

"This group gave me a family":

An evaluation of the impact of social support groups on the health and well being of same sex attracted young people



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Executive Summary

We have previously documented the often hostile environments that same sex attracted young people endure because of their sexual difference and the negative impacts this has on their health and well-being through the loss of social networks and the eroding of self esteem (Hillier et al., 1998; 2005). In the last 10 years in response to the research evidence, many initiatives have been undertaken to address the issues these young people face. One important initiative has been to establish social support groups.

This project set out to document the advantages and disadvantages for same sex attracted young people of belonging to a group specifically set up to support them. Young people from social support groups filled out surveys at four time points over one year. Two sets of findings are presented. The first is cross sectional data from Time 1 (T1) with 135 young people attending 10 groups. The second is longitudinal data from 51 young people in 10 groups comparing results at T1 with results at Time 2 (T2), four months later. The findings from this evaluation of support groups are summarised below. The findings from Time 3 (T3) and Time 4 (T4) are not presented because attrition made them unreliable.

1. Belonging to a group for 4 months led to significant improvements in how young people felt about their sexuality. This is despite experiencing high levels of homophobic abuse. This finding is very important because we know there is a strong relationship between young people's feelings about their sexuality and whether they self harm (including suicide) with those who feel bad about their sexuality being three times more likely to self harm than those who feel good. As such, how young people feel about their sexuality may act as a mediating factor between homophobic abuse and self harm. Many young people attributed the improvement to having a space where they were accepted and safe. They also overwhelmingly reported that the group had helped them in standing up for their rights and in giving them strategies to deal with homophobia.
2. In the first four months of group membership young people's feelings about their lives in general improved significantly. According to the young people this had to do with being accepted and with establishing new, trusting relationships that were respectful of their sexuality. It was also about no longer feeling alone.
3. For these young people group membership lead to an increase in friendships and support and a reduction in isolation and alienation that is a direct result of homophobia. The

importance of friendships was also evident in young people's lists of their current needs when they joined the group. Overwhelmingly, they reported needing to establish friendships with people they could trust who accepted them for who they were. Beyond friendship, young people learned to be part of networks and they learned about a gay and lesbian community and this was important for them because it gave them a sense of continuity and a belief in a future.

4. In regard to schooling, four months in a group was strongly related to young people feeling safer at school and feeling less concerned about school. This is an important finding. Research tells us that school is the most dangerous place for these young people in terms of discrimination and verbal and physical abuse and feeling safer and being less concerned about school is likely to mean that young people remain at school. There were no changes in concerns about depression, housing, and work.
5. Young people who belong to social support groups were more likely to be exclusively attracted to the same sex and to identify as gay or lesbian. This finding appeared at T1 and remained unchanged at T2. It is most likely therefore a function of the types of young people who attend the groups rather than the impact of belonging to a group. Bisexual youth may be less likely to join these groups.
6. Group membership provides young people with access to much needed information about sexuality and safe sex. Research tells us that same sex attracted young people are denied this information from home and school and are many times more likely to contract an STI. As well the young women were at least as likely to become pregnant as their heterosexual counterparts. Information is a necessary (though not sufficient) factor in young people having safe sex.
7. Though we have focused on data collection at T1 and T2 four months later, data were collected at T3 and T4 in the project. We have not reported on T3 and T4 because there were very high attrition rates. They did however add one finding to the mix. Young people at T3 and T4 showed no further health gains though it must be noted that the gains from T2 were maintained. It could be argued from this that the main benefit of belonging to a group in terms of mental health and well-being for these young people is experienced very early on in their membership history.

In summary therefore, there are many advantages to same sex attracted young people of being members of social support groups. These include improvements in how they feel about their sexuality and life in general and we know that these changes are likely to be accompanied by reductions in self harm. The reasons for these improvements lie in the rebuilding of social networks and the reestablishment of trusting relationships through being with other young people and no longer being positioned as 'outsiders'.

As well the groups gave young people access to belief statements that did not position them in negative ways and this allowed them to feel better about themselves. The main work of the groups was in giving young people strategies in dealing with the homophobia of other people and in reframing homophobic beliefs that they had internalised about themselves.

The findings from this report indicate that much of the damage done to the mental health and well-being of young people through homophobia at school and in the community can be ameliorated through membership of support groups. Where homophobia alienates young people from many of their relationships and their communities, social support group membership can give young people the opportunity to build new relationships and find new communities. Where young people 'wear' the homophobia beliefs and take them on as truths about themselves, support groups membership gives them access to new beliefs that provide positive subject positions for them, helping them feel good about themselves. Where discrimination denies these young people relevant information about safe sex and relationships, support groups can and do provide this for them as well. That young people felt better about life and themselves, that they felt safer at school and on the streets than when they first joined a group is testament to their importance.

The findings of this report indicate that social support groups are invaluable in the health benefits that they provide. This is not to say however that the continuous open group model is the best one to follow. A different model that is less resource intensive may achieve the same results. For example, groups that run for six weeks several times a year may result in similar health benefits to one that runs all year. Regardless of the model, this report recommends that until homophobia is abolished from our schools and communities these groups are a very effective way to ameliorate its damaging health impacts.

Chapter 1. Introduction and background

Australian research with young people has revealed a minority group who are sexually attracted to people of their own sex. In the large national high school studies of 3500 senior students in 1997 (Lindsay et al.) and 2,500 senior students in 2003 (Smith et al.) between 7% and 9% of young people were attracted to their own sex or unsure. In a 1996 study (Hillier et al.) of 1200 rural youth in Tasmania, Victoria and Queensland, 11% of young people were attracted to their own sex or unsure. These studies also revealed that same sex attracted young people may be living in hostile environments at home, at school and in the community and that this may be impacting on their health.

In response to the findings of the rural research in 1996 and the national research in 1997, the first *Writing Themselves In* (1998) research on the sexual health and well-being of 750 same sex attracted young people was conducted. This, and its follow up in 2005 (*Writing Themselves In Again*, (WTIA) Hillier et al.) with 1749 young people were the first of their kind in the world to document, on a national basis, the sexual health and well-being of same sex attracted young people. The findings from both these studies were clear – these young people were having their basic rights compromised in a number of ways and this resulted in negative health outcomes:

- Less than 20% were receiving relevant sex education (1998 & 2005)
- Over half had been verbally and or physically abused because of their sexuality (1998 & 2005)
- School was where abuse was most likely to take place (1998 & 2005)
- Young people felt unsafe in many places, especially at school (1998 & 2005)
- Drug use was higher than for heterosexual youth (1998 & 2005)
- Rates of STIs were many times higher than for heterosexual youth (2005)
- Pregnancy rates were at least as high as for heterosexual young women (2005)
- Self harm, including suicide ideation and attempts, was an issue for 36% of this group. Self harm rates were higher for those who had suffered homophobic abuse.

These findings reflect the loss of reciprocity and trust and the negative health impacts that a lack of social connection can have on a young person's health.

1.1 Importance of social connection

A socially inclusive society is one "where all people feel valued, their differences are respected, and their basic needs are met so that they can live in dignity" (Vic Health Mental Health Statement 2006). Social inclusion is an important prerequisite for mental health. According to Berkman and Glass (2000), people who are socially isolated have increased risks of contracting a number of illnesses than those who maintain strong ties with family, friends and community.

Research suggests that young people who do not have confiding relationships are between 2 and 3 times more likely to experience depressive episodes compared to peers who reported more confiding relationships (Glover et al., 1998). Homophobic discrimination erodes away social connection, reciprocity and trust and leaves young people at risk of mental health issues. Groups that have the potential to help young people rebuild social networks and to establish close trusting relationships where they feel valued and safe, may be what is needed to address the impacts of homophobia in young people's everyday lives.

1.2 Why support groups

Research has been conducted on the impacts of a range of types of support groups. Groups based on illness shows that belonging to a group has a profound impact on the health behaviours of the members (Davison, Pennebaker, & Dickerson, 2000) and people who belong to a group have a sense of greater control over their health (Fontaine, McKenna & Cheskin, 1997).

United States research has shown that support groups are a very effective way to alleviate the impacts of marginalisation and stigmatisation on people who find themselves outside the norm for one reason or another, in particular same sex attracted young people (Dietz & Dettlaff, 1997). Research shows that when young people are in difficult circumstances and they become marginalised, support is a very important factor in how well they deal with the isolation that results from abuse and exclusion. Support can take many forms and the research has described the impact of a range of support

types from informal interpersonal support (Nesmith, Burton, et al.. 1999) to formal social support and self help groups including gay/straight alliances(Lee, 2002).

Social support groups are one way to address the homophobic abuse and isolation same sex attracted young people experience. Individuals belonging to minority groups tend to function better and be healthier when able to form connections with others sharing their minority status and with most minority groups this occurs within the family. Parents often educate their children about their cultural heritage, customs and rituals, and teach them pride in their minority status. Many also attend places of worship, schools and events with others sharing their minority status and are thus able to form connections and support networks with these individuals. This is often not the case for same sex attracted young people (SSAY), whose parents are overwhelmingly likely to be heterosexual. These young people often have to cope with their sexual difference without support from their family members and with limited role models, positive media images and education about their sexuality (Peters, 1997). Many SSAY are exposed to homophobic attitudes and learn early on that it is not safe to disclose their sexual identity to others. As a result they are often invisible to each other and to the gay and lesbian community, precluding both the development of peer support networks and the opportunity to access mentors. This invisibility and lack of support often results in profound isolation and adverse health outcomes for these young people.

Research on gay and lesbian adults has shown that social support and a sense of community are critical in protecting against the adverse outcomes associated with homophobia (Nesmith, Burton & Cosgrove, 1999). Social support, which has been consistently demonstrated to be beneficial for mental health in the general community, is particularly important for sexual minority youth, who often live in homophobic environments which manifest in verbal and physical abuse and a lack of equal representation and positive role models (Nesmith et al., 1999; Walters & Hayes, 1998).

Research demonstrating the lack of adequate social support and the resulting adverse health implications for SSAY in Australia has been the impetus behind the development over the last decade of a number of social support groups for them. These groups have taken several forms; some are exclusively for SSAY and some are for SSAY, their friends and those who are SSAY friendly. These gay-straight youth alliances (GSAs), more common in rural areas, have been open to both SSAY and heterosexual young people.

GSAs have been widely established in the US and have more recently been introduced in Australia. The most well known GSA being the "WayOut, Central Victorian Youth and Sexual Diversity Project", which commenced in 2002 (Hackney & Hillier, 2004). This project involved considerable public activism (including the performance of a play, talks to 250 secondary students, newspaper articles and community television interviews, and the development and dissemination of merchandise) and successfully raised awareness of the issues faced by SSAY and mobilised people in the community to take direct action against discrimination and homophobia (Hackney & Hillier, 2004). GSAs in general provide a safe environment in which young people can build positive relationships with both their peers and adult mentors (Lee, 2002). They do not require young people to make a decision about their sexuality or to 'come out' as being same sex attracted (Hackney & Hillier, 2004). Importantly, GSAs provide support for SSAY, as well as children of gay and lesbian parents and heterosexual young people with same sex attracted family members (Lee, 2002). GSAs also acknowledge that addressing homophobia and discrimination is an important task for everyone in the community.

While GSAs have been shown to be successful in providing support, the most common groups currently available in urban Victoria are those designed exclusively to support SSAY. The current evaluation aims to evaluate the benefits associated with belonging to one of these groups.

1.3 Why support groups for Same Sex Attracted Young People (SSAY)

Young people are becoming more aware of, and open about, their sexual orientation at a younger age and though there is increased visibility in the media and elsewhere, these young people remain an invisible minority. They are still not represented in educational curricula, suffer harassment and physical abuse, and they are often left out of compulsory hetero social activities (e.g.. the prom). Schools tend to be slow to provide support for these youth.

Social support groups designed specifically for SSAY offer a number of benefits. Most importantly, these groups work to address the isolation experienced by many SSAY by providing an opportunity for them to socialise, make friends, share common experiences, gather information and build support networks. Young people are able to interact with people who do not fit society's stereotypes and are shown a range of examples of what

gay, lesbian, bisexual and transgender people are like. Through this interaction and support, individuals have the chance to build their self-esteem and develop a sense of their own identity (Peters, 1997).

Support groups also give SSAY the opportunity to develop links with the gay and lesbian community. Many SSAY may not have known of the existence of their community and/or how to access it. A connection with the gay and lesbian community can be empowering for young people and provides them with access to role models, a sense of shared history and culture, and a political structure within which individuals can work together to bring about social change. Young people have the opportunity to start challenging the heterosexism surrounding them and to begin to realise that homophobia is really society's problem and not theirs.

Support groups also allow young people to access information about sexuality, safe sex and healthy relationships that they may have missed out on in school. Common issues faced by SSAY such as suicide, drug abuse, depression and unsafe sexual activity can also be explored and discussed.

1.4 Social support groups in Victoria

Since the late 1990s a range of SSAY initiatives have "blossomed" in Victoria. A report by Marshall (Department of Human Services, 2006) in which 63 Victorian workers with SSAY were interviewed about their experiences in working with these young people indicated that:

'the work is multi-dimensional. Workers are working with a wide age-range of young people, especially in outer-metropolitan and regional areas. There is reasonable gender distribution, although many workers expressed concerns about the limited capacity to support transgender young people.'

Other concerns of workers included:

- Age disparities in the groups
- Catering for transgender youth
- What to do with young people who are older than 18
- Lack of job security
- Insufficient funding (and time) to run a group
- Insufficient induction for new workers (only 30% had SSAY training)

- Lack of support from umbrella organisation
- High turnover and group size
- Lack of community support and fear of backlash
- Homophobia experienced by young people

Despite these concerns workers believed they were supplying an important service to these young people in a number of ways:

- Providing a safe environment and support
- Providing information about sexual health
- Facilitating the building of networks
- Helping young people deal with homophobia
- Improved mental and physical health of this group
- Community education in schools
- Producing resources

The current project aimed to add another piece to the evaluation of social support groups by gathering data from young people who attend them. This report is a companion document to the Marshall report (Department of Human Services, 2006) which gathered data from workers.

1.5 Why an evaluation of social support groups in Victoria in 2005

This evaluation of social support groups for same sex attracted young people in Victoria was carried out for a number of reasons:

i) There is controversy over their existence. Episodic backlash in the community is often fuelled by radio broadcasters who use the groups as fodder for moral panic in the community and lose sight of the safety imperative for these young people. This has devastating impacts on the group because it makes the funding bodies and the workers nervous. In a study of 63 workers with same sex attracted young people (Department of Human Services, 2006), 24% of workers referred to "backlash anxiety" as a major concern in their work. 'This is most usually demonstrated by concern over the "one person/voter phenomenon" – the anxiety that one parent or voter might object to anything that engages GLBTIQ issues positively' (p 12).

- ii) They are a 'first response' to the research and we need to know whether this is the best way to respond to the problem. There is the pressure on the workers who facilitate the groups to be accountable to their funding bodies by showing that the resources that were being invested in the groups were indeed being put to good use.
- iii) They are a growing phenomenon so we need to know what they are achieving.
- iv) Funding is precarious and so we need a better rationale to argue for more secure funding. In Marshall (Department of Human Services, 2006) many workers pointed to the fragile funding context as eroding effective capacity building: "people can't wait around to see if their part-time, limited-funding youth work position is going to be re-funded or the contract renewed, so people leave – you can't afford to wait around until you're unemployed." (p 14 & 16).
- v) There is a need to know from the perspective of young people, what they are getting out of the support groups they attend.

1.6 Aims of the evaluation

The aim of this evaluation was to assess whether belonging to a social support group resulted in positive changes in young people's well-being including how they feel about their sexuality, their relationships with others, sense of isolation and sense of safety in the world. The evaluation also aimed to ascertain whether there were any other hidden benefits associated with belonging to a group and whether there were any negative consequences.

Chapter 2. Methodology

The data used in this evaluation came from a longitudinal study which surveyed same sex attracted young people attending support groups at four time points across 12 months. The data utilised in the current report was collected at points 1 & 2, 4 months apart. The findings therefore relate to the benefits for young people of attending a group for around 4 months. This report focuses on cross sectional differences in the 135 young people at T1 and differences in variables of interest in 51 of these young people from T1 to T2¹.

2.1 Questionnaire design and development

The data were collected using a questionnaire containing both forced-choice (quantitative) and open-ended (qualitative) questions. Core items included, living circumstances, work/school, sexual attraction, identity, feelings about life, feelings about sexuality, disclosure, feeling safe and issues of concern.

Groups were approached for their interest in being part of the evaluation. Though more expressed an interest initially, 10 groups finally became part of the study. These groups were from urban and suburban areas of Melbourne including some suburban fringe areas. They represented western, northern and eastern areas. An emphasis was placed on those young people who were new to their group. To make data collection simple, only young people who attended a group on a particular day filled out the questionnaire. Because the groups fluctuate and because at Time 2 only young people who were present on a particular day and had completed T1 participated, the numbers who completed at T2 were smaller than those at T1.

2.2 Recruitment

Group members were recruited by support group facilitators who distributed the questionnaires and then collected and posted them after they had been completed. Young people were given information sheets to read and consent forms to fill out. The La Trobe University Human Ethics Committee allowed for young people not to have to gain parental consent to be part of the project.

¹ Data collected at T3 and T4 showed no further changes in the variables of interest and numbers were too small to be completely reliable. For this reason the evaluation has been limited to T1 & T2.

Chapter 3. Results of Time 1 (n = 135)

(* denotes variables that are compared at T1 and T2 in Chapter 4).

The findings are presented in two different ways. In this chapter the T1 sample (n = 135) is described and its differences from the young people in the 2005 national study, *Writing Themselves In Again (WTIA)* noted. These data were collected at about the same time as data for the national report (Hillier et al., 2005), making the comparison more valid. In chapter 4 a comparison between young people's responses at T1 and T2 is made, including only those young people who filled out both surveys (n = 51).

135 young people from 10 different groups in Melbourne took part in the data collection at T1. Young men comprised 60% of the T1 group, 39% were young women, and one young person was transgender, transitioning from female to male. Fifty six percent had been in the group for longer than a month and 44% a month or less. Average age was 17 years.

3.1 Finding out about the group

Most young people found out about the group through a friend (56%), counselors (14%), school (12%), gay organizations (7%), mothers (5%) and advertisements (5%). The Internet (5%) and other group members (3%) were also information sources about groups.

3.2 Time to join after hearing about the group

Many young people hear about a group but decide for whatever reason not to join. Others go as far as speaking with the facilitator but still do not join. Judging from facilitator feedback, this is usually because the young people are unsure and afraid of taking such a public step. Issues around parents finding out are also a concern. From the T1 sample in this study we learned that young people who did join, joined the group fairly soon after hearing about it. Seventy-one percent of young people joined the group within a month of hearing about it, 82% within two months.

The urgency for young people to join a group was fuelled in many cases by a longstanding knowledge of their sexual difference. In the national study with 1749 same sex attracted young people (Hillier et al. 2005), realisation of sexual difference often came very early. Ten percent always knew, one third knew before puberty and two thirds at puberty. The young people in this study were similar with 9% knowing for 15 years

or for 'my whole life', 11% for 10 years, 35% for 5 years, 17% for two years and 29% for up to a year. That around two thirds of these young people had been carrying the knowledge of their difference during primary school is important in understanding the haste in joining the group.

3.3 *Living circumstances, school and work

Seventy-eight percent of young people lived with their parents and 6% with other relatives. Seven percent shared with friends and 5% lived alone. The remainder lived with partners. In comparison with the *WTIA* sample (66%), these young people were more likely to be living at home and less likely to be living with friends (*WTIA* 15%).

Sixty-two percent of young people were at school, 9% were at university, 12% were working full or part time and 7% were unemployed. Given the slightly younger age of the current sample, these findings were comparable with the *WTIA* national study.

3.4 *Sexual attraction

Seventy-seven percent of young people reported experiencing sexual attraction exclusively to the same sex and 16% to both sexes. This differs from the *WTIA* results in that those young people were far less likely to be exclusively same sex attracted (66%). As well, fewer young people (16%) in this study were attracted to both sexes compared with 29% in the national study. Similar percentages of young people were unsure (5% in *WTIA* vs 6% in this study).

3.5 *Sexual identity

In terms of identity, 75% of the sample identified as gay/lesbian, 3% same sex attracted, 15% bisexual, 2% as queer and 1% as heterosexual. These findings differ from *WTIA* in that more young people in this evaluation study identified as gay/lesbian than in the national study (75% vs 61%) and fewer as bisexual (19% vs 31%).

Taking into account the attraction and identity findings, these young people were more likely to be exclusively same sex attracted and more likely to identify as gay or lesbian than those young people in the 2005 national study. As well, congruence between attraction and identity was higher in this group than in the young people in *WTIA*. It may be that young people who are prepared to fairly publicly join a social support group

have already done considerable work on sorting out their sexual feelings. It may also be that bisexual youth are able to gain support in the heterosexual community more than those who are exclusively same sex attracted.

3.6 *Feelings about sexuality

Young people were asked how they felt about their sexual feelings. Response choices were 'great', 'pretty good', 'OK' 'pretty bad' and 'really bad'. 72% felt great or pretty good, 26.5% felt 'OK' and 1.5% felt 'pretty bad'. In comparison with *WTIA*, in the first month of joining a group, fewer young people felt good about their sexuality (72% vs 76%), more felt OK (26.5% vs 19%) and fewer felt bad (1.5% vs 5%).

3.7 *How do you feel about life at the moment?

Young people were asked on a seven point scale how they felt about life at the moment. A score of 1 was 'extremely happy' and a score of 7 was 'extremely unhappy'. At T1, the average score was 3.62 – at the 'mixed feelings' level, though scores ranged from extremely unhappy to extremely happy. This does not compare well with a score of 2.97 from *WTIA*, the second national survey of the sexual health and well-being of SSAY.

3.8 How do people treat you?

We asked young people about their experiences of homophobic discrimination and abuse so this could be compared with the national sample thereby avoiding a confounding variable. If levels of abuse were different in the social support group sample, then differences could easily be accounted for by abuse status rather than group membership. Fifty-nine percent reported discrimination in comparison with 39% in the national sample. Forty six percent reported verbal abuse, a figure commensurate with the 40% in the national sample and 18% reported physical abuse in comparison with 15% in the national sample. These figures tell us that the support group sample had suffered at least as high levels of discrimination and physical abuse as the national sample and differences in their well-being cannot be attributed to differences in their experiences of homophobic abuse.

3.9 What do you need right now to be happy and fulfilled?

Young people were asked what they needed to be happy and fulfilled. Most responses were directly related to issues that young people were experiencing in relation to being

same sex attracted. Their needs in many ways were no different from their heterosexual peers and centred on the importance of maintaining strong social relations, in particular, trust, connection and reciprocity. Family acceptance was very important to these young people as in the cases below:

*'acceptance from myself and family,
'I wish I could come out to my parents and meet more SSA people'
'my father and brother to accept me'.*

Friends were also important:

*'friends, social comfort and support',
'I want gay acceptance in this world'
'friends who understand'.*

As well, young people needed to accept themselves to be happy - *'to be myself with everyone around me'*, *'self-confidence'* and *'feeling of self-worth'*. Finally, to achieve self acceptance, these young people needed to be able to talk about their sexuality with someone who understood - *'just to talk to people like myself'* and *'just someone I can talk to about being same sex attracted'*

A number of young people also indicated that they'd be happier if they had come to grips with a relationship break-up, or if they had a partner.

3.10 What do you hope to get out of the group?

Young people were asked what they were hoping to get out of belonging to the group. Their responses in many cases reflected their needs for friendship and acceptance, with other young people like themselves, for example:

*'friends mainly'
'friends, people who understand'
'wonderful gay friends'
'meeting others similar to me'
'Real life experience with people who were in the "same boat" so to speak, going through the same/similar issues
'I hope to meet other gay and lesbian people and to share experiences'.*

Information about sexuality and safe sex as well as broader lifestyle issues were also an expectation from group membership:

*"friendship, support, information",
"safe sex and relationships information",
"heaps of information",
"A broader understanding of homosexuality (as well as) information not covered at school ie. safe sex etc",
"definitely get more info about GLBTI life, make friends to go out (to) places with"
"socialising and knowing how to cope with stereotypes"
"a better understanding of life and homosexuality".*

Young people also expected that the group would provide support and a safe place where they could be themselves:

*"to be told that its fine to be gay, I guess accepted"
"a place to feel safe to be who I am without being discriminated"
"support and to be able to relate with people with same issues"
"have fun and be happy whilst being myself"*

Finally, young people hoped the group would help them with making changes within themselves, particularly in relation to feeling good about who they are:

*"confidence, more of it"
"courage and strength"*

3.11 What the group has provided so far

At the end of the survey, space was provided for participants to add comments they might have. Most of what they wrote was about their experiences with the group so far.

*"Groups like this gave me a family, they taught me to be independent as well as trusting of others"
"the facilitator is a great person, they helped me a lot"
"this group is a good idea"*

"I love this group, its helped me a lot, it's a really really worth while project"
"if it wasn't for this group I'd still be unhappy"
"group is the best thing for me!"
"Better. If I ever feel down, the facilitators are there to lend an ear straight away"

3.12 *Disclosure

At T1 young people had talked to an average of 6 people about their sexuality or transgender status with around 2/3 (an average of 4.7) being supportive. Friends were the most common group of people to whom young people had talked about their sexuality, 86% had spoken to a female friend, 75% to a male friend. Friends were the most supportive out of all groups, with 87% of female and 79% of male friends providing support. This finding confirms those of the *Writing Themselves In* reports which found that friends, especially female friends were most likely to be told first. Approximately half the sample had spoken to a partner, 72% of whom had given support. Fifty eight percent had spoken to someone on the internet about their sexuality, 65% of whom reported that they received support when they did this.

More young people had spoken to their mother than their father about their sexuality (74% vs 44%) and this finding is the same as those for the national reports. Mothers and fathers were equally likely to give support (63% vs 65%). Siblings were spoken to less often, (sisters 39% and brothers 32%) with sisters being more supportive than brothers (62% vs 50%).

A large proportion of the sample had spoken to a professional adult (e.g.. a counselor, teacher), and approximately two thirds of those spoken to were found to be supportive. Eighteen percent had spoken to a doctor, 65% of whom were supportive (roughly equivalent to parents and other adults).

3.13 *Prior to the group, how many same sex attracted people did you know?

There was a wide range in young people's knowledge of other same sex attracted people. Thirty five percent knew of 4 or less, 10% knew between 5 and 9 and the remainder knew 10 or more. This finding reflects the heterogeneity of young people in groups and their differing needs in regard to network building and relationships.

3.14 Information about sexuality, safe sex etc

Young people were asked at Time 1 where they were able to get information about same sex relationships and safe sex. Three quarters of the young people mentioned the group as an avenue for trustworthy information about sexuality and in some cases the group supplied information resources directly to them. A number of young people reported having access to no information sources before joining the group:

- "had no where before I joined, I can get info from group now"*
- "didn't have anywhere. Have the group room now, it helps"*
- "internet, lots of info at the group"*
- "The group is a connection point to other services and other people who know things"*

There was also the sense that information given was contextualised in lifestyle and relationships and that this meant that young people felt part of this bigger picture. This gave them the motivation to stay safe. Comments that reflected this were:

- "I get safe sex, information not covered at school"*
- "I, get advice, info on clubs and magazines"*
- ", more info on G/L life, learn about stuff, how to live happily and safely"*
- "I get info on how to do the right thing"*
- "I get a better understanding of life and homosexuality, heaps of information"*

We know that SSAY report higher rates of sexually transmitted infections than do their heterosexual peers (Hillier et al. 2005) and their pregnancy rates at 10% are also high. The finding in the last national survey that 80% found sex education was not at all useful to them helps complete our understanding of the problem. Information will not ensure sexual health but it is a necessary precursor to making informed decisions. While schools fail to provide appropriate and relevant information, support groups are needed to bridge the information gap and they do this effectively by giving young people the motivation to stay safe as well as the information they need.

3.15 Summary of Time 1 results

There were more young men than young women in this evaluation of social support groups - an accurate reflection of the gender balance in groups at the time. Almost four out of five were living with their parents and another 7% with relatives – a higher figure than in *WTIA*. Two thirds were at school or university.

Young people joined the group fairly quickly on hearing about it – over four fifths within two months. The haste to join the group tells us about these young people's needs, brought about by a long standing knowledge of the serious potential impact of their sexual difference. Over half of the young people in the study at Time 1 had carried this knowledge about themselves for more than five years - many of them for much longer.

At T1, these young people were more likely to be exclusively same sex attracted and to identify as such than their *WTIA* counterparts. They also had more congruence between these two aspects of their sexuality. In contrast, they were less likely to feel 'good' or 'great' about their sexual feelings and less likely to feel good about life at the moment than their counterparts in the national study.

These young people had experienced high levels of verbal and physical abuse and had very clear ideas about what they needed in life to be happy. This centred on supportive relationships and acceptance for their sexuality. In many cases this was what they expected from their membership of their support group. It was clear at T1 that the groups were incredibly important to young people and that they had high expectations of them. At T1 young people expressed a high level of satisfaction and relief at finding the group and in what it had provided for them. In particular, it meant that they were no longer alone.

There was wide variability in young people as to how many people they had disclosed their sexuality to and how many same sex attracted people they knew.

Very early in their group membership, young people were given access to information sources about safe sex and sexuality and that information was often contextualised, providing more motivation for them to have safe sexual lives.

Chapter 4. Results of Time 1 and Time 2 (n = 51)

In all, 51 young people from 10 groups filled out the Time 1 (T1) and Time 2 (T2) questionnaires. Over half of the young people who filled out T1 were not in attendance when T2 surveys were filled out and this meant that numbers at T2 were low. Attendance at groups is often haphazard because of a range of factors including the demands of school and other life and personal crises both of an ordinary nature and those pertaining to sexuality in particular. Of those who filled out the T1 and T2 surveys, there were 36 young men, 15 young women and one male to female transgender young woman. At T2, average time of attending the group was 6 months.

4.1 Living circumstances school and work T1 > T2

At T1, most young people (79%) lived with their parents and 'other relatives' (3%), with friends (6%) and alone (4%). The remaining 7% lived with a partner or in a share house. At T2, these figures remained steady. Only one young person had moved out of home in that time.

Eighty-two percent of group members at T1 were attending school or university/TAFE. Ten percent were working and 6% were unemployed. At T2, those attending school/university/TAFE had dropped 24% to 58% and unemployment had increased 8% to 14%. The numbers who were working had increased to 18% as had the 'other' category. There is a predictable movement here from being at school to university and work. We can't say that young people left because of homophobic abuse or alienation from school but the increases in young people who were unemployed could support that theory because they were prepared to leave school even though they had nothing to go to.

4.2 Sexual attraction and identity T1 > T2

At T1, 80% of young people reported being attracted exclusively to the same sex while 13% were attracted to both sexes, and 6% were unsure. Exclusive same sex attraction was much higher in this group than in the 1998 and 2005 national surveys in which 46% and 66% respectively were exclusively same sex attracted. At T2 young people's attractions remained steady.

At T1, 79% of young people identified as gay/lesbian, 13% as bisexual, 2% as same sex attracted and 3% as queer. One person identified as heterosexual, and 2 classified

themselves as 'other', which included 'gay female' and 'poof/fag'. At T2, there was minimal change in identity with one person no longer identifying as heterosexual and one fewer identifying as bisexual. If we compare these findings to the 1998 and 2005 national surveys we find that young people who belonged to a group were far more likely to identify as gay/lesbian than young people in the national studies (1998 - 45%; 2005 - 65%).

In regard to attraction and identity, young people in support groups were far more likely to have an exclusive identity and attraction than those in the national surveys. We can only surmise the reasons for this, however, we know from the 2005 *Writing Themselves In* report that the reasons for not choosing a gay/lesbian label are often because of a fear of disapproval and alienation. Bisexual labels are often more acceptable for friends and family and young people who do not have access to supports may not be willing to risk further alienation in their choice of a more exclusive label. It may be that the increase in support and acceptance through membership of the group allowed young people to acknowledge their attractions more freely and match their identity to them.

4.3 Feelings about sexuality T1 >T2

There was a significant, positive change in young people's feelings about their sexual attractions at T2 after several months in the group. Percentages of young people who felt 'great' or 'pretty good' rose from 72% to 96%, a figure way higher than the 76% in the 2005 national survey and the 60% in the 1998 national survey. This is a significant and important finding and could be regarded as one of the main advantages of group membership not the least because it is a marker of self esteem in this group. It is also important because we learned from *WTIA* (Hillier et al., 2005) that young people who feel bad about their sexuality are many times more likely to self harm (including to attempt suicide) than those who feel good about their sexuality. Many young people attributed feeling good about their sexuality directly to group membership:

"group has had me become more open"

"[the group] has allowed an open and safe space in which to express my self and my sexuality"

"it's a place that I find, that what we are is normal, I didn't find that alone"

"I know more ppl therefore feeling included in the community"

4.4 Do you feel more comfortable about your sexuality since joining the group?

Ninety percent of the young people reported feeling more comfortable about their sexuality since joining the group.

"the group has made me feel more able to express who I am and makes me more comfortable"

"I'm really comfortable about my sexuality, group made me heaps more comfortable"

"Learning about the gay community and how to be comfortable has actually really opened my eyes"

The other 10% reported feeling the same.

4.5 Feeling about life at the moment? T1 >T2

Young people were asked on a seven point scale how they felt about life at the moment. A score of 1 was 'extremely happy' and a score of 7 was 'extremely unhappy'. At T1, the average score was 3.62 – at the 'mixed feelings' level, though scores ranged from extremely unhappy to extremely happy. At T2, young people's scores had improved to 2.84 – a significant improvement on the score at T1 ($t = 3.929, p = .000$) and better than the average in *WTIA* (Hillier et al., 2005). This finding and the significant improvement in how young people felt about their sexual feelings after four months in a group show that group membership had a positive impact on young people's well-being.

4.6 Feelings of safety T1 > T2

Young people were asked on a five point scale (with lower scores representing feeling safer) about their feelings of safety in five contexts: at school; on the street; at home; at social occasions and at sporting events. Safety scores for school and the street were markedly improved after 4 months in the group. At T1, average score at school was 2.4 and at T2 this decreased (to feeling safer) to 1.92 – a significant improvement in feelings of safety at school and an improvement on scores in the national study *WTIA*, in which mean score for safety at school was 2.32. After four months in a group young people also felt much safer on the street. At T1, mean score for safety on the street was 2.3 and this improved to 2.1 at T2 – another significant improvement in feelings of safety and an

improvement on the *WTIA* average of 2.61. There were non-significant improvements in safety scores at home, at social occasions and at sport.

The change in young people's feelings of safety at school from 2.4 to 1.92 was by far the largest and most important change because school is where homophobic abuse is most likely to happen and where young people in this study felt least safe when they joined the group. The reasons for the change in feelings are likely to be varied, however, the data show that at least some of the improvement is due to young people learning strategies for dealing with homophobic abuse (see below, 4.8). It may also be that in feeling less isolated they also feel safer. As well, work in schools to reduce homophobia is often part of the facilitator's job description and this may have improved safety in some schools.

4.7 Concerns T1 > T2

Young people were asked on a five point scale at T1 and T2 whether a number of issues were of concern to them. These included housing, drugs/alcohol, school, physical health, work, social isolation and depression. A score of 1 was 'rarely' and a score of 5 'all the time'.

At T1, depression was the major concern for young people (av 2.27), followed by school (av 2.18), social isolation (av 2.11), work (av 1.93), physical health (av 1.91), drugs/alcohol (av 1.61) and housing (1.57). At T2, these concerns remained fairly steady except for a significant decrease in concern about school (T2 av 1.80) and non significant decreases in concern about isolation (T2 av 1.80), and physical health (T2 av 1.89). The decrease in concern about school confirms young people's increased feelings of safety there and is an important finding.

4.8 Impact of the group on dealing with homophobia

Homophobia has been shown to produce negative health outcomes for same sex attracted young people in part because they do not know how to deal with it. At T2 young people were asked whether being a member of the group helped them deal with incidents of homophobic abuse that were directed at them. Most of the participants (84%) reported that the group had helped them deal better with homophobia. This is a significant finding which speaks to an important aim of these groups, that is, to help young people deal with homophobia and reduce its negative effects. It may also

explain why these young people feel better about their sexuality than those who do not belong to groups. We know that learning positive affirming beliefs about homosexuality rather than negative homophobic beliefs has been shown to improve young people's feelings of worth and reduce self harm (Hillier and Harrison, 2004). Young people's explanations for change brought about by group membership fell into two groups. The first focused on the way the group helped them gain confidence to stand up for themselves:

"Now that I feel more comfortable about being gay I can stand up to others if it's safe"

"I've learned to be strong, confident and not take shit from others"

"I'm stronger because of the groups' support. Being stronger gives me more confidence"

"I try to believe I am ok, that they can't affect me. But it still hurts. But when I sit and talk to them [the group] about it I start feeling better"

The second was about learning strategies to protect themselves:

"I have learnt how to ignore the verbal abuse I used to receive, and because of it, it has stopped. Group helped me achieve this".

"I feel that I've learnt more about how to deal with such a situation if and when confronted by it like as in, what to do exactly"

"I have learnt better ways to deal with homophobia and homophobia within GLBTI community thanks to the other members of the group"

"It's made me think of ways to avoid and get out of these situations"

Feeling confident and proud and learning strategies to deal with abuse ameliorated the impacts of homophobia on these young people.

4.9 Increasing young people's networks T1 > T2

Group members' numbers of same sex attracted friends increased significantly through being part of the social support group. The groups provided a myriad of opportunities for contact with other people who were same sex attracted. Not only did young people meet the other group members when they joined, groups often met with other groups on outings, young people introduced each other to their networks, and groups often

attended SSAY events such as midsumma and Minus18. Group membership was clearly a very successful networking strategy. This is very important because one of the major impacts of homophobia is the breakdown of relationships, an increase in isolation and loss of trust, reciprocity and connectivity. Through these new networks, young people are able to rebuild and build new relationships which, research tells us, are vital factors in mental health and well-being.

4.10 Disclosing sexuality

Because same sex attracted young people can be isolated and vulnerable and don't know how, or are too frightened, to be open about themselves, it was important to ask them: *Has being part of the group helped you talk to more people about your sexuality?* Most young people (86%) answered in the affirmative and their explanations were all very similar. Meeting other young people in a safe environment gave them the confidence to be open about themselves outside the group:

'[Group name] raised my self-esteem, so I feel better about who I am, so I talk more honestly about myself'

'I now find it way to talk to people whilst being at group'

'It has helped me to feel easy about telling people and confident'

'I just feel more comfortable about myself'

Of course learning to be honest about themselves is only one of the many benefits of belonging to a group that comes with feeling confident and comfortable about oneself and one's sexuality. It is also an indicator of self esteem, an important component of health and wellbeing.

4.11 Relationships with parents

The number of young people who had disclosed to their mothers increased from 70% at T1 to 81% at T2. Disclosure to fathers increased from 40% at T1 to 57% at T2. A number of these young people attributed improvements in their relationships with their parents to group membership.

Forty percent of the young people said their relationship with their parents was better since joining the group:

"As I join while coming out I've been supported by group and closer with my mum"

"It has improved communication and understanding with them"

"IT HAS IMPROVED!"

"yes, we are much more open about our feelings, they are very supportive"

"A little - but I never got along with my parents"

"still the same which is very good"

"Generally not much difference than before I joined. Except perhaps on them understanding of me, my feelings, and lifestyle"

Another 50% reported no change and most of these had parental support to attend the group:

"No, they have said they love me no matter what, and they treat me the same"

"It's the same which is very good, my mum enrolled me in this group"

"It hasn't really, I still don't talk to my dad and my mum is still undecided on whether or not she wants to support me in this issue"

"it hasn't but they don't want to discuss it much"

For 10%, relationships with parents had deteriorated and this is where membership of the group was very important in providing support that was unobtainable elsewhere – even from home:

"Dramatically. My parents choose not to have a lot to do with me since being gay/SSA"

4.12 Problems encountered in the group

Given that this was an evaluation of the negative aspects of group membership as well as the positives, and given also the challenges facing researchers as reported in the Marshall report (2006) above (1.4), a question was included at T2 about the problems young people had encountered through being part of the group. We felt that it was important to give young people an opportunity to feel free to express dissatisfaction:

"Sometimes issues with ex's, but these always get sorted out"

"tension in group from personality clashes"

"confusion about people's sexuality and wondering how to deal with depression"

"The need to confront emotions with myself that were being mirrored by others"

"(almost) going to public before discussing plans (my fault)"

All of the criticisms of the groups have been presented here. They are mostly about relationship break ups and personality clashes – nothing that can be avoided in groups such as these – except where clear ground rules are established and agreed upon.

Chapter 5. Discussion and Conclusion

We have previously documented the often hostile environments that same sex attracted young people endure because of their sexual difference and the negative impacts these have on their health and well-being through the loss of social networks and the eroding of self esteem (Hillier et al., 1998; 2005). In the last 10 years in response to the research evidence, many initiatives have been undertaken to address the issues these young people face. One important initiative has been the establishment of social support groups.

This project set out to document the advantages and disadvantages for same sex attracted young people of belonging to a social group specifically set up to support them. Two sets of findings were presented. The first is cross sectional data from T1 with 135 young people attending 10 groups. The second is longitudinal data from 51 young people in 10 groups comparing results at T1 with results at T2, four months later. Though data were collected at T3 and T4, a very high attrition rate rendered it almost useless. However it did add one finding to the mix and that is that the main benefit of belonging to a group is experienced very early on in a young person's membership history. Though gains were maintained, there was no evidence of further advantages to young people after 6 months in a group. The findings from this evaluation of support groups are very clear and are summarised below.

Young people who belong to social support groups were more likely to be exclusively attracted to the same sex and to identify as gay or lesbian. This finding appeared at T1 and remained unchanged at T2. It is most likely therefore a function of the types of young people who attend the groups rather than the impact of belonging to a group. Bisexual youth may be less likely to join these groups.

Belonging to a group for 6 months led to significant improvements in how young people felt about their sexuality. This is despite experiencing high levels of homophobic abuse. This finding is very important because we know that young people's feelings about their sexuality are related to self harm and suicide with those who feel bad about their sexuality being three times more likely to self harm than those who feel good. As such, how young people feel about their sexuality may act as a mediating factor between homophobic abuse and self harm. Many young people attributed the improvement to

having a space where they were accepted and safe. They also overwhelmingly reported that the group had helped them in this standing up for their rights and in giving them strategies to deal with homophobia.

For these young people group membership lead to an increase in friendships and support and a reduction in isolation and alienation that is a direct result of homophobia. The importance of friendships was also evident in young people's lists of their current needs when they joined the group. Overwhelmingly, they reported needing to establish friendships with people they could trust who accepted them for who they were. Beyond friendship, young people learned to be part of networks and they learned about a gay and lesbian community and this was important for them because it gave them a sense of continuity and a belief in a future.

In regard to schooling, six months in a group was strongly related to young people feeling safer at school and feeling less concerned about school. Because school is the most dangerous place for these young people in terms of discrimination and verbal and physical abuse, feeling safer and being less concerned about school is likely to mean that young people remain at school. There were no changes in concerns about depression, housing, and work.

Group membership provides young people with access to much needed information about sexuality and safe sex. Research tells us that same sex attracted young people (SSAY) are denied this information from home and school and associated with this, are many times more likely to contract an STI. As well the young women are at least as likely to become pregnant as their heterosexual counterparts. Information is a necessary (though not sufficient) factor in young people having safe sex.

In the first four months of group membership young people's feelings about their lives in general improved significantly. According to the young people this had to do with being accepted and establishing new, trusting relationships that are respectful of their sexuality. It was also about no longer feeling alone.

Group membership did not lead to young people leaving home - on the contrary there is evidence that it had a positive impact on the relationship between a young person in the group and his or her parents.

In summary therefore, there are many advantages to same sex attracted young people of being members of social support groups. These include improvements in how they feel about their sexuality and life in general and we know that these changes are likely to be accompanied by reductions in self harm. The reasons for these improvements lie in the rebuilding of social networks and the reestablishment of trusting relationships that occurred through being with other young people and no longer being positioned as 'outsiders'. As well the groups gave young people access to belief statements that did not position them in negative ways and this allowed them to feel better about themselves. The main work of the groups was in giving young people strategies in dealing with the homophobia of other people and in reframing homophobic beliefs that they had internalised about themselves.

The findings from this report indicate that much of the damage done to the mental health and well-being of young people through homophobia at school and in the community can be ameliorated through membership of support groups. Where homophobia alienates young people from many of their relationships and their community, social support group membership can give young people the opportunity to build new relationships and find new community. Where young people 'wear' the homophobic beliefs and take them on as truths about themselves, support group membership gives them access to new beliefs that provide positive subject positions for them, helping them feel good about themselves. Where discrimination denies these young people relevant information about safe sex and relationships, support groups can and do provide this for them as well. That young people felt better about life and themselves, that they felt safer at school and on the streets than when they first joined a group is testament to the importance of these groups.

The findings of this report indicate that social support groups are invaluable in the health benefits that they provide. This is not to say however that the continuous group model is the best one to follow. A different model that is less resource intensive may achieve the same results. For example, groups that run for six weeks several times a year may result in similar health benefits to one that runs all year. Regardless of the model, this report recommends that until homophobia is abolished from our schools and communities these groups are an essential and very effective way to ameliorate its damaging health impacts on a vulnerable group of young people.

References

Davison, Kathryn P; Pennebaker, James W; Dickerson, Sally S (2000) Who talks? The social psychology of illness support groups. *American Psychologist*, 55(2), 205-217.

Department of Human Services (2006) *Working with Same Sex Attracted and Transgender Young People: A consultation with workers across Victoria*, Social Policy Branch, Department of Human Services.

Dietz, T. & Dettlaff, A. (1997) The impact of membership in a support group for gay, lesbian and bisexual students. *Journal of College Student Psychotherapy*. Vol 12(1), 57-72.

Fontaine, K. McKenna, L.; & Cheskin, L (1997) Support group membership and perceptions of control over health in HIV+ men. *Journal of Clinical Psychology*. 53(3), 249-252.

Hackney, S. & Hillier, L. (2004) *Wayout, Central Victorian youth and sexual diversity project: Final report and evaluation to accompany video*. Kyneton: Cobaw Community Health Centre.

Hillier, L. & Harrison, L. (2004). Homophobia and the production of shame: young people and same sex attraction. *Culture, Health & Sexuality*, 6, 79-94.

Hillier, L., Turner, A & Mitchell, A. (2004). *Writing themselves in again: The 2nd national report on the sexuality, health and well-being of same sex attracted young people in Australia*. Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne.

Lee, C. (2002). The impact of belonging to a high school gay/straight alliance. *The High School Journal*, 85, 13-26.

Nesmith, A. A., Burton, D. L. & Cosgrove, T. J. (1999). Gay, lesbian, and bisexual youth and young adults: social support in their own words. *Journal of Homosexuality*, 37, 95-108.

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

Peters, A. J. (1997). Themes in group work with lesbian and gay adolescents. *Social Work with Groups*, 20, 51-69.

Victorian Health Promotion Foundation. (2005) A plan for action 2005-2007. Promoting mental health and wellbeing. Carlton: VicHealth.

Walters, A. S. & Hayes, M. (1998). Homophobia within schools: challenging the culturally sanctioned dismissal of gay students and colleagues. *Journal of Homosexuality*, 35, 1-20.

