularly complex for transgender young people. Many trans[1] people report experiencing an incongruity between their physical sex and their own sense of gender identity at a very early age, and children and adolescents often lack the language and conceptual framework with which to make sense of this. We can assume that some of the young people who report “same-sex attraction” in surveys, are in fact trans.

Using the term ‘same-sex attracted’ does not foreclose on young people’s future sexual or gender identity. Young people who are same-sex attracted may or may not identify as bisexual, gay, lesbian or transgender adults in the future.

There is currently little research on young people that takes their gender identity into account, and indeed, there are challenges in gathering such data. Therefore most of our knowledge of the experiences of trans young people is based on anecdotal evidence gained from services working with LGBT young people and from research conducted with adult trans people.

Where we cite research that has analysed data on the basis of reported attraction, we use the term “same-sex attracted”. Where findings refer to those who are identifying as lesbian, gay, bisexual or trans, we use the acronym LGBT, or differentiate as appropriate in this submission.

Please note that we do not refer to intersex[2] young people in this submission because we have been unable to identify relevant research. We note, however, that anecdotal evidence indicates that it is likely that the experiences of some young intersex people will resonate with the findings referred to, while they are also likely to face specific issues in relation to potential violence and its impacts, for example around the risk of nonconsensual and inappropriate medical intervention and the violation of their bodily integrity and privacy.

We also note that regardless of their actual identity, a young person whose sexual orientation, sex or gender identity is perceived to be non-conforming is frequently the target of verbal and physical violence. Homophobia and transphobia are used to “police” gender roles, and thus impact on *all* young people, including those who are neither same-sex attracted nor trans and/or respond to the victimisation of others rather than being targeted themselves.

Perceptions of violence and community safety among young Australians

Young people need to feel safe and secure in their environments in order to successfully navigate the important challenges of adolescence, however, research shows that same-sex attracted young people do not feel safe in many aspects of their lives. The experience of abuse has a direct impact on children’s and adolescents’ feelings of safety. Australian research involving 1,749 same-sex attracted young people (Hillier, 2005), showed that 44% reported suffering verbal abuse and 16% physical abuse, because of their sexuality. The abuse impacted on many aspects of these young people’s lives, including whether they felt

[1] We use the term trans here to be inclusive of all gender diverse people, ie those whose gender identity does not align with the physical sex that they were born into. They may identify as transgender, transsexual, genderqueer, sistergirls or use other categories of identity.

[2] Intersex people are born with any of a number of physical variations in the development of their chromosomal, gonadal or anatomic sex that means they do not fully fit current expectations of either male or female physical sex.

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safe. There was a significant relationship between experiencing abuse and feeling unsafe at school, home, sport, social functions and on the street.

In this research, same-sex attracted young people were asked to rate how safe they felt in each of five spaces: the street; at school; at home; at social occasions; and at sport. The options were 'safe', 'OK' and 'unsafe'. Same-sex attracted young people were least likely to feel safe on the street (43 %) and at sport (42 %). Fifty-eight percent of young people felt safe at school, 12% felt unsafe and the remaining 31% felt OK.

Given that young people are mandated by law to spend large parts of their lives at school, with their care entrusted to school staff, the finding that over 42% did not report feeling safe at school is of particular concern. It is perhaps unsurprising that same-sex attracted young people tend to leave school at a younger age than their heterosexual peers (Dyson et al. 2003). Over 60% reported feeling safe at social occasions and 82% felt safe at home. This leaves nearly one in five who reported feeling only OK or unsafe at home. Feelings of safety were directly linked to the degree of violence these young people had experienced, some of it from parents.

Young people were asked if they had been verbally or physically abused because of their sexuality. Almost half reported being verbally abused (44 %), and (16 %) were physically abused for this reason. Of those who had been abused, school was by far the most common context of abuse, with 74% having suffered abuse there (89% of those still of school age). The street (47%) and social occasions (34%) were also common contexts for abuse. Young people were least likely to have suffered homophobic abuse at sport (12%) and at home (18%). There was a significant relationship between feeling safe and having suffered homophobic abuse, with young people who had been physically abused feeling less safe overall than those who had been verbally abused . Both these groups felt less safe than those who had not suffered abuse at all.

These findings are borne out by a study of LGBT Victorians aged 14 – 65 years (Leonard et al, 2008). This research demonstrated that the experience of violence was so endemic in this community that it mostly went unreported, and was normalised as part of daily life.

Trans young people not only struggle with their feelings and sense of self in what are generally harsh environments, but also inevitably experience homophobia and transphobia first hand. Trans young people have been under-represented in social research involving young people, but a study of trans people aged 18 to 73 years found that 84% had been stigmatised or discriminated against on the basis of gender, including discrimination by family members and in the workplace. A third had been threatened with violence, and 19% had been physically attacked. Many generally kept their gender identity to themselves, or expressed it in private contexts they perceived to be safe (Couch et al. 2007).

The same study found that the stigmatisation of trans people is pervasive, and that they face stigmatisation and discrimination in all areas of life:

> "Social forms of stigma and discrimination were the most common, with around half of participants reporting being verbally abused, socially excluded, or having rumours spread about them. A third had been threatened with violence. A similar level had received lesser treatment due to their name or sex on documents, as well as been refused employment or promotion. Almost a quarter had been refused services in other areas, while one in five had been threatened to be 'outed'. Physical attacks were reported by 19% of participants, a similar level reported discrimination from police, and 15% had things thrown at them. Refusal of bank finance was experienced by 15%, while housing had been refused for 12% of participants. Obscene mail and phone calls, and damage of personal property were experienced by 11%. Sexual assault and rape had been experienced by around 10% of respondents." (Couch et al. 2007, p 60)

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The following case studies provided by the OUTthere Rural Youth Council for Sexual Diversity, and the Macedon Youth (MY) WayOut Group, portray the insidiousness of school bullying of young people in relation to sexual orientation, and the inadequacy of the response by school authority figures even if the bullying is reported:

> *"I was subjected to homophobic behaviour and bullying all through my first years at school. Eventually I changed schools thinking the attitudes would be different towards sexuality and I would not have to hide myself or fear homophobic bullying. However, as soon as I started at the new school, rumours were already spreading about me any one who was associated with me. This went on for the entire year, and on one of the last days of school I was physically attacked by another girl. Whilst the violent attack was horrible, I was so severely hurt by the ongoing abuse throughout the year, I told teachers about the abuse and I was told to 'take it outside'. Nothing ever happened about it apart from both me and the other girl getting suspended for a few days." (Female 17 years)*

> *"Even though I am straight I have been verbally and physically abused just for having friends who are gay. People think that I am a lesbian just because I am a part of a gay straight alliance youth group. I don't really care what people think about me, I am proud to be a part of the MY WayOut Group and the OUTthere council the work we do. I joined these groups because I witness a lot of abuse and bullying towards classmates because of their sexuality and I wanted that to stop. I think things have improved in my community because of the work we do, but not enough for my friends to feel safe about 'coming out' openly." (Female 18 years)*

> *"In primary school all the kids would say that gay men are all 'faggots and poofs' and that they all die from AIDS. I knew at that stage that I was gay but how could I tell my friends if they felt that way. When I did come out when I was 13 I was bullied and harassed every minute of every day, violence was no stranger, getting thrown into lockers, beaten up in the toilets and once my hair was set on fire. The school never did anything to address this or my own safety. If this happened in a public place those people would be charged with assault, by why can you get away with it in schools?" (Male 19 years)*

Links between illicit drug use, alcohol abuse and violence among young Australians

For same-sex attracted young Australians, the links between illicit drug use, alcohol abuse and violence are not necessarily the same as for their heterosexual peers. While substance abuse might commonly be seen as a precursor to violence, for same-sex attracted young people it can be a consequence of violence, often constituting a form of self medication to ameliorate the impact of violence in their lives. Same-sex attracted young people consequently use drugs and alcohol at a greater rate than do their heterosexual peers.

The most compelling data comes from a comparative analysis of the younger cohort in the longitudinal study of the health of Australian women. These data show that young non-heterosexual women were significantly more likely to report risky alcohol use (7% compared to 3.9%), marijuana use (58.2% compared to 21.5%), use of other illicit drugs (40.7% compared to 10.2), and injecting drug use (10.8% compared to 1.2%) (Hillier et al. 2004). These women were also significantly more likely to report being depressed (38% vs 19%), higher levels of anxiety (17.1% vs 7.9%), and attempts to harm or kill themselves in the last six months (12.6 vs 2.7%) (McNair et al 2004).

In Hillier's research (2005) the picture is the same, with 7% of same-sex attracted young men having injected drugs once a week or more, and 14% of young women. This compares to 1–2% of young people in general. In 1997, same-sex attracted secondary school students were

three to four times more likely than other students to report having injected drugs and had dramatically higher levels of alcohol, marijuana and party drug use (Lindsay et al. 1998). The link between these adverse health outcomes and discrimination and abuse has been made explicit by Hillier (2005) and her colleagues, who found that young people who had been exposed to verbal and physical abuse were more likely to use a range of legal and illegal drugs than those who had not. The severity of the abuse was also found to directly correlate with the extremity of the alcohol and drug use.

The relationship between bullying and violence on wellbeing of young Australians

The wide-spread experience of bullying and violence has been previously outlined in this submission. The extent to which violence compromises LGBT young people's self esteem and sense of self-worth was demonstrated in a study of 5,500 LGBT Australians. The study found that young people had the worst self-reported health of all LGBT people. This is a reverse pattern to ABS data on the general population which showed young people to have the best self–reported health (Pitts et al, 2003).

Homophobic violence and bullying is of a particular kind, and has specific and profound effects. There is an institutionalised history of support for homophobia from the law, medicine and the church. Although there is now general toleration if not acceptance of homosexuality in these institutions in Australia, many young LGBT people are unsure about whether challenging homophobia is acceptable. In addition, sexual difference is still regarded as a moral issue by many people and therefore seen to be "trickier" to challenge in a school context than other forms of bullying , for example around body type or ethnicity. Challenging homophobic bullying is also seen as personally stigmatising for some teachers who may not feel they have the support of parents or school leadership. Homophobic bullying is embedded in student culture and language. "That's so gay" is currently a ubiquitous pejorative term which may be carelessly used but which can nonetheless contribute to stigmatization and exacerbate self-loathing and shame.

The experience of victimisation is associated with a poor self-esteem, lack of social connectedness and with disengagement, such as poor school attendance and performance.

Young people who are bullied on the basis of their body type or ethnicity potentially have parental support for their difficulties, whereas same-sex attracted young people are most likely not to have told their parents and therefore have no parental support to counter bullying. Their experience of social isolation and vulnerability among their peers is thus potentially compounded by the experience of isolation within their own family. Where the family and social environment are supportive of a young person, they are more likely to develop the resilience to cope with violence.

As noted above, the experience of homophobic and transphobic violence is not limited to schools, but occurs in a range of public spheres and in the family.

Not surprisingly, the complex social issues faced by young LGBT people can result in homelessness. According to a report on the service provision needs of young LGBT people in Western Australia, the limited data available to the researchers regarding homelessness among LGBT young people indicates a higher rate of homelessness among LGBT young people than their peers, and that many LGBT young people experience heightened family conflict. The research also suggests that many young LGBTI people end up homeless as a result of leaving home before they are prepared for independent living (Edwards 2007).

Anecdotal reports from Australian services for homeless young people indicate that some LGBT young people who have left home due to harassment relating to their sexuality and/or gender identity enter crisis accommodation only to be harassed by other young people in the accommodation. They then return to the streets.

The experience of stigmatization and victimisation is also associated with poor mental health and health risk behaviours, including suicidal behaviour (Bontempo and D'Augelli 2002, Hillier et al. 2005).

The incidence of mental health problems among LGBT young people is higher than for young people in the general population. For example, respondents in a 2007 study of trans people in Australia and New Zealand, found that respondents who had experienced a greater number of different types of discrimination were more likely to report being depressed and 64.4% reported modifying their behaviour due to fear of stigmatisation and discrimination (Couch et al 2007).

A recent Suicide Prevention Australia position statement cites a range of studies conducted over last decade that showed that gay, lesbian and bisexual individuals attempt suicide at between 3.5 and 14 times the rate of their heterosexual peers, while the prevalence of attempted suicides among transgender communities ranges between 16 and 47 per cent. The paper concluded that it was "indisputably clear that younger GLBT people are at an elevated risk of suicide and self-harm" (Suicide Prevention Australia 2009). Evidence clearly links these health outcomes to experience of discrimination and social exclusion (Dyson et al. 2003)

Research suggests that same-sex attracted young people living in rural and regional areas may face added pressures due to more pervasive homophobia and more limited access to information, resources and organisations targeted to same-sex attracted young people than young people living in urban centres (Ministerial Advisory Committee on Gay and Lesbian Health, 2003). One report suggests that rural same-sex attracted young people are six times more likely to attempt suicide than young people in the general population (Quinn, 2003).

Case studies provided by the OUTthere, Rural Youth Council for Sexual Diversity and the Macedon Youth (MY) WayOut Group provide insight into how homophobic violence can cause suicidal ideation in young people, whether the violence is directed specifically at them or not:

> *"I was discriminated against at school. I had people throw things at me, including lunches that had been saved especially to throw. I was ostracised, I attempted suicide and eventually had to change schools because of what was happening. No one ever did anything about what happened, which left me feeling sad and alone." (Female 16 years)*

> *"I began to question my sexuality when I was still in primary school, however after witnessing 2 extremely homophobic attacks in my small community I decided to try and forget and ignore my feelings, as I the people in my community gave me the impression that being a lesbian was wrong and I did not want the same violence to happen to me or my family. The longer I tried to ignore my feelings the harder it was. By the time I was 12 I was getting treated for depression and anxiety, and soon began self harming. When I was 14 I attempted suicide and was sent to a youth psychiatric ward to deal with my depression. I was never comfortable to talk about my sexuality and my fears at the ward, or with my counsellor after I was released. It was only when I joined the WayOut group when I was 17, that I was able to accept within myself that being a lesbian was not wrong, and it was ok to have the thoughts and feelings I had, and most importantly that I was not alone. I still live in the same small community, and whilst I feel ok about my sexuality I still fear that I will be a victim of violence if people knew. I live in fear and hide my sexuality from my community." (Female 25 years)*

The OUTthere Council identified the need to develop a project to address homophobia in rural schools and is currently conducting on-line surveys for young people, teachers and workers in rural Victorian Secondary schools about their experiences of homophobia and support. The information taken from these surveys will be developed into a report with recommendations and presented to the Department of Education.

Strategies to reduce violence and its impact among young Australians

A study conducted in 2005 found ample evidence of homophobia in Australian society, with 35% of Australians aged 14 and above who were surveyed believing that homosexuality was immoral. This belief was more widely held in rural areas than in large cities (Flood & Hamilton). Strategies which reduce homophobia are necessary to curb violence against same-sex attracted and transgender young people.

The National LGBT Health Alliance endorses the following recommendations from Suicide Prevention Australia's Position Statement:

- Heterosexism, homophobia and transphobia must be addressed at the interpersonal, sociocultural, and institutional levels. This requires a comprehensive, multi-strategy approach, ranging from community education campaigns through to legislative measures to end discrimination in all areas.
- The Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) should lead the development of a 'whole of school' approach to address homophobia and transphobia in education settings across Australia. Frameworks such as the Victorian Department of Education and Early Childhood's *Supporting Sexual Diversity in Schools* be extended to all states and territories in Australia, as should curriculum development, professional and/or pre-service training for teachers to identify and respond to bullying and harassment on the grounds of sexual orientation and/or gender non-conformity, and development of targeted resources through initiatives such as *Mind Matters*.
  We note that such an approach should include components specifically aiming at strengthening the resilience of young people
- Greater capacity must be provided for the delivery of services and support services for parents and families dealing with sexuality and gender issues. This has flow on effects for the young people involved.

In addition, the National LGBT Health Alliance recommends

- that public funding be provided to LGBT community-based organisations to enhance their capacity to provide advocacy and support for LGBT young people, and enhance those organisations' capacity to contribute to the development and implementation of inclusive policies and programs
- the establishment and further development of peer support models in schools, such as Gay Straight Alliances and Diversity Groups, with training for adult facilitators
- explicitly including consideration of sexual orientation, gender identity and sex identity (in relation to intersex conditions) in research about young people and conduct targeted research on the experiences of same-sex attracted, sex and gender diverse young people
- improving the capacity of youth services to be inclusive of LGBT young people and their specific needs, in particular mental health services and those services providing outreach to homeless young people and those who have disengaged from schooling
- that Gay and Lesbian Liaison Officer (GLO) Programs within the police forces of all states and territories be further developed and promoted to young people, to encourage reporting of homophobic and transphobic violence and abuse.

The National LGBT Health Alliance would welcome the opportunity to provide the Committee with further information, and to work in partnership with the Government to develop strategies to effectively reduce the extent and impact of homophobic and transphobic violence against young people.

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Developed by the National LGBT Health Alliance in consultation with other LGBT community organisations and individuals.

The views in this paper are those of the National LGBT Health Alliance, and do not necessarily represent those of the organisations or individuals that contributed to the paper

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