

**The Impact of Homophobic Bullying during  
Sport and Physical Education Participation on  
Same-Sex-Attracted and Gender- Diverse Young  
Australians' Depression and Anxiety Levels.**

Caroline Symons

Grant O'Sullivan

Erika Borkoles

Mark B. Andersen

Remco C. J. Polman

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College of Sport and Exercise Science, Victoria University, and the  
Institute for Sport, Exercise and Active Living

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## Main Messages

- Same-sex attracted and gender diverse (SSAGD) youth who may or may not be open about their sexuality or gender identity, have reported significantly higher mental health and wellbeing concerns than heterosexual youth.
- Verbal homophobic abuse in these settings was strongly associated with poor mental health and wellbeing of SSAGD youth. Unconditional self-acceptance was found to be a strong protective factor against such abuse. Interventions targeting self-acceptance may strengthen resilience in this group.
- Despite many SSAGD youth thrive in sport and physical education (PE) settings, homophobia and transphobia communicates to them that ‘they are not welcome here, which can prevent them from enjoying the many physical, mental and social health benefits of participation and to maintain lifelong participation.
- PE class was a particular concern for SSAGD youth, where verbal and physical abuse was reported more often than in other sport settings. Policy and curriculum writers, PE teachers and those who train PE teachers are well placed to provide a more inclusive educational environment for SSAGD youth. Casual homophobic language, such as ‘that’s so gay’ where the intention of the word ‘gay’ is not specifically a gay slur, was frequently reported in these settings, especially in PE. Many young SSAGD people found it distressing. Challenging such homophobic language is important for improving the sport and PE experiences of SSAGD youth and helps them to be accepted by their peers..
- The gendered nature of sport and PE provides challenges for gender diverse young people, and more focus should be placed on understanding their needs and on ways to encourage safer and more welcoming participation for this group.

## **Executive Summary Study Aim**

Past research suggests that sport can be a challenging place for same-sex-attracted and gender diverse (SSAGD) people, and that sport environments are some of the places where SSAGD young people feel least safe. Mental health and wellbeing concerns are more prevalent amongst SSAGD young people, as compared to their heterosexual counterparts, and homophobic bullying and abuse can contribute to poorer distress and unhappiness. The aim of this study was to investigate whether homophobic bullying and abuse occurring in sport and PE settings were associated with the mental health and wellbeing of young SSAGD Australians. The study not only explored the welfare of these young people in these spaces, but also examined whether barriers exist for SSAGD young people participating in, or continuing to participate in, sport and PE.

### **Results:**

Higher levels of experienced homophobic verbal abuse (as opposed to physical abuse or assault) predicted higher scores on depression, anxiety and stress self-report scales for SSAGD youth. This finding held for homophobic verbal abuse heard in PE, school sport and club sport settings with PE-located abuse having the strongest relationship to mental health and wellbeing concerns. Homophobic bullying and abuse in sport settings appeared to contribute to mental health concerns in this group of young people. Unconditional self-acceptance, however, was found to be a strong protective factor that can buffer the link between verbal homophobia and mental health concerns in these settings.

Homophobic verbal abuse was heard frequently in these environments over the previous 12 months. PE was the location of the most frequent experiences of verbal abuse (almost half

heard such abuse at least once, and a third with some regularity), followed by school-based sport (a third hearing verbal abuse at least once and most of those were with some regularity), and club sport being the site of the least, but still sizeable, frequency of verbal abuse (a third at least once, a fifth with some regularity).

Although homophobic-based physical abuse (pushing) was not found to be a predictor of mental health concerns, a quarter of those in PE and school sport had experienced such abuse in the last 12 months as did a tenth of those in club sport. Physical assault (hitting, using weapons) was less frequent again, but still happening, with a tenth of those in PE and club sport and over a tenth of those in school sports having experienced such violence in the previous 12 months.

When looking at the type of homophobic language experienced, casual homophobic comments, those that are used sometimes without the direct intention to be hurtful such as 'that's so gay', were heard with great frequency. Only 1.4% had never heard this language in PE, and 82.5% had heard it often or frequently. Two-thirds had heard casual homophobic language often or frequently in school sport and one-third in club sport. Casual homophobic language is often defended as not being intentionally homophobic and that 'gay' also means generally bad or weak. However, when asked, most young SSAGD people found it distressing to hear this language. Over 80% of those in PE and school sport found it at least a little distressing with half finding it quite or extremely distressing. Almost 70% of those in club sport found it at least a little distressing with over a third finding this language quite or extremely distressing. More directly homophobic language, for example *faggot* or *dyke*, was heard less often than the casual variety, but still in high proportions. Almost two-thirds

heard this type of language often or frequently in PE; over half heard it often in school sport, and over a fifth heard it often in club sport.

Data collected on depression, anxiety and stress scales (DASS) amongst these SSAGD young people confirmed that mental health and wellbeing concerns for this group are substantial. As a whole, the self-report scores were above those typically found in the wider population. The average depression score was in the *moderate* range; the average anxiety score was in the *moderate to severe* range, and the stress average fell in the *mild to moderate* range. The ranges of these mental health and wellbeing concerns in the SSAGD group were also significantly higher than the ranges found in the heterosexual participants who had completed the survey. For each of the depression, anxiety and stress scales, many more SSAGD youth were located in the *severe* and *extremely severe* categories than their heterosexual counterparts.

Within the SSAGD group there was a subgroup labelled *gender diverse* (e.g., transgender, intersex) young people having higher DASS scores than cisgendered (gender, sex and gender identity match) youth, those under 18 had higher scores than those over 18, and bisexual scores were higher than homosexuals of the same gender.

The reported rates of thinking and behaviour related to self-harm and suicide are deeply concerning. Almost half had thought about either self-harm or suicide or both. A third of these young people had self-harmed, and around 14% had attempted suicide. Less than half had never experienced any of these thoughts or behaviours. These numbers reinforce the central importance of efforts to address the mental health and wellbeing concerns of SSAGD young people.

Of the small group of *gender diverse* participants ( $n = 21$ ), almost two thirds found schools, in general, to be a transphobic places; third found schools neutral places, and only one

participant found school to be supportive with regard to her/his gender identity. Sport fared slightly better for this group; half found sport transphobic, whereas, less than a half found it neutral, and again, only one participant found sport supportive.

#### Method

Data were collected via an online survey promoted mostly through a Facebook page, other online advertising and various SSAGD youth networks and sport networks. There were 399 SSAGD participants, aged 14 to 23, along with 187 heterosexual participants of the same age who completed the survey.

## Report

### Context

More than a quarter (26%) of 16 to 24-year-old Australians reported having a variety of mental health issues in the preceding 12 months, the highest percentage of all age groups<sup>1</sup>. About 8-11% of young people in Australia are not unequivocally heterosexual<sup>2, 3</sup>. Among 16 to 59-year-old Australians, about 3% can be identified as gay, lesbian or bisexual<sup>4</sup>. Data from the Australian Bureau of Statistics (ABS)<sup>5</sup> on mental health concerns in gay, lesbian and bisexual people show higher levels of anxiety (31.5% vs. 14.1%), affective disorders (19.2% vs. 6%) and substance use (8.6% vs. 5%) than in their heterosexual counterparts. The 2008 *Annual Report of the Australian Research Centre in Sex, Health and Society*<sup>6</sup> showed that same-sex-attracted and gender-diverse (SSAGD) youth reported significantly lower general health than heterosexual young people. One Australian study<sup>7</sup> found that depression, anxiety, and suicidality were significantly higher in bisexual and lesbian/gay people than in heterosexual individuals. Research suggests that LGBT (acronym used in much of the research on lesbian, gay, bisexual, and transgender people, and in most cases it is relatively interchangeable with SSAGD) people are at increased risks of mental-health problems including anxiety, depression and self-harm often due, in large part, to social stress such as experiences of homophobic and heterosexist prejudice and discrimination<sup>8, 9</sup>.

Such social stress was evident in the findings of one of the most comprehensive, longitudinal and large scale international surveys of national school climates with a sample of 8,584 LGBT youth. School and related social environments, especially PE classes, were identified as 'unsafe' places for many LGBT students. Research from the Gay Lesbian Straight Education Network (GLSEN)<sup>10</sup> on LGBT students in school sports showed a marked

difference between LGBT student athletes who participate in sport and those LGBT youth who did not. LGBT athletes reported higher academic and mental health concerns and greater sense of engagement with their school communities than their heterosexual counterparts. Although participating schools had victimisation and discrimination policies, the level of implementation of those policies influenced whether LGBT youth felt safe or not. Similarly, LGBT participants who felt comfortable talking to their PE teachers about their sexuality were less likely than those who didn't to report harassment or assault in PE classes or avoid classes altogether, which has major implications for their physical and mental health.

The National Union of Students LGBT Campaign report, *Out in Sport*<sup>11</sup> identified higher educational institutions as places that act as barriers to participation for LGBT youth, especially transgender youth. Although difficult to establish direct cause and effect, it appears that some social environments may pose significant barriers to developing good physical and mental health for LGBT youth.

In Australia, a survey involving 1,500 same-sex-attracted youth (aged between 14 and 21)<sup>12</sup> found that nearly 38% felt unfairly treated or discriminated against because of sexual orientation; 46% had been verbally abused, and 13% had been physically abused. Seventy-four percent reported school as the prime site of abuse, and sport settings were identified as the next most unsafe environments for these young people. Those abused fared worse on every indicator of health and well-being than those who weren't, and were more inclined to self-harming behaviours. In a follow-up study<sup>13</sup> involving around double the number of participants in the 2005 survey, 61% of young people reported verbal abuse; 18% were physically abused, and 26% had experienced social exclusion and rumours being told

about them. In both studies there were strong links between homophobic abuse, feeling unsafe, excessive drug use, self-harm, and for the latter study, suicide attempts.

Moderating factors for environmental pressures on the self are the degree of gay identity formation and self-acceptance, which have been found to buffer against the detrimental effects of victimisation<sup>9</sup>. Coming out as SSAGD is an additional developmental step during identity formation. It has been shown that mental health and wellbeing was reportedly higher if SSAGD youth who got involved in the gay community and other types of peer groups. Anderson and Mavis<sup>14</sup> suggested that one's degree of confidence in the ability to be out, rather than whether or not one was out was the significant factor in life satisfaction and wellbeing. Research with SSAGD youth in Australia also found that even though many feel good about their developing sexuality, almost two-thirds experience regular abuse and discrimination that has adverse influences on their health and wellbeing<sup>13</sup>.

In summary, socially stressful and discriminatory environments experienced, especially during adolescence when much identity formation and physical development takes place, can have a large and detrimental influence on SSAGD young people. PE and sports are contexts in which the physical body is very visible and negative experiences in these domains may have detrimental effects on young people's wellbeing. The main aim of the Equal Play study was to identify the experiences of PE and sport of SSAGD youth as well as the impacts of these experiences on health and wellbeing. The current, and limited, international and Australian research identifies schools as prime sites for homophobic acts and discrimination, including PE and sport contexts. Symons et al.'s<sup>15</sup> first comprehensive survey of the sports experiences of 308 LGBT Victorians, (age 18-70) found that 41.5% of the sample frequently experienced verbal homophobic abuse, and 42.7% reported being targets of sexism at some time during their sport involvement. This research also identified that

nearly half of the respondents were not 'out' to anyone in their mainstream sports club. The main reasons for not being 'out' were: being unsure about sexuality; fear of being judged, harassed, discriminated against, abused or physically assaulted; and not feeling safe, which supports the longitudinal findings of GLSEN<sup>10</sup>. Homophobic bullying and physical and psychological abuse exist in sport and PE settings for Australian youth; the question becomes whether these act as risk factors for compromised mental health in this population. This comprehensive survey was aimed at ascertaining the nature and extent of psychological abuse, physical abuse, and homophobic bullying that have been experienced by SSAGD youth in sport and school PE within Australia and identify any associations these experiences have with current mental health.

## Implications

- The relationships, shown in this study, between verbal homophobic abuse experienced by SSAGD youth in sport and PE environments and mental health and wellbeing concerns, mean that improving those spaces for these young people may have a positive influence on their health and happiness that may also go well beyond just sport involvement (e.g., preventing these negative experiences from creating barriers to sport participation and the many documented physical, mental and social benefits of taking part in sport). Anyone who has responsibilities for player/participant welfare, such as administrators, officials, coaches, policy makers, teachers, and fellow players/participants should be concerned with these results. Challenging homophobia can happen officially through policy implementation and culturally through leadership and peer-based support. Anyone who works with SSAGD youth may also benefit from understanding that sport-based settings are of particular concern for this group of young people.

- Unconditional self-acceptance was found to be a strong protective factor against the relationship between verbal homophobic abuse and mental health and wellbeing concerns. Addressing the many factors that can influence someone's self-acceptance could be an effective avenue for building resilience in this group of young people in these sporting settings.
- PE seems to be a particularly problematic environment with substantial homophobic behaviour. It may be that early intervention in this arena could help prevent SSAGD youth from being discouraged away from sport. This findings are most relevant to all those who contribute to the profession of physical education. Awareness and skill building for PE teachers, both ongoing professional development and the training of new teachers, could begin to address the needs of SSAGD youth during PE. School principals would benefit from understanding the potential risks faced by SSAGD students, and curriculum writers may look to the benefits of more diversity and inclusion in PE and health classes (as PE teachers now also deliver health classes).
- The prevalence of suicidal ideation, suicide and self-harm in SSAGD youth still needs addressing. The findings concur with many other sources of evidence and are the concern of all those who work with youth (SSAGD or otherwise) and in the mental health sector.
- Sport is often organised along rigid and traditional gender categories and presents particular challenges for gender diverse youth. These young people have specific needs when it comes to the gendered nature of sport and PE. They can be better supported by policy changes and education for those that work in sport and PE.
- Casual and direct homophobic and transphobic language needs to be addressed in each of these environments. Attention to, and policies about homophobic and transphobic

language, may help reduce adverse effects on SSAGD youth, and may help create welcoming environments that encourage greater quality and quantity of participation for this group of young people. The responsibility for the culture and conduct of sport and PE participants, including the language used, comes down primarily to leaders such as teachers and coaches. Leadership can help set the tone for what is and is not acceptable within the culture of that space. A core business for sport administrators is member recruitment, and making their sport/club more welcoming to an entire section of the community (e.g., SSAGD people) would benefit this core business.

## Approach

### **Survey Design and Development**

An online survey was used to collect data for the Equal Play study. Both forced-choice (quantitative) and open-ended (qualitative) questions were used in the survey.

A reference group consisting of representatives from the Victorian Equal Opportunity and Human Rights Commission; Vic Health; the Australian Council for Health, Physical Education and Recreation Victorian Branch' Minus 18 and The Rainbow Network had the opportunity to guide and provide feedback with regards to the survey. Initial piloting of the Equal Play survey was conducted with youth workers from reference group members Minus 18 and The Rainbow Network as well as Family Planning Victoria's queer youth service. Feedback was incorporated into the survey that was then further piloted with LGBT young people involved with Minus 18. Care was taken to ensure that questions were understandable and that the language was appropriate.

### **The Survey**

The survey was divided into 9 themed sections:

1. *About You*- closed and open questions on age, gender, own and parent's country of birth, and language spoken at home
2. *About School* – closed and open questions on school attendance, physical education attendance, and how homophobic and transphobic school is/was for gender diverse young people and how school could be more supportive around gender diversity
3. *About Your Sexual Feelings* – closed questions on sexual attraction, age when feelings started, how participants felt about that realisation, sexual identity and how they feel about being attracted to the same-sex (if they are)
4. *About Your Identity* –The Unconditional Self-Acceptance Questionnaire (USAQ-R)<sup>16</sup> has 20 items (e.g., “I believe I am worthwhile simply because I am a human being”) to measure the extent to which participants accept themselves as they are. The USAQ-R items are scored on a 7-point Likert scale from 1 (*almost always untrue*) to 7 (*almost always true*).
5. *About Your Mental Health* – The Depression, Anxiety and Stress Scale (DASS)<sup>17</sup> consists of 21 items that assess self-reported depressive symptoms (e.g., “I couldn't seem to feel any positive feeling at all”), anxiety (e.g., “I felt I was close to panic”) and stress (e.g., “I found it hard to wind down”). The DASS has 7 items for each factor with a “in the last week” timeframe scored on a 4-point Likert scale from 0 (*did not apply to me at all*) to 3 (*applied to me very much, or most of the time*).
6. *About Your Sport and Physical Education Experience* – closed and open questions asked about current or past sport participation, sport location (club sport or school-based sport), and how homophobic and transphobic gender diverse participants found current or past sport, and how their gender identity could be better supported by their clubs or school sports.

Closed and open questions were sourced from the Gay, Lesbian, Straight, Education Network (GLSEN) National School Climate Survey<sup>18</sup>, which also asked what homophobic remarks participants hear in current PE/sport.

7. *About Bullying* – closed and open questions used to assess verbal and physical bullying in current or past PE/sport environments due to minority status, including sexual orientation, to explore how past experiences of sport and PE may be related to current engagement in sport/PE, depressive symptoms, anxiety, suicidality and self-harm thoughts and behaviours.

### **Analysis**

Data, collected by the online survey and hosted by *Demographix*, were downloaded into SPSS v20 for quantitative analysis and Excel/NVivo v10 for qualitative analysis.

Descriptive, comparative and correlational statistical analyses were conducted. Statistical significance was set at  $p < .05$  or less. However, to optimise the accessibility of this report, specific statistical analyses are not presented here. The data obtained from the DASS (mental health) were compared to normative data for the males and females separately and for the different sexual orientations. The qualitative data were read and coded, and themes and meaning were drawn out and reported both in their own right and in the context of the quantitative results.

### **Ethics Approval**

The Victoria University Human Research Ethics Committee approved this research and deemed it to meet the requirements of the National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research* (2007).

## Study Promotion and Participant Recruitment

The Equal Play study was promoted using a variety of strategies and media, focussing on both specificity and reach. The aim of promoting the study was to establish a public profile for Equal Play in the SSAGD media and community. A significant amount of study promotion occurred via LGBTIQ community radio station JOY 94.9. This tactic included two 3-week blocks of radio advertisements and interviews on youth, news and health programmes.

Study participants were recruited over a 7.5 month period from October 2012 to mid-May 2013. A Facebook page was the centrepiece of our recruitment strategy, responsible for almost 72% of participants. Recruitment via Facebook happened in various ways;

- Other Facebook pages with large and diverse numbers of SSAGD followers made posts to their followers about the study
- The most successful use of Facebook for recruitment was targeted Facebook advertisements. Two types of advertisements were designed, one to increase followers of our page and the other to direct people straight to the survey.
- Weekly Facebook posts encouraged new followers to take part with a direct link to the survey.

Recruitment emails were sent out through SSAGD youth networks such as The Rainbow Network, The Safe Schools Coalition, Family Planning Victoria, Minus 18 and Victorian University Queer groups/officers. Some organisations also handed out recruitment cards and study posters. Online advertising included web banners and e-bulletins in networks such as Vicsport, Sport and Rec Victoria and SSAGD youth groups. Offline

recruitment happened via 2,000 recruitment cards being handed out at Midsumma Carnival Day.

### **Expansion to National Recruitment**

To ensure that high enough participant numbers were achieved, recruitment strategies were expanded from Victoria to Australia wide in the last three months of the recruitment period. This was predominately done through Facebook and website advertising.

### **The Participants**

In total, 563 participants completed the online survey. People who did not meet the age criteria, did not live in Australia, or had completed the survey a second time were excluded from analyses. This left a total of 536 participants. Unexpectedly, 137 participants identified as heterosexual and cisgendered. This 'straight' group (most recruited through Facebook advertising) was only used as a comparison group for the DASS scores. Otherwise, all other results presented reflect data from the 399 same-sex attracted and/or gender diverse (SSAGD) group. Please note that the total *N* for various analyses may vary because between 2 to 7 missing data points occurred for some items.

### **Age**

The target age group for the study was 14 to 23 years old. The average age was 17.9 years, with a range matching the target ages. Just over half of the sample (53.8%) was under the age of 18.

### **Gender**

With regard to gender, 52.1% (*n* = 208) of participants were male, 42.6% (*n* = 170) were female, and 5.3% (*n* = 21) were gender diverse. Of the gender-diverse participants, 1 identified as female, 8 identified as male, and 12 identified as 'gender queer' or 'other'.

### *Cultural Background*

The majority of participants (90.5%) were born in Australia. Participants were considered culturally and linguistically diverse (CALD) if they, or at least one of their parents, were born in a country where English was not the first language. Ultimately, 21.9% ( $n = 87$ ) of participants met the CALD criteria.

Participants who identified as Aboriginal and Torres Strait Islander (ATSI) made up 1.3% ( $n = 5$ ) of the group. This represents less than half of the most recent estimate of the national ATSI population from the Australian Bureau of Statistics (3% in June 2011).

### *State or Territory of Residence and Remoteness*

Equal play was initially only promoted in Victoria, and the majority of participants came from that state (70.5%). When participant recruitment was later opened up nationally, young people from each state or territory completed the survey, (New South Wales, 9.3%; Queensland, 7.8%; Western Australia, 6.0%; South Australia, 3.8%; ACT, 1.3%; Tasmania, 1.0%; and Northern Territory, 0.3%).

The Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) was used to determine the remoteness of participant. Remoteness is defined as the physical distance of a location from the nearest urban centre based on population size. Classification showed that 72.5% ( $n = 288$ ) of participants were in a major City, 25.9% ( $n = 103$ ) were in a regional location and 1.5% ( $n = 6$ ) were in a remote location.

### *Sexual Attraction*

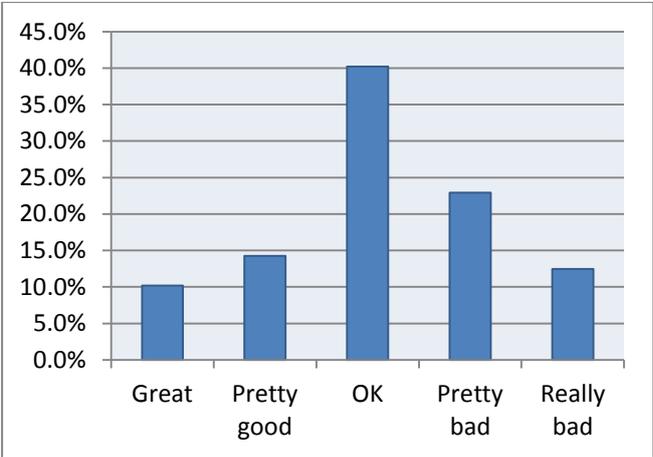
Participants were asked to whom they were sexually attracted. Participants reported a range of sexual attractions, the most common being 'I am attracted only to people of my own sex' (40.6%,  $n = 162$ ), followed by 'I am mostly attracted to people of my own sex' and 'I am attracted to people of all sexes' (each at 21.8%,  $n = 87$ ). There were 3 participants who

selected “I am attracted only to people of the opposite sex” but were included as they were also gender diverse.

Participants were asked at what age they first knew about these sexual feelings. They could respond with ‘always knew’, ‘unsure’ or ‘a specific age’. Just over a quarter of the group (25.3%,  $n = 100$ ) reported they always knew their sexual attraction, while slightly less (21.5%,  $n = 85$ ) reported being unsure. Over half of participants reported they first knew of their sexual feelings at a certain age (53.3%,  $n = 211$ ). The majority of the group reported first knowing about their feelings between 10 and 15 years of age, but a number reported this realisation up to the age of 21.

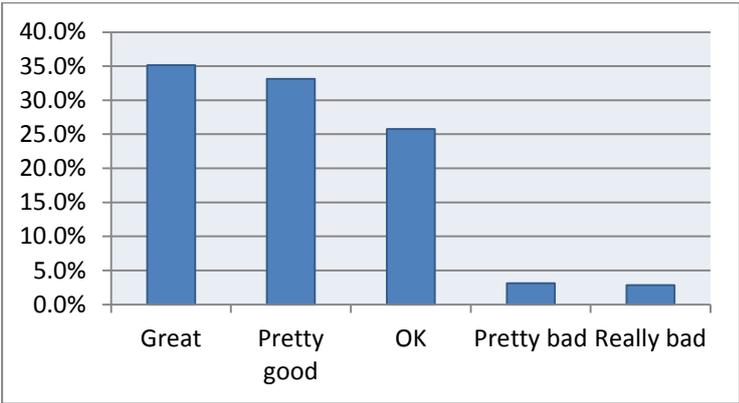
Data were also collected on how participants felt about this first sexual realisation. Responses ranged from ‘great’ to ‘really bad’ with the majority reporting they felt ‘OK’. Figure 1 shows there were more participants reporting negative versus positive feelings.

Figure 1: Feelings Toward Realisation of Sexuality



Participants were also asked how they now felt about being same-sex attracted. The responses showed that since their initial feelings the participants now feel more positively about their same-sex attractions. Figure 2 shows that only a small percentage of participants still felt ‘pretty bad’ or ‘really bad’ about their same-sex attraction.

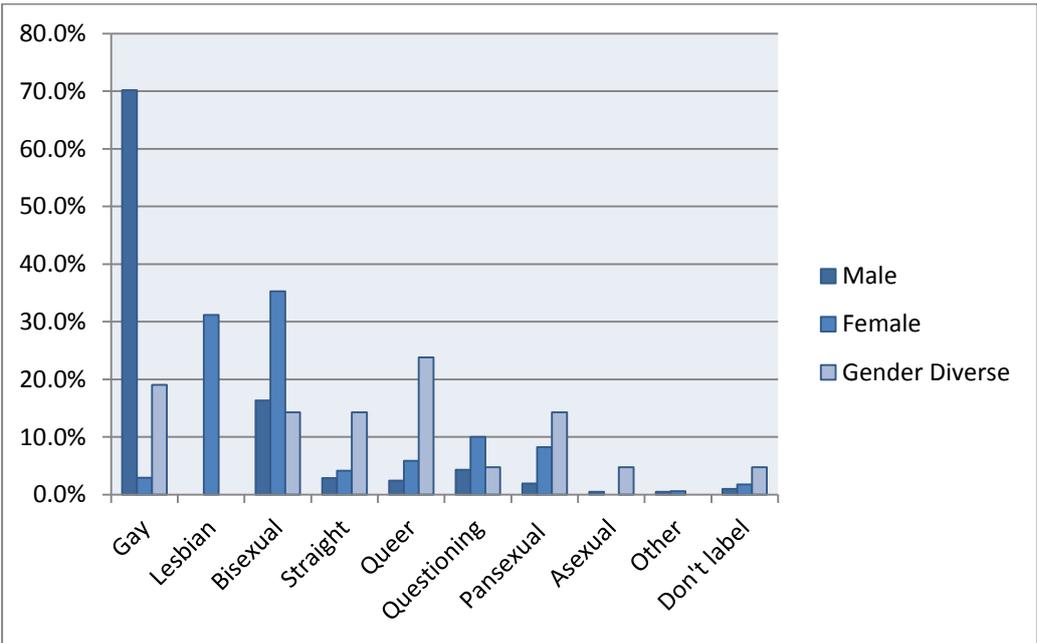
Figure 2: Current Feelings about Being Same-Sex Attracted



**Sexual Identity**

In addition to their sexual attraction, participants were also asked how they identified. As seen in figure 3, almost two-thirds of males identified as *gay*, less than a fifth as *bisexual* and a small amount indicated other identities. Females indicated a much bigger range of sexual identities with a third identifying as *bisexual* and almost a third as *lesbian*, plus quite a number in other identities such as *questioning* and *pansexual*. Gender diverse participants also indicated a wider range of sexual identities with *queer*, *gay* and *straight* the most common.

Figure 3: Sexual Identity by Gender



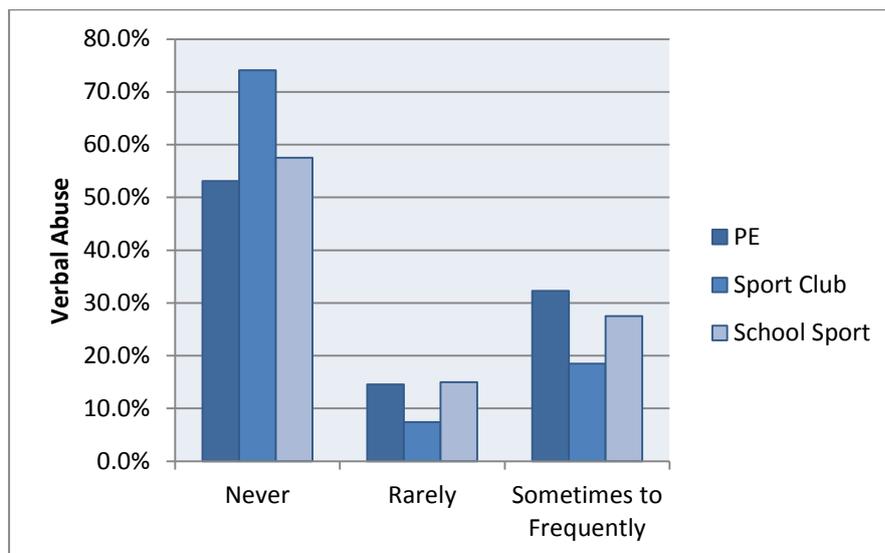
## Results

### Sport and Homophobic Bullying

#### *Homophobic Abuse*

The central way homophobic bullying was explored in this study was to look at how often various types of abuse were experienced in various sport environments. Participants were asked, in the last 12 months, how often they had experienced verbal abuse (name calling, threats etc.), physical abuse (shoved, pushed etc.), and physical assault (punched, kicked, injured with a weapon etc.) due to their sexual orientation. These questions were asked separately for participants involved in PE, club sport and school sport. Results showed that verbal abuse was the most commonly experienced form of homophobic bullying. Figure 4 shows that PE is the sporting environment where the most verbal abuse is experienced. About half (53.1%) of those in PE reported they had never experienced verbal abuse due to their sexual orientation during PE. For almost a third (32.3%) verbal abuse was something they experienced at least semi-regularly (sometimes, often or frequently). School-based sport was the environment with the next most frequent reports of verbal abuse, with more than half of participants saying they had never experienced verbal abuse (57.5%) and just under 30% experiencing verbal abuse at least semi-regularly. Club-based sport was the site of the least amount of verbal abuse, with over 70% saying they had never experienced it and less than a fifth saying it happened at least sometimes.

Figure 4: Frequency of Verbal Abuse in Each Sport Environment



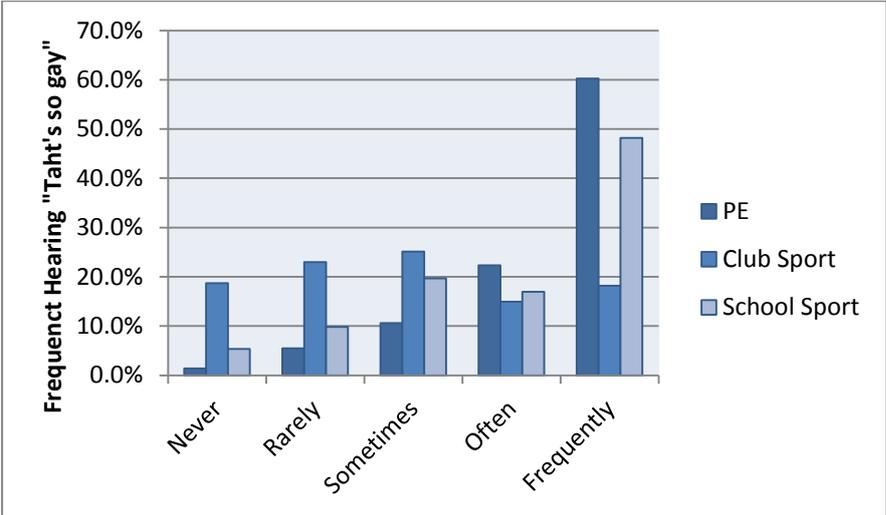
Results for physical abuse and physical assault demonstrated that these types of abuse occurred much less frequently as compared to verbal abuse. Three quarters of participants in PE and school sport had never experienced physical abuse in their sporting environments, whereas in club sport almost 90% said the same. However, almost 20% of those in PE had experienced physical abuse at least sometimes; this number dropped to about 10% for those in school sport and club sport. Physical assault was the least frequently experienced form of abuse in all sporting environments. Almost 90% of participants in PE and club sport had never experienced physical assault in those settings whereas just over 7% in each environment said it happened at least sometimes. Physical assault was slightly more frequent in school sport with three quarters saying it had never happened and over 12% reported experiencing it at least sometimes. These results reflect the general prevalence of verbal and physical abuse reported in the 2010 study, *Writing Themselves In 3*<sup>13</sup>, which investigated the health and wellbeing of SSAGD youth in Australia.

### *Homophobic Language*

Verbal abuse experienced was further explored by looking at the types of homophobic language participants heard. The occurrence of casual homophobic language,

not necessarily intended to be homophobic but nonetheless containing homophobic content, in these sporting environments was examined by looking at terms like “that’s so gay”. Participants reported on how often they heard phrases like “that’s so gay” or “you’re so gay” in their respective sport environments, either now or when they used to be involved in PE or sport. The results are represented in Figure 5 and show that PE is a place where these terms are heard most frequently, followed by school sport, and with much less frequency in club sport. For those participants who were or had been in PE, 82.5% had heard these terms often or frequently, and only 1.4% had never heard them. These percentages equated to only 4 out of 367 participants who had never heard these terms while participating in PE. In school-based sport almost two thirds (65.2%) had heard these terms whereas 5.4% had never heard them. In contrast, of those young people in, or who used to be in, club-based sport a third (32.2%) had heard these terms frequently or often, whereas almost 20% had never heard them.

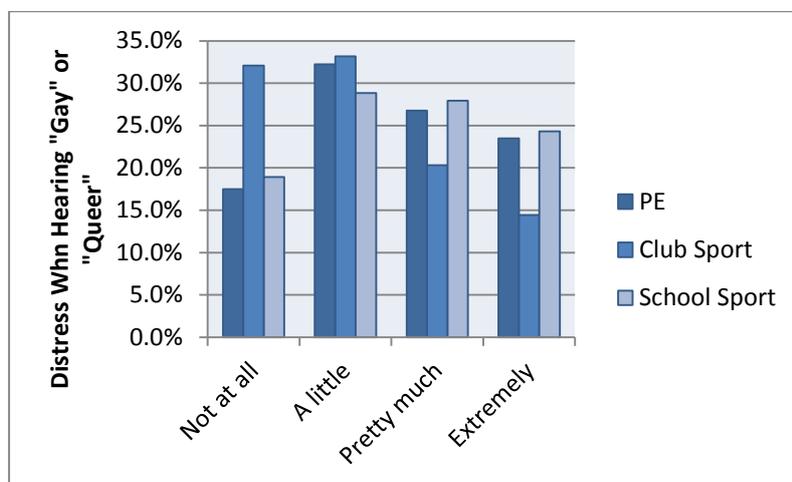
Figure 5: Frequency Participants Heard “That’s so gay” in Each Sport Environment



Even though the intention of casual homophobic language may not be explicitly homophobic, it can still result in distress for SSAGD young people who hear it in their environments. Participants were asked how distressed they typically feel when hearing

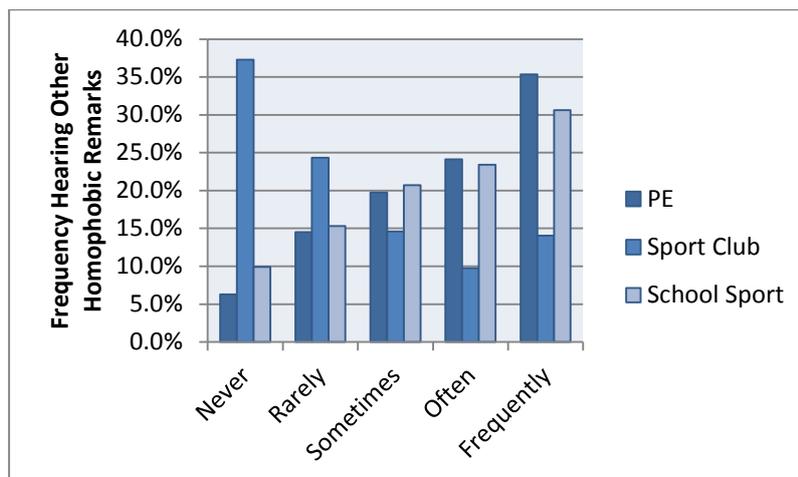
words such as ‘gay’ or ‘queer’ used to describe something in negative ways in their respective sporting environments. Figure 6 reveals that participants in PE and school-based sport reported more distress at hearing these words, where 50.3% in PE and 52.2% in school sport felt *pretty much* or *extremely distressed*. Participants in club sport found these terms less distressing with 63.3% reporting they were *a little* or *not at all* distressed.

Figure 6: Distress at Hearing “Gay” or “Queer” Used to Describe Something Negatively in Each Sport Environment



Although casual homophobic remarks may not be consciously intended as homophobic, other comments can be. Participants were asked how often they heard more deliberately homophobic remarks such as *faggot*, *dyke* and *queer* in their respective sport environments. Results, as seen in Figure 7, showed that these types of more pointedly homophobic remarks were much more commonly heard in sport environments attached to schools. These types of comments were heard *often* or *frequently* by over half the people in PE (59.4%) and school sport (54.0%), and less than a quarter in club sport (23.8%). Conversely, almost two thirds (61.6%) of those in club sport heard these comments *rarely* or *never* as opposed to a quarter in school sport (25.2%) and fifth in PE (20.8%).

Figure 7: Frequency of Hearing Other Homophobic Remarks in Each Sport Environment



Overall, it seems that school-based sport, particularly PE, is a place where more homophobic bullying occurs, and where many SSAGD young people feel distressed by even casually expressed homophobia. Although independent club-based sports fare better, there are still concerning numbers of young people negatively affected by homophobic comments and behaviour.

### Depression, Anxiety, and Stress

As an introduction to the results for the differences between DASS scores for the SSAGD and straight participant groups, some explanation of what DASS scores and their severity ratings might indicate is needed. The DASS is not a diagnostic tool for depression and anxiety disorders. The subscales are indicators of where individuals sit on the continuum of feelings, emotions, behaviours, and thoughts that are associated with depressed mood and anxiety. For example, a “normal” severity rating on the scales indicates that the levels of symptoms for depressed and anxious moods are typical of the average scores for the population at large. A “mild” rating on, for example, the depression subscale would indicate that a person is above average for features of depression, but would be still well below the scores of someone who would be seeking help of psychologists or other health-care practitioners. It must be remembered that a score in the “mild” range does not indicate a

“mild” form of a depressive disorder, but rather that one rates somewhat higher than normal. In contrast, scores in the “severe” to “extremely severe” ranges indicate that a person is at the high end of the population distribution for signs of depressive symptoms. Scores in this range would indicate that further diagnostic procedures might be helpful, such as an in-depth interview by a psychologist or psychiatrist to determine if a depressive disorder is present.

Specifically, the depression scale assesses dysphoria (general dissatisfaction with life), hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia (inability to experience pleasure), and inertia. The anxiety scale assesses autonomic nervous system arousal (e.g., elevated muscle tension, elevated heart rate), and situational and subjective experiences of anxiety. The stress scale measures difficulty relaxing, being easily upset/agitated, being irritable/over-reactive, and being impatient.

Table 1: Overall DASS Means and Severity Ratings for the SSAGD participants

DASS Subscale	Mean Score (Severity rating)
Depression	16.16 (Moderate)
Anxiety	13.16 (Moderate/Severe)
Stress	17.17(Mild/Moderate)

The average (mean) score for the SSAGD participant group for each of the DASS subscales are seen in Table 1, which includes the severity rating in parenthesis. The average score for depression places the group in the “moderate” category indicating depression characteristics at a level well above those seen in the population at large but still below the cutoff for ‘severe’. However, the SSAGD group’s average score for anxiety was on the border of ‘moderate’ and ‘severe.’ This result suggests there were more young people in the sample

who reported anxiety levels in the 'severe' or 'extremely severe' categories than there were for depression. The SSAGD group's average score for stress was also above the typical score found in the broader population but lower than both anxiety and depression with a rating bordering on 'mild' and 'moderate.' Thus, on average, the SSAGD young people in this study reported indicators of mental health and wellbeing concerns above those in the broader population.

Table 2: DASS Means and Severity Ratings by Gender for SSAGD Participants

DASS	Female (n = 170)	Male (n = 208)	Gender Diverse (n = 21)
Depression	18.21 (Mod) <sup>1</sup>	14.05 (Mod) <sup>1</sup>	20.38 (Mod-Severe)
Anxiety	14.31 (Mod-Severe)	12.20 (Mod)	13.43 (Mod)
Stress	18.36 (Mild-Mod)	15.95 (Mild)	19.62 (Mod)

1 – Females significantly higher than males (see Appendix B)

To further explore the mental health in the SSAGD participant group, within group comparisons were made for average scores for depression, anxiety and stress. Scores were compared across gender for those who identified as male, female, and gender diverse. Table 2 shows the DASS subscale scores for each gender category in the SSAGD group. Although males had the lowest average scores for each of depression, anxiety and stress, they still reached a rating of 'moderate' for depression and anxiety. The average scores for females and gender diverse participants, although similar, revealed that the gender diverse group reported higher depression and stress. These results reflect those found in the national GLBT health survey *Private Lives 2*<sup>19</sup>, where gender diverse participants reported the poorest mental health followed by female participants. The only statistically significant comparison was between males and females (shaded) for depression. Females had statistically significant higher depression scores than males. Although the difference between males and

the gender diverse group for depression was near significance, the big difference in participant numbers (males  $n = 208$ ; gender diverse  $n = 21$ ) prevented it reaching significance.

Table 3: DASS Means and Severity Ratings by Age Group for SSAGD Participants

DASS	Under 18 ( $n = 215$ )	18 and Over ( $n = 184$ )
Depression	17.90 (Mod) <sup>1</sup>	13.98 (Mild-Mod) <sup>1</sup>
Anxiety	14.88 (Mod-Severe) <sup>2</sup>	11.06 (Mod) <sup>2</sup>
Stress	18.38 (Mild-Mod) <sup>3</sup>	15.72 (Mild) <sup>3</sup>

1, 2, 3 – under 18s significantly higher than over 18s (see Appendix B)

Another within group comparison was made between SSAGD participants who were under 18 years old and those who were 18 and over. Table 3 reveals that for depression, anxiety and stress, those under 18 scored statistically significantly higher than the older group. The younger group was also nearly a whole severity rating higher than the older group for each mental health category. This result suggests that school-aged SSAGD people are experiencing more characteristics of mental health and wellbeing concerns when compared to their older counterparts.

Table 4: DASS Means and Severity Ratings by Most Reported Sexual Identities for SSAGD Participants

DASS	Gay Males ( $n = 146$ )	Gay Females/ Lesbian ( $n = 58$ )	Bisexual Males ( $n = 34$ )	Bisexual Females ( $n = 60$ )
Depression	13.71 (Mild-Mod)	16.81 (Mod)	14.29 (Mod)	19.87 (Mod)
Anxiety	11.71 (Mod)	14.28 (Mod-Severe)	13.47 (Mod)	16.33 (Severe)
Stress	15.68 (Mild)	19.13 (Mild)	17.35 (Mild)	20.33 (Mod)

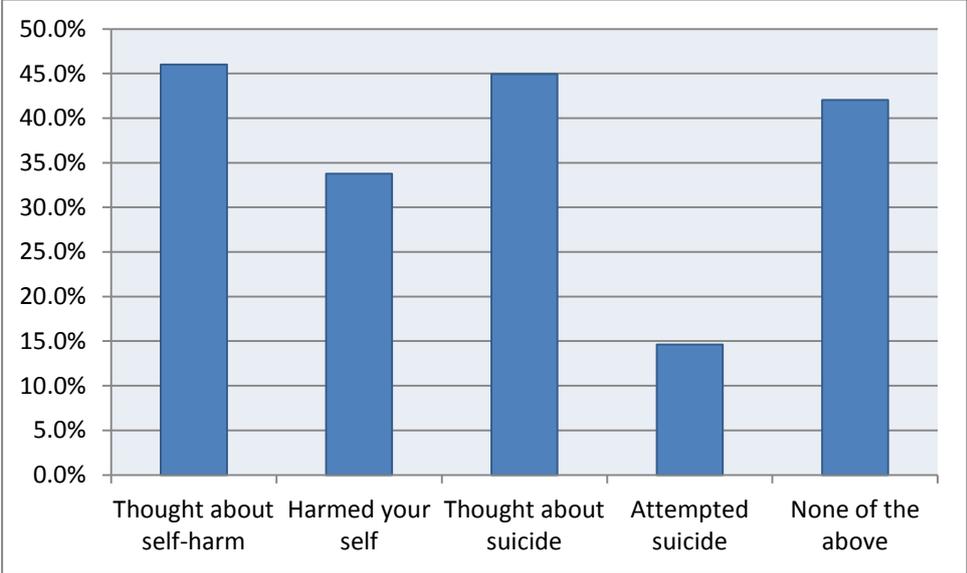
The final group comparisons were made between different participant sexual identities divided by gender. Comparisons were only made between the most reported sexual identities. Though there were a total of 10 sexual identity categories, the identities not compared were made up of small numbers of participants (particularly when further divided by gender) which meant average scores were less reliable. Table 4 shows that bisexual females, followed by gay females, scored higher on each of the depression, anxiety and stress scales. Most concerning is the average score for anxiety, which places the bisexual females group in the 'severe' category and the gay females on the border of 'moderate' and 'severe.' Bisexual males, on average, scored higher than gay males for each of the DASS measures. This suggests that for both males and females, a bisexual identity is associated with more characteristics of mental health and wellbeing concerns – a result also reflecting the findings of national GLBT health survey *Private Lives 2*<sup>19</sup>. Once again each group scored higher than scores typically seen in the broader population.

### **Suicide and Self-harm**

To gain an additional sense of the levels of mental health and wellbeing concerns within the sample of young people, the occurrence of thoughts and actions around suicide and self-harm were investigated. Participants were asked 'As a result of homophobia have you ever...', 'thought about self-harm?', 'harmed yourself?', 'thought about suicide?', 'attempted suicide?', or 'none of the above.' Participants could tick any that applied, and Figure 8 shows that only about 40 % ( $n = 158$ ) selected 'none of the above'; almost 60% ( $n = 218$ ) of these young people had thought about and/or engaged in suicidal behaviour or self-harm. Almost half had thought about suicide ( $n = 169$ ) or self-harm ( $n = 173$ ), and over a third ( $n = 127$ ) had harmed themselves. Almost 15% of these young people reported that

they had attempted suicide ( $n = 55$ ). When compared to the broader Australian youth population, self-harm rates are over four times higher (8% vs. 33.8%)<sup>20</sup>,

Figure 8: Percent of Suicide and Self-harm Thoughts and Actions for SSAGD Participants



**Predicting Depression, Anxiety, and Stress Levels for SSAGD Participants**

When trying to predict depression, anxiety and stress levels for the SSAGD group from the psychosocial and historical variables in the study, two variables (one intra-personal and one social) stood out as significant predictors of the central variables of our study, and those were: unconditional self-acceptance and whether the participants had experienced verbal homophobic bullying in a variety of settings. People who had high levels of unconditional self-acceptance and low levels of verbal homophobic bullying in their histories were more likely to have lower levels of depression, anxiety, and stress whereas those with low levels of self-acceptance and more experiences of homophobic bullying were more likely to have high levels of anxiety, depression, and stress. Although we have suggested that unconditional self-acceptance is an intra-personal variable, this classification probably indicates the psychosocial history of the person. Unconditional self-acceptance most likely stems from the messages received from social, familial, peer, and cultural groups and how

much those messages (for good or ill) have been internalised. Unconditional self-acceptance could also be a socio-cultural variable akin to messages that homophobic bullying imparts in a variety of sport and other social settings. See Appendix B for regression analyses.

**Comparisons of DASS Scores for SSAGD and Straight Participants**

With the unexpected number of heterosexual young people completing the survey, an in-built comparison group was created where comparisons could be made with the SSAGD participants on the DASS scales. Table 5 illustrates the average ratings for the SSAGD and straight groups on the three subscales of the DASS with the severity ratings in parentheses.

Table 5: DASS Mean Scores and Their Severity Ratings

DASS Subscale	SSAGD mean (n = 399)	Straight mean (n = 137)
Depression	16.16 (Moderate) <sup>1</sup>	9.42 (Mild/Normal) <sup>1</sup>
Anxiety	13.16 (Moderate/Severe) <sup>2</sup>	8.77 (Mild/Normal) <sup>2</sup>
Stress	17.17(Mild/Moderate) <sup>3</sup>	10.58 (Normal) <sup>3</sup>

1, 2, 3 - SSAGD group significantly higher than the straight group (see Appendix B)

What is most striking about Table 5 is that none of the averages for the DASS subscales for the SSAGD sample has a mean within the normal range whereas all the straight averages are generally within normal parameters. Using even conservative criteria, one could safely say that the distribution of depression, anxiety, and stress scores for the SSAGD sample is substantially above that of the straight sample. The ranges of these scores for the SSAGD sample are concerning. Although these results do not indicate that there are more diagnosable clinically depressed people in the SSAGD sample, they do suggest that many more people in this sample have indicators that with further clinical diagnostics and

assessments may reveal more pronounced mental health and wellbeing issues in this population compared to the straight sample.

In Table 6, a further breakdown of the DASS scores by severity ratings is illustrated to show the differences and potential magnitudes of mental health and wellbeing concerns in the SSAGD and straight groups.

Table 6: Percent of SSAGD and Straight Participants in Each DASS Severity Rating.

Severity	Depression		Anxiety		Stress	
	SSAGD	Straight	SSAGD	Straight	SSAGD	Straight
Normal	38.3%	66.4%	36.6%	54.7%	48.4%	72.3%
Mild	9.3%	7.3%	7.3%	8.8%	12.0%	8.0%
Moderate	16.0%	8.8%	18.3%	13.9%	13.5%	11.0%
Severe	11.0%	6.6%	8.8%	9.5%	13.3%	6.6%
Extremely Severe	25.3%	10.9%	29.1%	13.1%	12.8%	2.2%

Table 6 clearly illustrates the significant differences of mental health indices between the SSAGD and straight groups. In the ‘severe and extremely severe’ categories, SSAGD participants may be at much higher risks than the straight group. Over 36% of the SSAGD group fall into the high-risk categories for depression versus around 17% for the straight sample. The anxiety score breakdowns show a similar pattern with 37% versus 23% in the high-risk ranges for SSAGD and straight groups, respectively. The severe and extremely severe stress ratings for the SSAGD group are almost double what they are for the straight group. By any epidemiological standards, these differences are large and causes for concern.

## The Effect of Past Sport or PE Experiences on Current Participation

Participants were given the opportunity to write about their experiences in sport and PE and how those experiences have influenced their current participation in sport and physical activity. The intention was to investigate what lasting effects early negative experiences may have on continued sport and physical activity participation. Participants were first asked how their past experiences with sport affected how, or if, they participate in sport now. A number of participants talked about how sport has been a positive experience for them. Some young people have thrived and felt supported:

*“It hasn't affected me in a negative way at all. Throughout my time playing sport I have met some great people, and every environment has been centred and focused around sport, and I knew that I could go and talk to people if I needed support.”* Female, Lesbian, 19 years old

Others found ways to continue being involved in sport despite early bad experiences. The quote below suggests the importance of participating in a supportive environment and hints at the extra challenges a team sport may present for young gay men:

*“I only participate in sport for fun with my friends who appreciate me for who I am. I would consider doing a sport more seriously, but it'd probably be an individual sport and not a team sport.”* Male, Gay, 23 years old

Many talked about how their experiences in sport put them off continuing to participate.

The quotes below illustrate the influence the sporting environment had on male athletes remaining 'closeted' and the stigma 'out' females can experience in some sports:

*“Left with an overall impression that sports clubs were generally homophobic, and whilst I could accept hiding my sexuality at school I couldn't accept that after school.”* Male, Gay, 20 years old

*“Well I know I'll never go back to that sporting club because they see my sexuality as a curse on the girl's netball team. If I ever wanted to start playing again I would have to go somewhere that doesn't know about it.”* Female, Bisexual, 18 years old

To gain an understanding of whether past experiences of compulsory PE may have differed from sport in its impact on current participation, participants were asked the same questions about how their past experiences with PE have affected how, or if, they participate in PE now. Many talked of the negative impact homophobic experiences in PE had on them. Below a young man explains how a PE environment he perceived as unsafe due to homophobia discouraged him from further participation in any sport:

*“On the field, the 'boys-club' language i.e. homophobic, made me feel out of place, as I couldn't bring myself to enter that type of culture. The teacher couldn't hear what was happening on the field, and I felt unsafe so I never played any sport outside of the compulsory activities.”* Male, Questioning sexuality, 23 years old

Others talked more generally about negative PE experiences. For example, a young man expressed some strong feelings about his general experience of the PE environment and compared it to club sport:

*“PE is a much more hostile place than sporting clubs, they are a place to keep to yourself and keep your head down.”* Male, Bisexual, 17 years old

Still, others reported positive experiences in PE. It is encouraging to see that PE can be a place where young SSAGD people can thrive and do well:

*“Taught me lots of things: team work, sportsmanship”* Female, Lesbian, 21 years old

*“PE was great; I didn't have a problem ever.”* Male, Don't Label, 17 years old

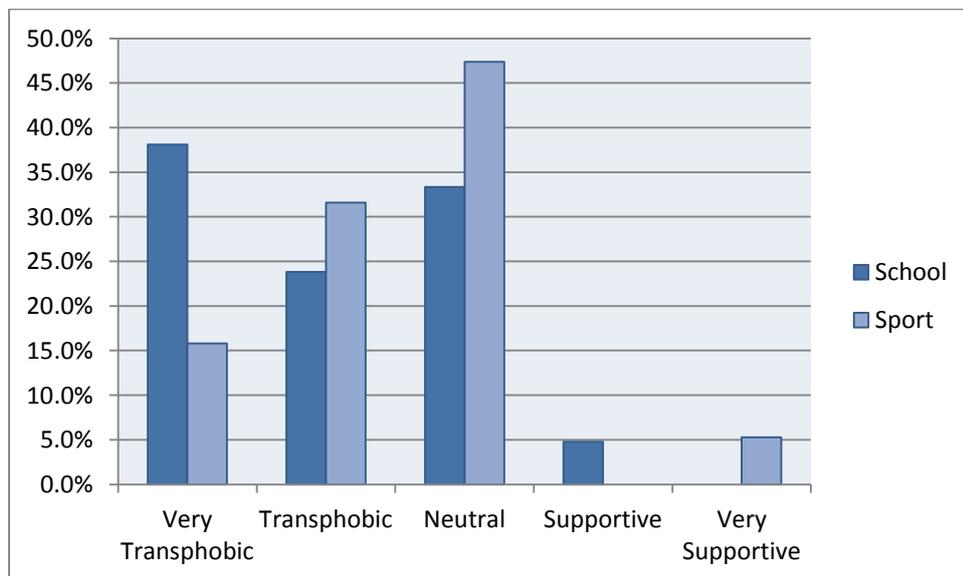
Some were motivated to make changes when they became teachers or coaches:

*“My experiences in PE have made me endeavour to ensure that my coaching and classes are 100% safe and supportive environments for queer students and also that heterosexual students breakdown and examine any homophobic or sexist perspectives they have of gender expression.”* Male, Gay, 22 years old

## Gender Diverse Participants

Gender diverse young people can experience unique challenges when it comes to the binary-gendered world of sport. Little research has investigated the sporting and physical education experiences of gender diverse people, and specific focus has been given to this group in the Equal Play study. Overall, 21 participants identified as gender diverse, and selected a range of gender identities such as female-to-male transgender, male-to-female transgender, and gender queer. This group were asked how transphobic they found their current or past school and any club or school sport environments in which they had participated. Transphobia was defined as ‘the fear and hatred of, or discomfort with, people whose gender identity or gender expression do not conform to mainstream ideas of gender’. Figure 9 illustrates that two-thirds found school transphobic, and almost half saw sport environments as transphobic. The rest found these environments neutral, whereas only one person found sport supportive, and one found school supportive.

Figure 9: How Transphobic is/was Sport and PE Settings for Gender Diverse Participants<sup>1</sup>



1 -With low numbers of gender diverse participants ( $n = 21$ ) school sport and club sport data were combined as ‘sport’, as were data from people who are currently in each setting and those who used to be.

Gender diverse participants were also given the opportunity to write about their current and past experiences in sport and PE. Participants who no longer engage in sport were asked why they stopped playing sport. Most mentioned practical reasons, though one mentioned gender issues:

*"I had to play with girls, and I don't like it. Even though I love soccer so much."* Female to male transgender, 15 years old

Gender diverse participants were also asked how their past experiences in sport had influenced how, or if, they engage in sport now. Some talked of finding acceptance:

*"I find women's sports clubs much more diverse and accepting than during high school"*  
Gender Queer, 23 years old

Others were looking for a more accepting place to play sport:

*"I'm actively seeking a queer team so as to be out."* Gender Queer, 22 years old

Some talked of being put off by their early experiences with sport:

*"The intensely gendered atmosphere now makes me, a gay trans man, feel a bit wary about participating in group sport. I hadn't realised that I was trans (and therefore also gay) until late in high school when I no longer had to participate in PE or school sports, but my memories of the kind of homophobic and transphobic behaviours which were encouraged in those situations have stayed with me."* Female to male transgender, 21 years old

Others found a way to be physically active despite early issues regarding gender identity:

*"I stopped playing sport because of my gender identity in a team, but I go to the gym now. I would like to play for a team, but we have agreed it would be better to start HRT first."*  
Female to male transgender, 21 years old

Gender diverse participants were asked the same questions of physical education. How have their past experiences in PE affected how, or if, they engage with sport and PE now?

One participant mentioned resilience:

*"Not at all I just ignore the people who insult me."* Gender queer, 15 years old

Some mentioned how generally negative PE was for them:

*“Very rough. I don't like classes”* Gender queer, 18 years old

*“My primary school PE teacher was an absolute wanker, and he put me off sport from 2001 until mid 2010.”* Female to male transgender, 18 years old

One specifically mentioned the difficulty of being transgender in PE:

*“I don't do PE anymore because I'm scared of going to the girls change room. I also don't want to drink any water to prevent me from going toilet in the girl's toilet.”* Female to male transgender, 15 years old

### **Additional Resources**

*Writing Themselves In 3* (2010) is a study on the health and wellbeing of SSAGD youth in

Australia: <http://www.glhv.org.au/report/writing-themselves-3-wti3-report>

*Come Out to Play* (2010) is a study exploring the sport and physical education experiences of

SSAGD Australian adults: [www.vichealth.vic.gov.au/Publications/Physical-Activity/Sport-and-recreation/Come-Out-to-Play-VU.aspx](http://www.vichealth.vic.gov.au/Publications/Physical-Activity/Sport-and-recreation/Come-Out-to-Play-VU.aspx)

*The Gay Lesbian Straight Education Network* (GLSEN), in the USA, do a biannual school climate survey. In 2013 they released a report specifically on sport and physical education:

[www.glsen.org/LGBTathletes](http://www.glsen.org/LGBTathletes)

*Out in Sport* (2012) is a publication of the UK National Union of Students that investigated the sport and physical education experiences of SSAGD college students:

[www.nus.org.uk/cy/news/homophobia-in-school-can-put-lgbt-students-off-sport-for-life](http://www.nus.org.uk/cy/news/homophobia-in-school-can-put-lgbt-students-off-sport-for-life)

Several campaigns and websites around the world support SSAGD inclusion in sport. These focus on SSAGD athletes ([www.goathletes.org](http://www.goathletes.org)), creating safe and welcoming environments

([www.sports.glsen.org](http://www.sports.glsen.org) ; [www.youcanplayproject.org](http://www.youcanplayproject.org) , [www.thejustincampaign.com](http://www.thejustincampaign.com) ),

encouraging straight allies ([www.athleteally.org](http://www.athleteally.org) ), and supporting SSAGD women in sport

([www.freedomsounds.org](http://www.freedomsounds.org) )

## Further Research

The results of Equal Play suggest a number of directions for future research in the area of SSAGD youth, sport and mental health and wellbeing. First, the small glimpse offered in Equal Play into the lives of gender diverse people in the areas of sport and physical education suggest that a dedicated study exploring the unique issues and concerns relevant to this group be conducted. Second, trialling various interventions regarding the relationship between homophobic abuse in sport and PE environments and mental health concerns for SSAGD youth would be a logical progression from the Equal Play results. Possible interventions should be designed to target PE, club sport and school sport environments. They should also address homophobic language and verbal abuse. Exploring ways to influence unconditional self acceptance should be part of any direct intervention. Finally, future research should also further explore what factors help to make a sport or PE environment more welcoming to SSAGD participants at every level.

## References

1. Australian Institute of Health and Welfare (2010). Australia's health 2010. Australia's Health series no. 12. cat. no. AUS 122. Canberra: AIHW.
2. Hillier, H., Warr, D., & Haste, B. (1996). The rural mural: Sexuality and diversity in rural youth. [Research Report]. Melbourne, Australia: Centre for the Study of Sexually Transmissible Diseases, La Trobe University.
3. Lindsay, J., Smith, A.M.A., & Rosenthal, D.A. (1997). Secondary students, HIV/AIDS and sexual health. Melbourne: Centre for the Study of SDTs, La Trobe University
4. Smith, A.M.A., Agius, P., Dyson, S., Mitchell, A., & Pitts, M. (2003). "Sex in Australia." Australian & New Zealand Journal of Public Health, 27.

5. Australian Bureau of Statistics (2007). National Survey of Mental Health and Well-being: Summary of results 2008 Australia. ABS cat. No. 4326.0. Canberra: ABS.
6. Australian Research Centre in Sex, Health, and Society La Trobe University (2008). Annual Report 2008. Melbourne: ARCSHS.
7. Jorm, A.F., Korten, A.E., Rodgers, B., Jacomb, P.A., & Christensen, H. (2002). Sexual orientation from a community survey of young middle- aged adults. *British Journal of Psychiatry*, 423-427.
8. Corboz, J., Dowsett, G., Mitchell, A., Couch, M., Aguis, P. & Pitts, M. (2008) Feeling queer and blue: A review of literature on depression and related issues among gay, lesbian, bisexual and other homosexually active people. Australian Research Centre in Sex, Health and Society: Latrobe University, Australia.
9. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychology Bulletin*, 129 (5), 674-697.
10. Gay Lesbian Straight Education Network (2013). The Experiences of LGBT students in school athletics. [Research Brief] New York: GLSEN
11. National Union of Students (2012). Out in sport: LGBT students' experiences of sport. [Research Report] London
12. Hillier, L., Turner, A. & Mitchell, A. (2005) Writing themselves in again—Six years on: The Second National Report on the Sexuality, Health and Well Being of Same-sex Attracted Young People. Melbourne, Australia: [Research Report], Centre for the Study of Sexually Transmissible Diseases, La Trobe University
13. Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. & Mitchell, A., (2010) Writing themselves in 3. The Third National Study on the Sexuality, Health and

Wellbeing of Same-sex Attracted and Gender Questioning Young People. Melbourne, Australia: [Research Report], Australian Research Centre in Sex, Health and Society, La Trobe University

14. Anderson, M.K., & Mavis, B.E. (1996). Sources of coming out self-efficacy for lesbians. *Journal of Homosexuality*, 32, 37-51.
15. Symons, C., Sbaraglia, M., Hillier, L., & Mitchell, A. (2010). Come out to play: The sport experiences of lesbian, gay, bisexual, and transgender (LGBT) people in Victoria. Melbourne, Australia:[Research Report], Institute of Sport, Exercise, and Active Living (ISEAL) and the School of Sport and Exercise at Victoria University.
16. Chamberlain, J.M., Haaga, D.A.F. (2001). Unconditional self-acceptance and psychological health. *Journal of Rational-Emotive & Cognitive-Behaviour Therapy*, 19, 163-176.
17. Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation.
18. Kosciw, J.G., & Diaz, E.M. (2006). *The 2005 National School Climate Survey: The experiences of lesbian, gay, bisexual, and transgender youth in our national schools*. New York: GLSEN.
19. Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel S., Couch, M., & Barrett, A. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*. Melbourne, Australia : [research report]The Australian Research Centre in Sex, Health and Society, Latrobe University.
20. Moran, P., Coffey, C., Romaniuk, H., Olsson, C., Borschmann, R., Carlin, J. B., & Patton, G. C. (2012). The natural history of self-harm from adolescent to young adulthood: A population based cohort. *Lancet*, 379, 236-243.

## Appendix A: Glossary

**Asexual** – a person who is not sexually attracted to any gender

**Bisexual** – people attracted to both sexes in varying degrees

**CALD** – culturally and linguistically diverse

**Coming Out** – The process through which individuals come to recognise and acknowledge, both privately and publically, their sexual orientation and or gender identity

**Gay** – refers to men who have a primary sexual and romantic attraction to men, but it is also used by women as the way they identify their sexual and romantic attraction for the same-sex.

**Gender Diverse** – having a gender identity that differs from one's biological sex. This could be mean male, female, in between, or fluid.

**Gender Identity** – the self-perception one has of their core identity being male, female, in between or fluid

**Lesbian** – main term used by women who have primary sexual and romantic attraction to women.

**Homophobia** – prejudice, discrimination, harassment or violence based on a fear, distrust, dislike or hatred of someone who is lesbian, gay or bisexual. Homophobia can be verbal, physical or emotional harassment; insulting or degrading comments; name calling; gestures; taunts; insults or jokes; offensive graffiti; humiliation; exclusion; and tormenting, ridiculing, threatening, or refusing to work or cooperate with others because of their sexual orientations or identities.

**Pansexual** – encompassing all kinds of sexuality and expressing the full spectrum of desire

**Queer** – an umbrella term to include a range of alternative sexual and gender identities including gay, lesbian, bisexual and transgender and gender diverse.

**SSAGD** – same-sex attracted and gender diverse. This is an umbrella term for people who feel some degree of attraction to people of their own sex and/or who identify with a gender different to their birth sex.

**Same-Sex Attracted** – an umbrella term used to describe individuals who experience feelings of sexual attraction to others of their own sex. This includes people who are exclusively homosexual in their orientation, bisexual, undecided, and heterosexual people who have these feelings at some time.

**Sexual Identity** – the sexual orientation that one identifies with. This could be gay, lesbian, bisexual, asexual, pansexual, queer or fluid.

**Transgender** – people who live a gender identity which is 'other' or opposite to their birth (genetic, genital) sex. Transgender people may or may not seek surgery and hormonal treatment to bring their sex in line with their core gender identity.

**Transphobia** – the fear and hatred of, or discomfort with, people whose gender identity or gender expression do not conform (or is perceived not to conform) to mainstream ideas of gender.

## Appendix B: Statistics

**ANOVA for Depression by Gender and post hoc comparison for 'Male' versus 'Female' on the DASS Depression subscale:**

$F(2, 396) = 6.18, p < .01, \omega = 0.16$  (low effect size)

Post hoc comparison, Hochberg's GT2: Females had higher depression scores than males

$Mean Diff = 2.08, SE = .66, p < .01$

**T-Tests comparing 'Under 18' year olds and those '18 Years and Over' on the Depression, Anxiety and Stress DASS subscales:**

Under 18s ( $M = 8.95, SE = .45$ ) had higher depression scores than those 18 and over ( $M = 6.99, SE = .45$ ),  $t(400) = 3.07, p < 0.01$ ; However, it represents only a small effect size,  $Hedges' g = .31$

Under 18s ( $M = 7.44, SE = .38$ ) had higher anxiety scores than those 18 and over ( $M = 5.53, SE = .38$ ),  $t(400) = 3.55, p < .001$ ; However, it represents only a small effect size,  $Hedges' g = .36$

Under 18s ( $M = 9.19, SE = .41$ ) had higher stress scores than those 18 and over ( $M = 7.86, SE = .41$ ),  $t(400) = 2.28, p < .05$ ; However, it represents a small effect size,  $Hedges' g = .23$

**T-Tests comparing the SSAGD group with the Straight (no same-sex attraction or gender diversity) group on the Depression, Anxiety, and Stress DASS subscales:**

The SSAGD group ( $M = 8.08$ ,  $SE = .32$ ) had higher depression scores than the straight group ( $M = 4.71$ ,  $SE = .47$ ),  $t(273.91) = 5.89$ ,  $p < .001$ ; it represents a medium effect size, *Hedges' g* = .54

The SSAGD group ( $M = 6.58$ ,  $SE = .27$ ) had higher anxiety scores than the straight group ( $M = 4.39$ ,  $SE = .39$ ),  $t(277.41) = 4.24$ ,  $p < .001$ ; However, it represents a small to medium effect size, *Hedges' g* = .42

The SSAGD group ( $M = 8.59$ ,  $SE = .29$ ) had higher stress scores than the straight group ( $M = 5.29$ ,  $SE = 5.29$ ,  $SE = .41$ ),  $t(285.61) = 6.54$ ,  $p < .001$ ; It represents a medium effect size, *Hedges' g* = .59

### **Regression results for Verbal Abuse in PE and Depression, Anxiety and Stress DASS**

#### **subscales:**

More frequent verbal abuse experienced during PE predicted higher depression ( $R^2 = .076$ ,  $\Delta R^2 = .076$ ,  $\Delta F = 6.73$ ,  $p = .011$ ), higher anxiety ( $R^2 = .095$ ,  $\Delta R^2 = .095$ ,  $\Delta F = 8.63$ ,  $p < .005$ ), and higher stress ( $R^2 = .095$ ,  $\Delta R^2 = .095$ ,  $\Delta F = 8.62$ ,  $p < .005$ ).

Unconditional self-acceptance was found to be a moderating variable. This meant that high unconditional self-acceptance eliminated the relationship between more frequent verbal abuse during PE and higher depression, anxiety and stress. High unconditional self-acceptance was a strong predictor of low depression ( $R^2 = .290$ ,  $\Delta R^2 = .182$ ,  $\Delta F = 20.23$ ,  $p < .001$ ), low anxiety ( $R^2 = .251$ ,  $\Delta R^2 = .127$ ,  $\Delta F = 13.36$ ,  $p < .001$ ), and low stress ( $R^2 = .356$ ,  $\Delta R^2 = .220$ ,  $\Delta F = 26.97$ ,  $p < .001$ ).

### **Regression results for Verbal Abuse in Sport (Club and School Sport combined) and Depression, Anxiety and Stress DASS subscales:**

More frequent verbal abuse also predicted higher depression ( $R^2 = .033$ ,  $\Delta R^2 = .033$ ,  $\Delta F = 4.88$ ,  $p < .05$ ), higher anxiety ( $R^2 = .057$ ,  $\Delta R^2 = .057$ ,  $\Delta F = 8.77$ ,  $p < .005$ ), and higher stress ( $R^2 = .067$ ,  $\Delta R^2 = .067$ ,  $\Delta F = 10.28$ ,  $p < .005$ ).

Unconditional self-acceptance was also a moderating variable in these relationships, where high unconditional self-acceptance eliminated the relationship between more frequent verbal abuse and higher depression, anxiety and stress scores. Thus, higher unconditional self-acceptance was also a strong predictor of lower depression ( $R^2 = .337$ ,  $\Delta R^2 = .288$ ,  $\Delta F = 61.23$ ,  $p < .001$ ), lower anxiety ( $R^2 = .239$ ,  $\Delta R^2 = .176$ ,  $\Delta F = 32.66$ ,  $p < .001$ ), and lower stress ( $R^2 = .316$ ,  $\Delta R^2 = .234$ ,  $\Delta F = 48.12$ ,  $p < .001$ ).