



VicHealth Indicators Survey 2015

Supplementary report: Sexuality

The VicHealth Indicators Survey is a Victorian population-level survey conducted every four years. Selected findings from the VicHealth Indicators Survey 2015 were published in 2016. This report provides a closer look at the health and wellbeing of surveyed respondents who identified as lesbian, gay, bisexual or 'other' sexualities.

Introduction

The VicHealth Indicators Survey 2015 (VicHealth 2016b) is a Victorian community health and wellbeing survey. The survey collected information on a range of factors known to influence individual and community wellbeing including safety, mental wellbeing, physical activity, healthy eating and alcohol consumption.

Of over 22,000 survey respondents from across all 79 local government areas of Victoria, close to 900 (approximately 4% of the sample) identified their sexuality as lesbian, gay, bisexual, or 'other' (sexuality not specified). In this report, terms used to refer to these groups include 'LGB' (lesbian, gay and bisexual) and 'other sexualities'. The term 'non-heterosexual' is used to refer collectively to those respondents that identified as LGB or other sexualities. While it is not always appropriate to refer to people in terms of who they are not (as in non-heterosexual), this term most accurately and simply reflects the available data. Further information on the terminology used in this report is available in the glossary on page 11.

Comparisons between heterosexual and non-heterosexual respondents indicated there were no significant differences between heterosexual and non-heterosexual respondents with respect to measures relating to healthy eating, physical activity and sedentary behaviour, or feeling safe within their local communities (VicHealth 2016b).

However, the survey showed that some health inequities were evident between those who identified as heterosexual and non-heterosexual. Health inequities are the differences in health outcomes and their risk factors between social groups that are socially produced, systematic in their distribution, avoidable, unfair and unjust (Whitehead 1992). The findings showed that non-heterosexual Victorians were not doing as well as heterosexual Victorians on measures of general and mental wellbeing, including subjective wellbeing, resilience and satisfaction with life. Non-heterosexual respondents also reported lower levels of trust in, and connection to, their local communities and were more likely to consume alcohol at potentially risky levels.

This report provides a closer look at the health and wellbeing of surveyed respondents who identified as lesbian, gay, bisexual or 'other' sexualities. The aim is to identify significant health and wellbeing issues experienced by these groups and to provide a foundation for actions to improve outcomes.

Recognising the diversity of non-heterosexual Victorians

VicHealth is committed to improving the health and wellbeing of all Victorians, regardless of their sexuality. We recognise there are differences both between and within sexualities, and that sexuality, sex and gender identity are separate concepts. VicHealth is exploring how to improve survey design and data collection to better represent the diverse sexualities that Victorians identify with and provide richer data to inform targeted approaches.

Within each sexuality, sex or gender identity, there are a wide range of backgrounds, lived experiences and attributes, as with the rest of the Victorian population. The rich diversity of non-heterosexual Victorians contributes to the strength and resilience of their communities. However the health inequities experienced by non-heterosexual Victorians can also be exacerbated by additional barriers to health. These barriers are often associated with social markers such as lower income, occupation type, lower education levels, gender, race/ethnicity, Aboriginality and rural/regional place of residence (VicHealth 2015).

A note about diverse gender and sexual identities

VicHealth recognises that some people's gender identities or physical characteristics do not fit into binary categories of male or female, or do not reflect the biological sex they were assigned at birth. In contrast, cisgender people's gender identities are in line with the social expectations of their sex assigned at birth. VicHealth recognises that trans, gender-diverse, non-binary and intersex people encounter greater barriers to equality and are more likely than cisgender people, including cisgender LGB women or men¹, to report poor mental health and to have experienced harassment or violence (Leonard et al. 2015). Information about trans, gender-diverse, non-binary or intersex people or their experiences was not collected as part of the VicHealth Indicators Survey 2015, so this report does not include findings about those groups.

VicHealth is committed to exploring ways to improve survey design and data collection methods for future research, so that respondents' needs are recognised, data integrity is improved and findings better reflect the diversity of Victorians' gender identities and sexes. VicHealth also recommends government and research bodies work with trans, gender-diverse, non-binary and intersex Victorians to build the evidence base.

Background

Research findings that consistently document poorer wellbeing among LGB Australians suggest there is still work to be done to improve the socioeconomic, political and cultural influences on health, the daily living conditions and the individual health-related factors that impact upon the lives and experiences of LGB people.

Mental wellbeing

Major cultural and legal shifts in Australia over recent decades have ensured that contributions made by LGB people to community and family life are increasingly recognised and celebrated. Research shows that most LGB Australians live well and are happy (Leonard et al. 2012).

Despite this, studies consistently show that LGB Australians are more likely to report poorer wellbeing than heterosexual people across a range of indicators including: psychological distress and resilience (Leonard et al. 2012; Leonard et al. 2015), general mental health (McNair et al. 2011), life satisfaction (Powdthavee & Wooden 2015), depression and anxiety diagnoses (Australian Bureau of Statistics 2007), and rates of self-harm and suicidality (Swannell et al. 2016). LGB people are also more likely to consume alcohol, tobacco and other drugs at risky levels than the general population (Lea et al. 2013; Australian Institute of Health and Welfare 2014; McNair et al. 2016).

People who identify as bisexual, as well as young LGB people, are at particular risk of poor mental health and report lower levels of resilience (Leonard et al. 2012; Leonard et al. 2015). Bisexual people may be less likely to be 'out' to friends and family about their sexual identity, which can negatively affect wellbeing. They may also feel less included and supported by the LGB community than gay or lesbian people (McNair et al. 2011; Leonard et al. 2015). For young people, coming to terms with their sexuality, difficulties in their home environment and/or isolation or bullying at school may cause stress and anxiety (Hillier et al. 2010).

The impact of marginalisation, discrimination and violence on mental wellbeing and substance use

Over the past two decades, fundamental changes to Australian law have ensured greater equality for LGB Australians. For instance, from 2008 Australian same-sex couples have had access to many of the rights afforded to opposite-sex de facto couples with respect to relationship recognition, taxation, superannuation and family law. LGB Australians are also protected by anti-discrimination and equal opportunity legislation within each Australian state and territory. However, there are still elements of Australian, and state and territory, laws which disadvantage same-sex couples or enable discrimination against LGB Australians in some areas.

A long history of negative attitudes toward homosexuality and bisexuality means many LGB people have experienced rejection and isolation within their families, communities, workplaces or society. A proportion have also encountered homophobic or biphobic harassment or violence (Bariola et al. 2016). Experiences of homophobia, biphobia and heterosexism, worry about the potential for discrimination, or feelings of isolation or rejection can lead to ongoing stress and anxiety for some LGB people. This experience is sometimes referred to as 'minority stress' (Meyer 2003; Hillier et al. 2010; Leonard et al. 2012; Lea et al. 2014; Bariola et al. 2016).

¹ This report uses 'women' to represent those who identified as female. Similarly, 'men' refers to those who identified as male.

Social and legal exclusion can potentially exacerbate health inequities experienced by LGB Australians. Exclusion reinforces harmful social norms and values around the unequal treatment of LGB people, including harmful perceptions of same-sex relationships being unequal to heterosexual relationships (Fingerhut et al. 2011; Herek 2011). Exclusionary or different laws have the potential to reinforce dominant values and norms that suggest LGB people are less important or that they are not normal (Fingerhut et al. 2011; Herek 2011).

Several recent studies have found indicators of minority stress (such as internalised homophobia or biphobia, perceived stigma, concealment of sexual identity or experiences of violence or abuse) are strongly associated with higher levels of psychological distress, self-harm and suicidal thoughts among LGB Australians (Leonard et al. 2012; Lea et al. 2014; Leonard et al. 2015; Bariola et al. 2016).

Minority stress is sometimes used to explain higher rates of alcohol, tobacco and drug use among some groups of LGB Australians. For example, some LGB people consume alcohol or drugs at risky levels as a means of dealing with the negative impacts of marginalisation, discrimination and heterosexism (Hughes et al. 2016). However, other studies suggest that alcohol or drug use may be associated with people seeking social connection and a sense of community as licenced bars and clubs have historically provided LGB people with safe places to socialise, express their desires and be themselves (Lea et al. 2013; Lea et al. 2014; McNair et al. 2016).

The LGB community provides people with a strong social and support network. Many LGB people find friendship, intimacy, and a sense of belonging within the LGB community. This connection to community strongly supports mental wellbeing (McLaren 2009; Frost & Meyer 2012).

Neighbourhood connection, safety and wellbeing

Marginalisation and discrimination can lead people to feel alienated from their local communities. LGB people's experiences within their local neighbourhoods may vary depending on location. LGB people have historically lived and socialised in inner-city areas of Australia, where there tends to be greater acceptance of sexual and gender diversity (Flood & Hamilton 2005). Australian studies have shown that LGB people who live outside inner city areas (e.g. in outer suburbs or regional/rural Australia) are more likely than their urban counterparts to regularly conceal their sexual identity and report lower levels of social connectedness, which is associated with greater psychological distress (Power et al. 2014; Lyons et al. 2015; Morandini et al. 2015).

Focus of this supplementary report

This report looks at the responses of non-heterosexual people (i.e. respondents who identified as lesbian, gay, bisexual or 'other' for their sexuality) to the VicHealth Indicators Survey 2015. The report focuses on different patterns of wellbeing among subgroups, including those who identify as bisexual and young LGB people. It also looks at the impact of community connectedness and sense of safety on LGB people's wellbeing, resilience and satisfaction with life.

Method and survey instrument

The VicHealth Indicators Survey is a population-level survey focused on behaviours and attitudes associated with chronic disease risk. It has been conducted approximately every four years since 2007. In 2015, data were collected via telephone interviews using a dual-frame survey design utilising randomly generated mobile and landline phone numbers. Full details of the data collection method and measures used in the VicHealth Indicators survey are provided in *VicHealth Indicators Survey 2015: Selected Findings* (VicHealth 2016b). The 2015 VicHealth Indicators Survey included questions about respondents' sexual identity for the first time. Data were collected using an approach consistent with the Australian Bureau of Statistics by asking respondents to identify as: straight (heterosexual), gay or lesbian, bisexual or other (ABS 2015). This report focuses on survey items related to sexuality, general wellbeing, mental wellbeing and alcohol with respect to sexual identity.

Sexuality identified in 'other' terms

There were 358 respondents to the 2015 survey who selected 'other' to describe their sexual identity. No further information was collected on the terms used to describe sexuality among people who selected 'other'. It is possible that the 'other' category included people who preferred not to label their sexuality or who identified their sexuality using terms such as queer, pansexual or asexual. Recent studies have shown there is an increasing trend among young people to resist identification as lesbian, gay, bisexual or heterosexual; instead preferring terms which indicate fluidity of sexual attraction. Young women, trans people, and people identifying as non-binary are more likely to describe their sexuality as queer, pansexual or in other terms (Morandini et al. 2017). In these data, Victorians who identified as 'other' sexualities were significantly more likely to be aged under 25 than heterosexual Victorians, although there were no differences between male and female respondents.

For the purposes of this report, 'non-heterosexual' refers to Victorians who described their sexuality in any terms other than heterosexual (LGB or other).

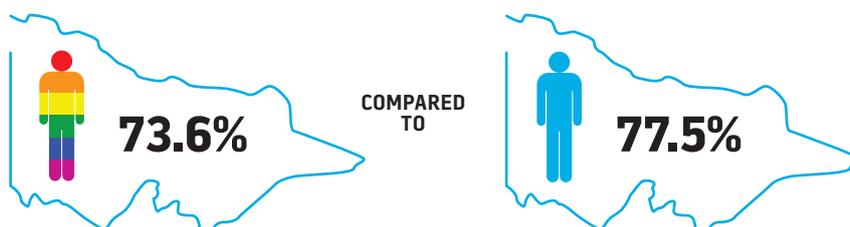
Characteristics of non-heterosexual VicHealth Indicators Survey 2015 respondents

In total, 894 respondents described their sexuality as lesbian or gay (n=288), bisexual (n=248) or 'other' sexualities (n=358). Compared to heterosexual respondents, non-heterosexual Victorians were more likely to: be aged under 25 years, live in inner metropolitan regions and live in share or group housing. LGB people were less likely than heterosexual people to have children, although this was not the case for those who identified their sexuality as 'other'.

Summary of key findings

Subjective wellbeing

LGB and other non-heterosexual Victorians have a **lower** average wellbeing score than heterosexual Victorians



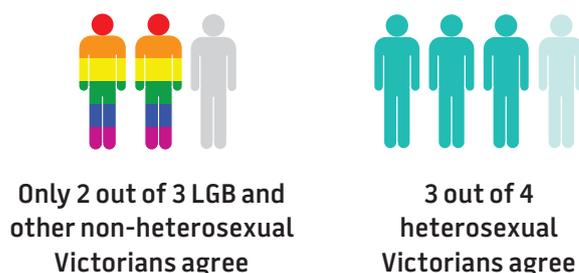
Mental wellbeing – neighbourhood cohesion

LGB and other non-heterosexual Victorians felt **less trusting in**, and **less connected to**, their local communities than heterosexual Victorians

“PEOPLE AROUND HERE CAN BE TRUSTED”



“PEOPLE AROUND HERE ARE WILLING TO HELP THEIR NEIGHBOURS”



LGB Victorians who felt connected to their community reported **higher** resilience, subjective wellbeing and life satisfaction

Alcohol

More LGB men and women than heterosexual men and women drink at levels that put them at risk of short-term harm (5+ drinks)



But, LGB Victorians are **no more likely** to drink at very high levels (11+ drinks) in a single session than heterosexual Victorians

Findings

General wellbeing

Subjective wellbeing, life satisfaction and feelings of safety are important determinants of people's health and wellbeing. LGB and other non-heterosexual Victorians report lower levels of subjective wellbeing and resilience than heterosexual Victorians.

An individual's sense of general wellbeing is intimately connected to their sense of safety in their community and everyday life. The VicHealth Indicators Survey 2015 included four key measures related to general wellbeing: subjective wellbeing, satisfaction with life and perceptions of safety (walking alone during the day or after dark).

The average life satisfaction score for all Victorians was 7.8 (on a scale ranging from 0–10, with higher scores reflecting greater satisfaction). The average life satisfaction score for Victorians who identified as heterosexual was also 7.8. The average life satisfaction score for non-heterosexual Victorians was significantly lower (7.3). (These figures have been published previously, see VicHealth, 2016b, see also Figure 1).

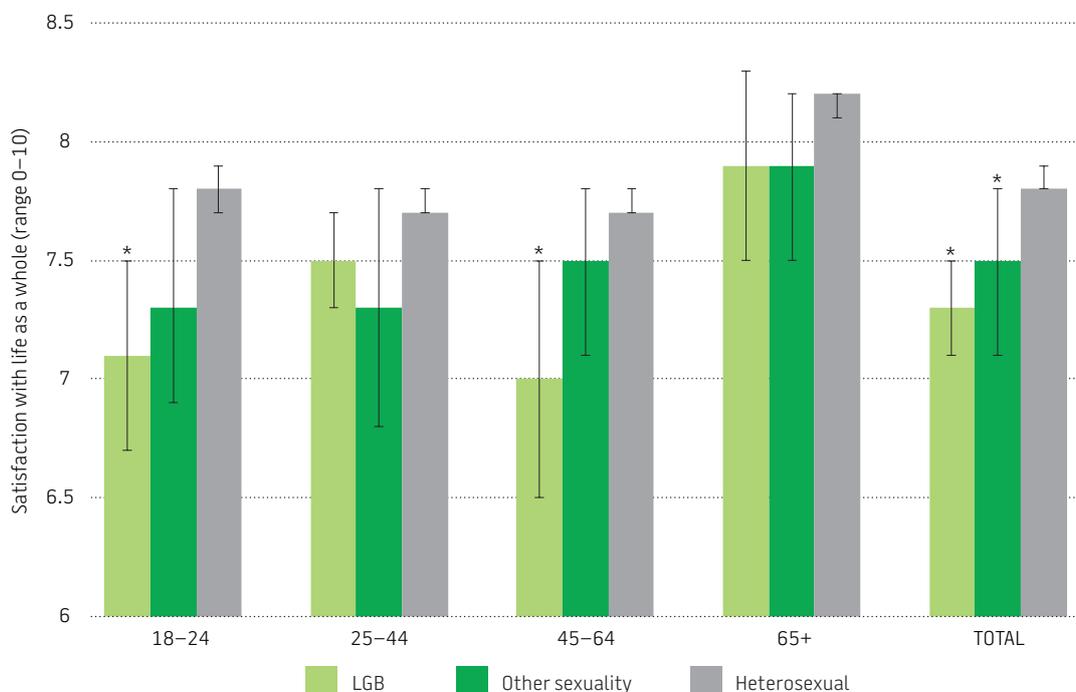
The average subjective wellbeing score for all Victorians was 77.3 (on a scale ranging from 0–100 with higher scores representing greater wellbeing). The average subjective wellbeing score for Victorians identifying as heterosexual was 77.5. The score for non-heterosexual Victorians was significantly lower (73.6) (see Figure 2).

Bisexual Victorians reported significantly lower levels of subjective wellbeing (73.7) and life satisfaction (7.3) than heterosexual Victorians, but reported similar levels as lesbian or gay respondents (see Figure 3).

Young non-heterosexual Victorians reported significantly lower subjective wellbeing than young heterosexual Victorians. Within the 18–24 age group, the average subjective wellbeing scores were: 78.5 for heterosexual Victorians; 73.4 for LGB Victorians; and 69.7 for those identifying as 'other'. It is difficult to know why young people identifying as 'other' sexualities reported the poorest level of subjective wellbeing. It may be that this group included people that were part of other marginalised groups, such as trans Victorians, who have reported poorer wellbeing in previous health surveys (Leonard et al. 2012). However, it is notable that among older people, there were no differences in subjective wellbeing score between 'other' sexualities and heterosexual Victorians (see Figure 1).

There were no significant differences between non-heterosexual and heterosexual Victorians regarding perceptions of safety.

Figure 1 Average life satisfaction score, by age and sexuality



* Indicates statistically significant difference when compared to heterosexual

Note that (a) error bars denote 95% confidence intervals, (b) the scale of the ordinate axis does not show the full range for visual clarity.

Figure 2 Average subjective wellbeing score, by age and sexuality

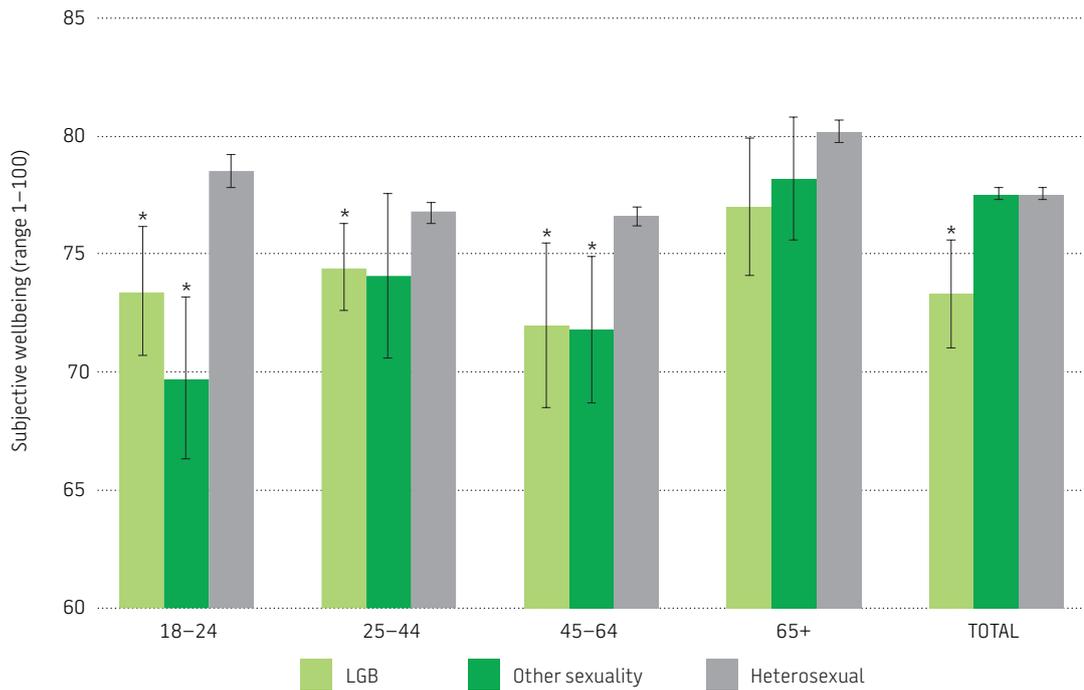
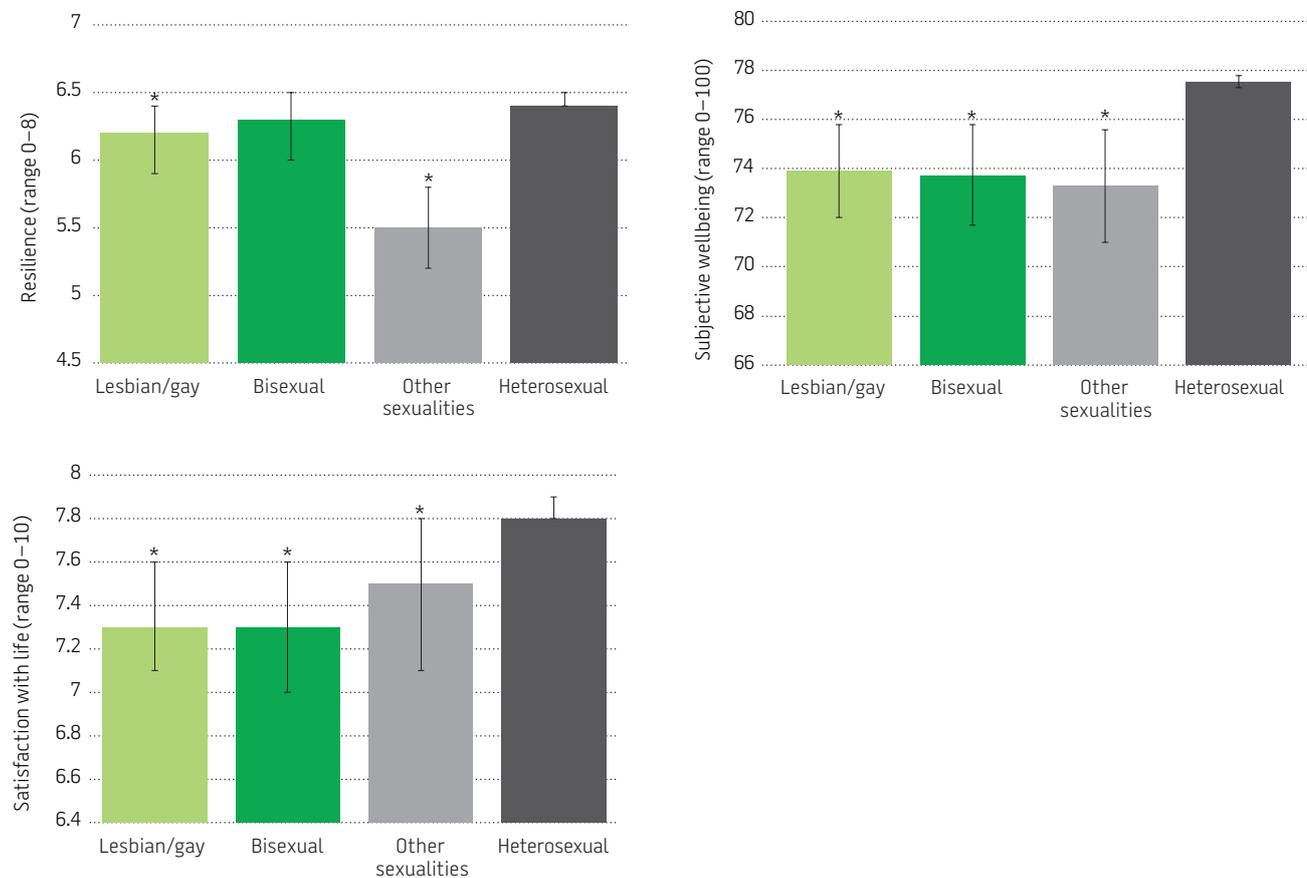


Figure 3 Average (a) resilience, (b) subjective wellbeing and (c) satisfaction with life scores, by sexuality



* Indicates statistically significant difference when compared to heterosexual

Note that (a) error bars denote 95% confidence intervals, (b) the scale of the ordinate axis does not show the full range for visual clarity.

Mental wellbeing

Mental health and wellbeing are fundamental to our individual and collective ability as humans to think, emote, interact with each other, earn a living and enjoy life. LGB Victorians with higher levels of social capital report higher resilience and general wellbeing.

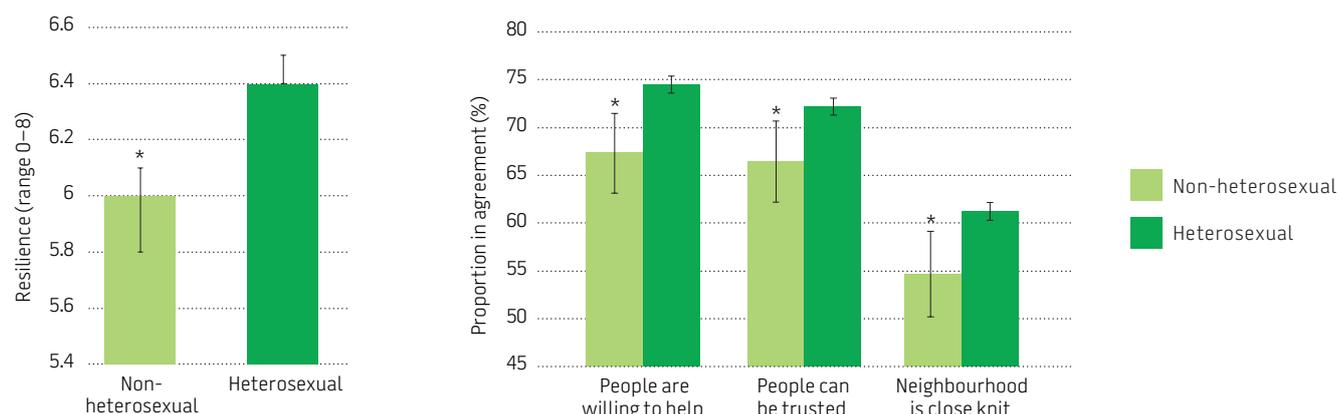
Resilience and social capital are fundamental to individual mental wellbeing. Resilience is the ability of individuals, families and neighbourhoods to cope positively with change, challenge, adversity, shock or trauma. Social capital refers to a person's access to social connections and the emotional and social benefits that generates. In the VicHealth Indicators Survey 2015, resilience was assessed using the two-item Connor-Davidson Resilience Scale (CD-RISC 2) and social capital was measured using three items related to the respondents' perceptions of their neighbourhood: 'people are willing to help each other', 'this is a close-knit neighbourhood', 'people can be trusted'; with a five-point Likert scale ranging from 'strongly agree' to 'strongly disagree' (VicHealth 2016b).

The average resilience score for all Victorians was 6.4 (on a scale ranging from 0–8 with higher scores indicating greater resilience). For heterosexual Victorians, the average score was also 6.4. The average resilience score for non-heterosexual Victorians was significantly lower (6.0). (These figures have been published previously, see VicHealth 2016b. See also Figure 4).

As shown in Figure 4, non-heterosexual Victorians were significantly less likely than heterosexual Victorians to agree that people in their local neighbourhood can be trusted, people in their community are willing to help and their local community is close knit. This difference was most pronounced among those living outside inner city areas.

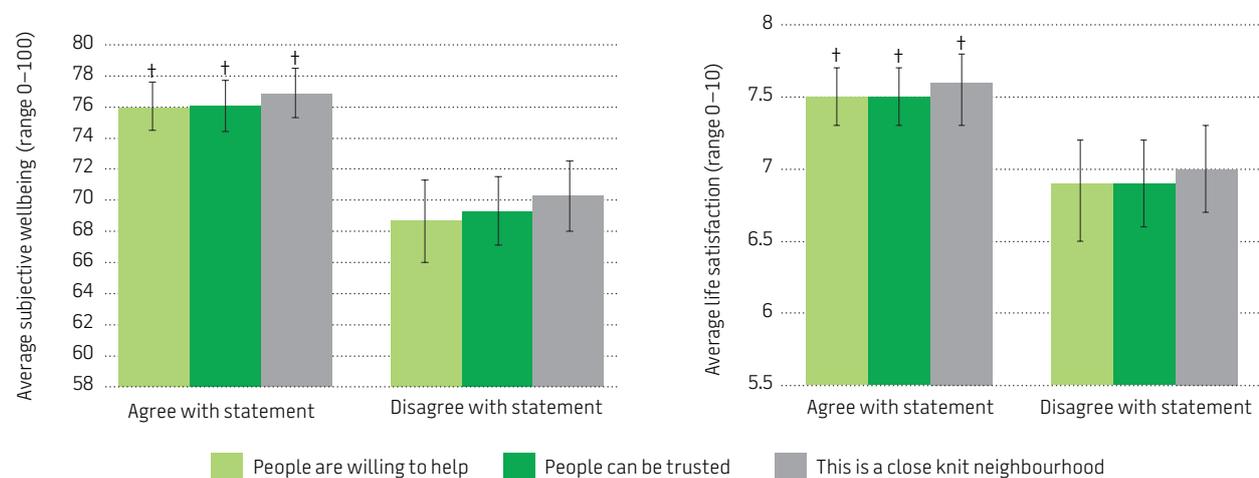
Among non-heterosexual Victorians, those who agreed with statements related to 'perceptions of neighbourhood' (people are willing to help each other; this is a close-knit neighbourhood; people can be trusted) reported greater life satisfaction and higher subjective wellbeing (see Figure 5). In other words, feeling more connected to the community was positively associated with greater wellbeing and life satisfaction.

Figure 4 Mental wellbeing indicators by sexuality (a) average resilience and (b) average perceptions of neighbourhood



* Indicates statistically significant difference when compared to heterosexual

Figure 5 Average (a) subjective wellbeing and (b) satisfaction with life scores among LGB Victorians, by perceptions of neighbourhood



† Indicates statistically significant difference when compared to people who disagreed with statement

Note that (a) error bars denote 95% confidence intervals, (b) the scale of the ordinate axis does not show the full range for visual clarity.

Alcohol

Alcohol plays a complex role in Australian society, including in LGB communities. Most LGB Victorian adults who drink alcohol do so for enjoyment, relaxation and socialisation at levels that cause few adverse effects.

Harms associated with alcohol use may include the development of chronic health conditions such as cancer or substance use disorder, or short-term harms including injury from accidents, violence or abuse (Australian Institute of Health and Welfare 2016). In the VicHealth Indicators Survey 2015 (VicHealth 2016b), alcohol consumption was measured using a standard assessment of how often (at least once per month) respondents consumed levels of alcohol that put them at risk (five or more standard drinks in one session) or at very high risk (11 or more standard drinks in one session) of short-term alcohol-related harm. Respondents were also asked a question related to alcohol culture: whether they agree that “getting drunk every now and then is okay”. VicHealth defines ‘alcohol culture’ as the way people drink including the formal rules, social norms, attitudes and beliefs around what is and is not socially acceptable for a group of people before, during and after drinking (VicHealth 2016a).

Non-heterosexual Victorians were significantly more likely than heterosexual Victorians to report consuming alcohol at levels that put them at risk of short-term harm each month (five or more drinks in one session), although there were no significant differences in the proportions of non-heterosexual and

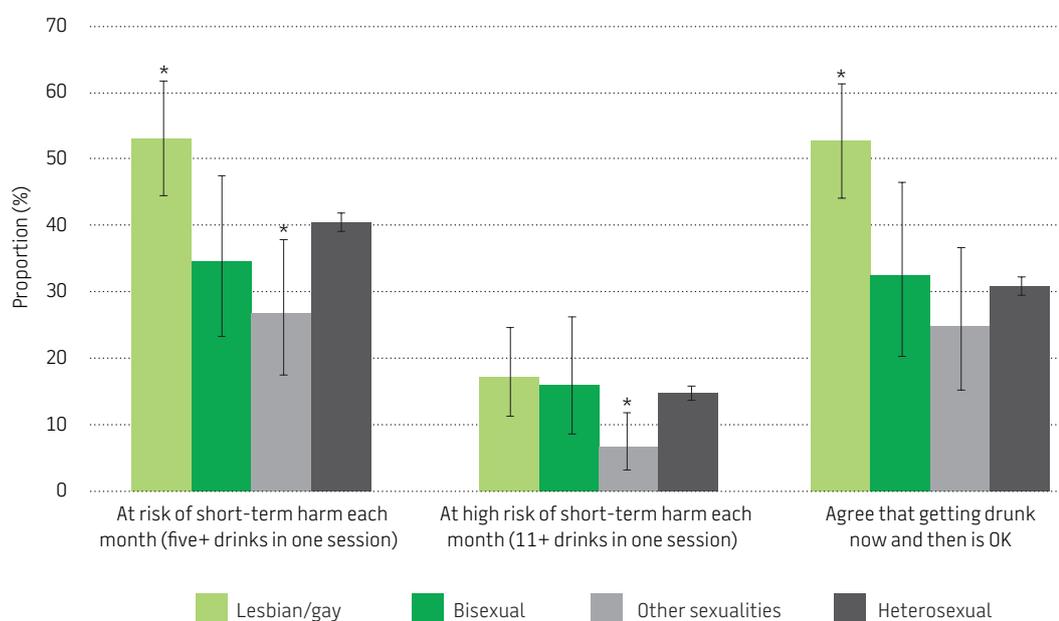
heterosexual Victorians who reported drinking at levels that put them at very high risk of short-term harm each month (11 or more drinks in one session) (VicHealth 2016b).

Patterns of drinking differed according to gender and sexuality. As shown in Figure 6, lesbian and bisexual women were nearly twice as likely as heterosexual women to report levels of consumption that put them at risk of alcohol-related harm each month (five or more drinks). Differences between men based on sexuality were less pronounced. However, gay men were significantly more likely than heterosexual men to report levels of consumption that put them at risk of short-term harm from alcohol (five or more drinks). Men who identified their sexuality as ‘other’ were significantly less likely than heterosexual men to report levels of alcohol consumption that put them at risk (five or more drinks) or very high risk (11 or more drinks) of short-term harm.

Non-heterosexual Victorians were more likely than heterosexual people to agree with the statement, “getting drunk every now and then is okay” (VicHealth 2016b). As shown in Figure 6, bisexual women and gay men were most likely to agree with this statement.

Among non-heterosexual Victorians, there was no association between alcohol consumption at levels that put them at risk of short-term harm each month (five or more drinks) and poorer subjective wellbeing, poorer life satisfaction, or lower resilience (see Figure 7).

Figure 6 Summary of alcohol indicators, by gender and sexuality (a) males



* Indicates statistically significant difference when compared to heterosexual

Note that (a) error bars denote 95% confidence intervals, (b) the scale of the ordinate axis does not show the full range for visual clarity.

Figure 6 Summary of alcohol indicators, by gender and sexuality (b) females

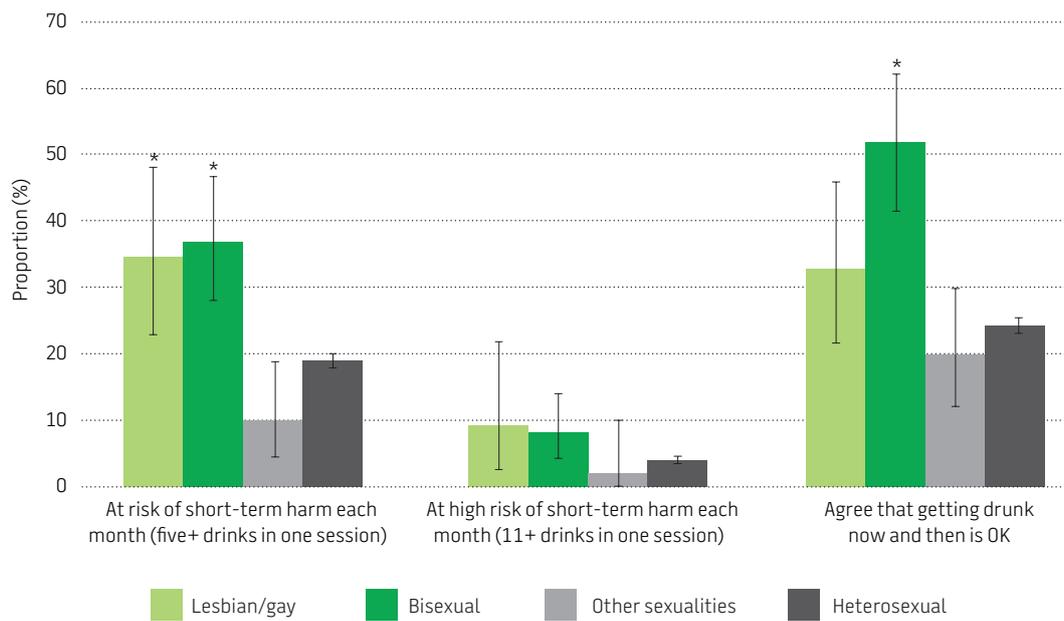
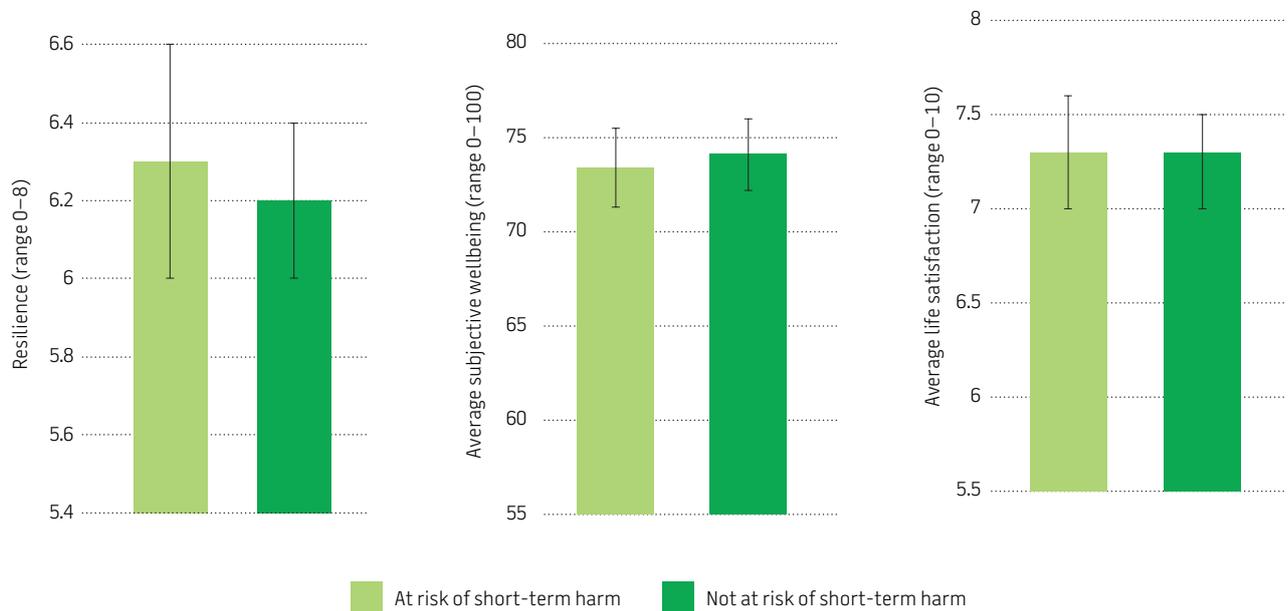


Figure 7 Average (a) resilience, (b) subjective wellbeing and (c) satisfaction with life scores among LGB people, according to risk of short-term harm due to alcohol consumption (five or more drinks per session)



* Indicates statistically significant difference when compared to heterosexual

Note that (a) error bars denote 95% confidence intervals, (b) the scale of the ordinate axis does not show the full range for visual clarity.

Summary and conclusions

The VicHealth Indicators Survey 2015 showed non-heterosexual Victorians reported significantly lower than average levels of subjective wellbeing, life satisfaction and resilience. One possibility for poorer wellbeing and lower levels of life satisfaction among LGB and other non-heterosexual people is that negative social attitudes toward LGB people persist in our society (Flood & Hamilton 2005; Webb & Chonody 2014). LGB people may experience isolation or rejection within their families, schools or local communities, or acts of harassment in public spaces. Even where LGB people have not experienced homophobia directly, wellbeing may be negatively affected by fear of discrimination or stress associated with feeling different or less worthy than others (Meyer 2003).

Despite these findings, there were some positive outcomes for non-heterosexual Victorians. Bisexual Victorians did not report poorer wellbeing than lesbian or gay people, which challenges much of the previous research on wellbeing among bisexual people. It is also a positive finding that non-heterosexual Victorians did not report feeling less safe in their local communities than heterosexual people. However, non-heterosexual Victorians reported a lower sense of trust in, and connection to, their local communities. Given that a sense of community connectedness and trust in others are known to support wellbeing (McLaren 2009; Helliwell & Wang 2011), building a sense of belonging to local communities among LGB people is potentially a useful approach that state and local governments can take to supporting LGB wellbeing. Certainly, these findings highlight the importance of mainstream community life in supporting wellbeing among LGB Victorians, and underscores the value of local and state government efforts to ensure programs and services are inclusive of sexual and gender diversity.

A high level of alcohol consumption is associated with increased risk of morbidity and mortality. The results of this survey showed that LGB Victorians, particularly women, were significantly more likely than heterosexual Victorians to drink alcohol at levels that put them at risk of short-term harm each month (five or more drinks per session). This finding is consistent with other research on alcohol consumption among lesbian women (Hughes et al. 2016). Minority stress theory suggests that high rates of alcohol and other drug use among LGB people is a response to poorer wellbeing and stress. However, in this survey, there was no indication that higher levels of drinking were associated with poorer wellbeing or lower resilience among Victorian LGB people. It is possible that, for LGB people, drinking facilitates access to social and support networks which can support wellbeing. Further research is needed to better explain the relationship between alcohol use, risk and sociability among LGB people to ensure appropriate framing of information and education campaigns regarding risky drinking.

Recommendations

Evidence from both research and practice should form the foundation of quality services to meet the needs of LGB populations.

- VicHealth recognises there are differences both between and within sexualities, and that sexuality, sex and gender identity are separate concepts. Government and research bodies should continue to work to identify the best way to ask questions about gender and sexuality in self-report surveys. This will allow respondents' needs to be recognised, data integrity to be improved and findings to better reflect the diversity of Victorians' gender identities and sexualities.
- Services and organisations at the state and local level should routinely ask appropriate questions relevant to LGB populations, including questions about sexuality and gender identity (e.g. on intake forms and in evaluation surveys), in order to promote inclusion and to build the evidence base.
- Further research is needed to better understand cultures of drinking among LGB people, particularly women, and to continue to inform design of campaigns and interventions around risky drinking that appropriately target LGB communities.

The findings of this report suggest that building a sense of LGB inclusivity and acceptance at the state and local community level may support wellbeing among LGB people.

- Government initiatives at the state and local level that demonstrate active engagement with the LGB community should provide leadership and demonstrate inclusivity through, for example, providing tailored programs and services for LGB people and supporting LGB events.
- Services and organisations at the state and local level, including mental health services, should ensure they are inclusive of LGB people, particularly young people. For example, participation in training and accreditation programs, such as the [Rainbow Tick Program](#), may help to equip organisations and services to utilise a whole of service approach to LGB inclusive practice.

Glossary

Asexual: This refers to someone who does not experience sexual attraction. They may still experience feelings of affection towards another person.

Biphobia: Biphobia means fear of bisexuality. Some people may feel threatened by people who have sexual preferences other than their own. They may express this fear in a variety of ways ranging from subtle discrimination to overt violence.

Bisexual: This refers to a person who is romantically and sexually attracted to individuals of their own gender and other genders.

Cisgender: This refers to people whose gender identity is in line with the social expectations of their sex assigned at birth. It is a term used to describe people who are not transgender.

Confidence intervals: Confidence intervals allow gauging the reliability of an estimate. Confidence intervals of 95% have been calculated for each indicator estimate in this report. 95% confidence intervals are best interpreted by saying that if we were to sample from the same population 100 times, we'd expect the population estimate to fall within the interval 95 times.

Gay: This refers to someone who is romantically and sexually attracted to people of the same gender identity as themselves. It is usually used to refer to men who are attracted to other men but may also be used by women.

Gender diverse: Gender diverse and non-binary refers to people who do not identify as a woman or a man (see 'gender identity' below). Some people may identify as agender (having no gender), bigender (both a woman and a man) or non-binary (neither woman nor man).

Gender identity: The way in which a person understands, identifies or expresses their masculine or feminine characteristics within a particular sociocultural context. A person's gender identity can be the same or different from their sex assigned at birth. It includes identities such as cisgender (where a person's gender identity is in line with the social expectations of their sex assigned at birth), trans, gender diverse and non-binary.

Heterosexism: Heterosexism is the belief that everyone is, or should be, heterosexual and that other forms of sexuality are unacceptable. This belief may underpin a range of areas – for example, health policy, health services, welfare and education services – and can make gay and lesbian people feel invisible. This can have a range of impacts. For example, it may mean that the form you fill in at a medical service may have no place to record that your nominated next of kin is a same sex partner. If you are a young gay person, you may not be permitted to take a same sex partner to the school formal.

Homophobia: Homophobia means fear of homosexuality. Some people may feel threatened by people who have sexual preferences other than their own. They may express this fear in a variety of ways ranging from subtle discrimination to overt violence.

Intersex: Refers to the diversity of physical characteristics between the stereotypical male and female characteristics. Intersex people have reproductive organs, chromosomes or other physical sex characteristics that are neither wholly female nor wholly male. Intersex is a description of biological diversity and may or may not be the gender identity used by an intersex person.

Lesbian: This refers to a woman who is romantically and sexually attracted to other women.

Pansexual: This refers to people who are romantically and sexually attracted to people of all genders.

Queer: Queer is an umbrella term used by some people to describe non-conforming gender identities and sexual orientations.

Statistical significance: Statistical significance is an indication of the likelihood that a difference between figures is not due to chance. Statistically significant differences between groups were deemed to exist when 95% confidence intervals of estimates did not overlap.

Trans: Transgender (often shortened to 'trans') refers to a person whose gender identity, gender expression or behaviour does not align with their sex assigned at birth (State of Victoria 2016).

Definitions were sourced from <http://www.vic.gov.au/equality/inclusive-language-guide.html>; <https://www.betterhealth.vic.gov.au/health/healthyliving/gay-and-lesbian-discrimination>; and VicHealth 2016b.

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Acknowledgement

VicHealth would like to thank the author of this report, Dr Jennifer Power, Senior Research Fellow at the Australian Research Centre in Sex, Health and Society, La Trobe University.



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VicHealth acknowledges the support of the Victorian Government.

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October 2017 P-KN-565

