

Lesbian, gay and bisexual homelessness in Australia: risk and resilience factors to consider in policy and practice

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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Title

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Abstract

Lesbian, gay and bisexual (LGB) people are more likely than heterosexual people to experience homelessness. The study aimed to compare risk and resilience factors commonly associated with homelessness according to sexual identity to inform more LGB-inclusive and targeted policy and service provision in this area. The study involved analysis of data from two Australian surveys, the *General Social Survey 2014* (n = 17,401), and the *Journeys Home* study (n = 1,659). Chi squared analyses of the survey data compared LGB with heterosexual respondents. Bisexual respondents had a significantly earlier average age of first homelessness, and were more likely to have repeated episodes of homelessness than lesbian, gay or heterosexual respondents. Risk factors that were higher amongst bisexual people included family violence, conflict and rejection; and substance use issues. LGB respondents were twice as likely to have experienced discrimination as heterosexual respondents, more likely to have experienced violence, and to have mental health problems. Conversely, resilience factors for LGB respondents included being more likely to access friends for support in times of crisis, and to be involved in civic or political groups. We suggest that LGB people at risk of homelessness need effective responses based on their risk

and resilience factors, including targeted peer support and mainstream services that affirm and acknowledge their diverse sexual identities. Australian policies should encourage improved LGB data collection and specific service responses. Primary prevention approaches include educating families of origin about LGB identities, and assertive outreach to prevent housing loss.

Key words

Homelessness, diverse sexual identities, discrimination, vulnerable populations, family conflict, mental health, risk and resilience.

What is known

- Lesbian, gay and bisexual (LGB) people are over-represented in homeless populations
- Very limited research in Australia has examined their unique experiences across all age groups.
- Housing and homelessness services have not developed cultural competency to understand specific LGB associations with homelessness.

What this paper adds

- LGB people are more likely to experience risk factors commonly associated with homelessness including family violence, discrimination, mental health and substance use problems.
- LGB resilience factors that may mitigate housing insecurity include support from friends, and civic and political involvement.
- Individual capacities and resilience combined with the availability of LGB-inclusive resources will influence how homelessness is experienced and pathways to more secure housing outcomes.

Background

There is known to be a strong link between identifying as LGB and becoming homeless. In Canada and the US, young lesbian, gay, bisexual, transgender, queer and 2-spirit (LGBTQ2S) people are estimated to make up 20-40 percent of the youth homeless population (Corliss, Goodenow, Nichols, & Austin, 2011; Gaetz, O'Grady, Kidd, & Schwan, 2016; True Colours Fund & Taskforce, 2016). These data have led to policies in Canada and the US that target LGBTQ people as a vulnerable subgroup (Gaetz & Redman, 2016). By comparison, Australia lacks relevant data on LGBTQ homelessness and has also failed to develop research, policy and best practice related to LGBTQ populations (Bletsas & Oakley, 2013). Australian homelessness policy does not explicitly include LGBTQ people in the list of highly vulnerable groups that have been identified as needing more targeted early intervention and housing assistance support. (Department of Families, 2008). Institutional policies in funding bodies and homelessness services also entrench heteronormative assumptions, particularly through omission. For example, national administrative client data collected by Australian Specialist Homelessness Services (SHS) does not provide a category for the recording of any sexual orientation or gender identity information during service contact.

Distinctive influences on homelessness for LGBTQ young people have been identified including family conflict, violence and rejection due to sexual or gender identity (Abramovich & Shelton, 2017; Durso & Gates, 2012; Ferguson-Colvin & Maccio, 2012; Keuroghlian, Shtasel, & Bassuk, 2014; Ventimiglia, 2012; Whitbeck, Welch Lazoritz, Crawford, & Hautala, 2016). Young LGBT people are also more likely than their heterosexual, cisgender¹ peers to have a first episode of homelessness before the age of 16 (Gaetz et al., 2016). One report on LGBT youth homelessness in the UK estimated that LGBT people comprised up to 24 percent of the youth homeless population (Albert Kennedy Trust, 2015). Among young people in this research, the most commonly reported reasons for homelessness were parental rejection (69%), physical emotional or sexual abuse within the family (69%) and violence within the family (62%).

In addition to negative experiences within families of origin, structural stigma contributes to LGBTQ homelessness through negative experiences in schools, workplaces and communities

¹ Cisgender is anyone who continues to identify in the birth assigned gender

(Gaetz et al., 2016). Structural stigma has been defined as community norms and institutional policies that embed heteronormative² and homophobic, biphobic or transphobic³ prejudices in everyday practice (Hatzenbuehler & Link, 2014). Victimization is higher for homeless sexual minorities than cisgender heterosexual young people, and this contributes to higher rates of mental health problems, drug use, and sexual risks including survival sex, STIs and HIV (Albert Kennedy Trust, 2015; Corboz et al., 2008; Tyler, 2013).

Despite extensive Australian data on the mental health and substance use disparities for LGBTQ people (Leonard et al., 2012; McNair, Szalacha, & Hughes, 2011; McNair & Bush, 2016; Rosenstreich, 2013), we have no published quantitative data regarding homelessness. In conducting our study we sought to identify risks and resilience factors commonly associated with housing stability for Australian LGB people of any age in order to inform reforms in homelessness policy and practice. We also conducted interviews with LGB and queer people whose gender identity was trans or non-binary (LGBTQ) to understand their unique experiences of homelessness, however we will not present the interview data in this paper.

Methods

The data used in this paper were drawn from a mixed-methods LGBTQ homelessness study that has been reported at <http://www.lgbtihomeless.org.au/research-and-policy/reports/>. The quantitative data were analysed for this paper to understand the social and health-related factors for LGB people associated with their risk of homelessness. We also explored the most important stressors for each sexual orientation subgroup. Statistical analyses included the comparison according to sexual orientation of stressors, reasons for first homelessness, mental health diagnoses and resilience factors. We conducted descriptive secondary analysis of two data sources: the *Journeys Home* (JH) longitudinal survey (Bevitt, Chigavazira, Scutella, Tseng, & Watson, 2013) and the *General Social Survey* (GSS) (Australian Bureau of Statistics, 2014), as they provided the best available measures of homelessness that also included an equivalent sexual identity measure. Neither survey

² Heteronormativity is the privileging of heterosexuality and heterosexual relationships at an institutional or interpersonal level.

³ Homophobia, biphobia and transphobia are fear and loathing of lesbian, gay, bisexual, trans or gender diverse identities.

made efforts to specifically recruit LGB people and neither included gender identity or intersex status, so our results are confined to people with diverse sexual identities.

The fourth *General Social Survey (GSS)* was conducted by the Australian Bureau of Statistics (ABS) in Australia in March to June 2014, and involved 17,401 people in randomly selected households (Australian Bureau of Statistics, 2014). The purpose of the survey was to understand relative advantage and disadvantage, and capacity to participate in society. Interviews were conducted with people aged 15 and over at their homes using a Computer Assisted Interviewing (CAI) questionnaire method. One question was included on sexual identity, and the responses were 'heterosexual', 'lesbian/gay', 'bisexual', 'other', 'don't know', and 'not stated'. Homelessness was defined as not having a permanent place to live, and several questions were included about these experiences.⁴ In relation to ethical considerations, the ABS received ethics approval for the study from the Australian Institute of Health and Welfare ethics committee. The ABS encourages secondary data analysis of the survey data, having ensured that no identifying information is released.⁵ We analysed prevalence of homelessness, stressors, mental health and general health status, and sources of support; all according to sexual identity using Pearson Chi Square analyses.

Journeys Home was a national longitudinal survey developed by Melbourne Institute of Applied Economic and Social Research. It commenced in 2011 and comprised a sample of 1,659 people with current or recent past experiences of homelessness and/or who were at risk of, or vulnerable to homelessness. Participants for the survey were recruited via the national Centrelink database⁶ and completed a survey every 6 months for three years (six surveys) (See Bevitt et al 2013 for a more detailed discussion of the sampling strategy). Ethics approval for the study was granted by the University of Melbourne Behavioural and Social Sciences Human Ethics Sub-Committee. Ethical secondary data analysis was assured

⁴ GSS questions related to homelessness included reasons for ever being homeless, number of times, time since last homelessness, length of time of last homeless episode, assistance sought. From the GSS user guide "As the GSS only enumerates usual residents of private dwellings, it will not include: people currently living in shelters; people sleeping rough; people 'couch surfing' (staying temporarily with other households); nor people staying in boarding houses."

⁵ The ABS states "The confidentiality of all information provided by respondents is guaranteed. Under its legislation, the ABS cannot release identifiable information about households or individuals. All aspects of the GSS implementation were designed to conform to Information Privacy Principles set out in the Privacy Act 1988".

⁶ Centrelink is the Australian Government's agency that delivers community services

by the Journeys Home team in that all shared survey data was made confidential by removing variables such as location, work type and debt levels. One question on sexual identity was included with responses 'heterosexual', 'homosexual', 'bisexual', 'don't know/unsure' and 'refused'. We conducted descriptive Chi square analysis of the demographic and risk profile of homelessness in the first survey wave according to sexual identity.

A project advisory group including LGBTQ people with experience of homelessness and service providers was engaged throughout the study and supported the interpretation of findings. The advisory group met eight times between February 2015 and August 2017.

Findings

Sample

The sample in the GSS comprised 16,966 heterosexual, 278 lesbian or gay (LG) and 157 bisexual respondents. *Journeys Home* included 1,659 individuals (sample weighted) who fully completed wave 1, 54 (3.3%) of whom identified as gay or lesbian and 74 (4.5%) as bisexual. The mean age of respondents at wave 1 was 33.51 years for the heterosexuals, 31.99 for the lesbian/gay, and 26.93 for the bisexual respondents.

Prevalence and experiences of homelessness

The GSS revealed significant differences in experiences of homelessness based on sexual identity. People who identified as LG (32.3%) and bisexual (26.1%) were more likely than those who identified as heterosexual (13.4%) to have ever experienced homelessness ($\chi^2=103.28$, $p=0.000$). Bisexual respondents were much more likely to have had at least three repeated experiences of homelessness (44.2%) compared with heterosexual (21.1%) and LG respondents (26.8%) ($\chi^2=17.3494$, $p=0.000$). LG respondents (38.1%) were most likely to only have experienced one homelessness episode, compared with heterosexual (21.4%) and bisexual respondents (16.5%). When homeless, bisexual respondents (46.0%) were less likely than LG (61.8%) or heterosexual (63.7%) respondents to stay with friends or relatives, and more likely to sleep rough ($\chi^2=14.7971$, $p=0.001$). Almost all respondents in the *Journeys Home* Study had a history of homelessness, including 98% of LG and 100% of

bisexual respondents. The mean age when first homeless was much younger for bisexuals (17.6 years old) than for heterosexuals (21.4) and LG participants (21.5).

Reasons for first homelessness

The *Journeys Home* study focused on reasons for first homelessness. Common reasons such as poor mental health, drug use or financial difficulties did not significantly differ according to participants' sexuality. However, family conflict or violence were much more likely to be the primary reason for first homelessness for bisexual than LG and heterosexual people in the *Journeys Home* study (see Table 1). The greater impact of family conflict for bisexual respondents was also reflected in their housing status prior to homelessness. There were other associated differences for bisexual respondents including higher rates of childhood sexual assault (62.3%) compared with LB (43.1%) and heterosexual respondents (20.1%); and higher rates of foster care (44.6% amongst bisexuals), compared with LG (26.4%) and heterosexuals (22.1%). In addition, lesbian, gay and bisexual respondents were significantly more likely than heterosexual respondents to have stayed with friends ($p = .000$) than with relatives when homeless.

--- Table 1 – Most common reasons for first homelessness (JH)---

Experiences of discrimination and violence

The GSS showed that LG (37.8%) and bisexual (36.6%) respondents were twice as likely to have experienced discrimination as heterosexual respondents (18.2%) ($p=0.000$). Table 1 lists other specific stressors including violence and lack of safety, which were generally higher for LGB respondents. Also in the GSS, experience of at least one personal stressor⁷ in

⁷ The GSS glossary defines personal stressors as 'Any of the following events or circumstances which the person considers have been a problem for themselves or someone close to them in the last 12 months: serious illness, serious accident, mental illness, serious disability, death of family member or close friend, divorce or separation, not able to get a job, involuntary loss of job, alcohol or drug related problems, gambling problem, abuse or violent crime, witness to violence, trouble with the police, discrimination because of ethnic or cultural background, discrimination for any other reason, bullying and/or harassment, removal of children or other'

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4159.0Glossary12014?opendocument&tabname=Notes&prodno=4159.0&issue=2014&num=&view=>

the last 12 months was more likely for participants who identified as bisexual (78.2%) and LG (73.4%) than heterosexual (62.6%) ($\chi^2 = 21.3101$, $p = 0.000$). A limitation of the GSS data regarding social stressors is that the respondents were not asked what contributed to these stressors and whether sexual orientation was related.

---Table 2 – Stressors including discrimination, violence and lack of safety (GSS)---

Mental health associations

LGB participants in the GSS were more likely to have a mental health condition than heterosexual participants (bisexual 41.3%, lesbian/gay 30.9%, heterosexual 21.1%, $p = 0.000$). Likewise, in *Journeys Home*, the LGB participants were significantly more likely than the heterosexual participants to have several mental health diagnoses (Table 3).

---Table 3 – Mental health diagnoses (JH)---

Resilience factors

In the GSS, LG respondents were more likely to access friends for support in times of crisis, whereas heterosexual respondents were more likely to involve neighbours (Table 4). There were also differences in community involvement, with LGB participants more likely to be involved in civic or political groups. The *Journeys Home* data also showed that while family support was lower for LGB than heterosexual respondents, support from friends was higher. Other factors that could improve resilience that were higher among LGB respondents included higher education attainment and engagement with study, and LG respondents were more likely to be in a relationship.

--Table 4 - Resilience factors – Sources of support and socio-political involvement (GSS)--

Discussion

The survey data revealed significantly higher rates amongst LGB respondents of several risk factors known to be associated with homelessness including family conflict, potentially resulting in earlier age of first homelessness; and discrimination and violence. Mental health problems were also more likely amongst LGB respondents in both surveys, which we consider to be possible outcomes of both family and societal rejection and violence. Much of the existing literature focuses on young LGBTQ people (Abramovich & Shelton, 2017;

Albert Kennedy Trust, 2015), whereas our datasets included a wider age group. Cross-sectional data of a wide age group cannot ascertain reasons or outcomes for homelessness, but rather the data describes risk and resilience factors that are likely associated with homelessness. These factors may have occurred prior to homelessness for some individual respondents, or at some time after the homeless experience for others. The importance of these findings are that homelessness and multiple risk factors associated with homelessness are over-represented amongst the LGB respondents. Yet, neither homelessness policy nor homelessness services in Australia have recognised this. Nor are stable housing promotion strategies inclusive of LGB-focused resilience factors.

Family discord and violence is a particularly important association with homelessness for many LGB people. Analysis of the USA national longitudinal study of adolescent health (including 227 gay/lesbian, 245 bisexual and 13,490 heterosexual young people aged 18-27) also found that LGB youth had greater odds of experiencing child abuse and housing adversity than heterosexual youth (McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012), although they did not identify the added risks for bisexual participants. They showed that these experiences were associated with up to 20% of the differences with heterosexuals in suicidality, depressive symptoms, tobacco use, and alcohol abuse.

Our Australian data indicate that bisexual participants in both the *Journeys Home* study and *General Social Survey* were more vulnerable to family risks than LG participants, experiencing higher rates of childhood trauma, sexual abuse, foster care, family violence and rejection. Other authors have also found higher rates of childhood sexual abuse and victimisation among bisexual people, compared with LG and heterosexuals (Hequembourg, Livingston, & Parks, 2013; Hughes, Szalacha, & McNair, 2010). While our study did not identify reasons for the increased childhood trauma, a much earlier age of first experience of homelessness could precipitate a series of other vulnerabilities including mental health and substance use issues, more rough sleeping, less support from friends, and more subsequent episodes of homelessness. This may explain the higher likelihood of repeated homelessness amongst bisexual respondents in the *Journeys Home* study. Ross et al (2016) found four reasons for higher levels of mental health problems amongst bisexual people including childhood victimisation linked to poverty, bisexual identity affecting employment, biphobia and lack of supportive community, and poor access to culturally competent mental

health care (Ross et al., 2016). Ultimately, diverse sexual identities are still poorly understood by many families resulting in family conflict as a major driver of LGBTQ youth homelessness (Abramovich, 2015; Whitbeck et al., 2016). This may be amplified by other experiences of oppression and specific barriers to sexual diversity acceptance within some multi-cultural, multi-faith, or rural/regional communities (McNair & Rajkhowa, 2017), and an intersectional framework to further understand these differences is important (Wheeler & Ellasante, 2017).

Trans and gender diverse people are an important population also at higher risk of homelessness. It is likely that a higher proportion of participants who identified as bisexual than LG in the *JH* and *GSS* studies may have been trans or gender diverse. This is supported by the recent Australian Trans Pathways study of 14-25 year-old TGD people, whose sexual identities were much more likely to include pansexual (30.6%), bisexual (13.9%) or asexual (8.8%), compared with heterosexual (7.3%), lesbian (7.3%) and gay (6.8%) (Strauss et al., 2017). Bisexual and gender diverse people in other Australian studies have been found to have higher levels of psychological distress than LG people, and resilience scores were lowest among bisexual women and gender diverse Australians (Leonard et al., 2012; McNair & Bush, 2016).

Resilience among LGB people in the face of experiences of discrimination and structural stigma is an emerging field of research (Dickinson & Adams, 2014; Kwon, 2013), although has not yet focused on TGD people, nor specifically on resilience in relation to housing stability. Some positive factors that were more common among LG respondents in our study including connection with friends, being in a relationship, civic and political involvement, and engagement in education. Friends are an important emotional resource for Australian LGB people, including in times of illness and when support from family members is not available or denied (Dempsey, 2014; Leonard et al., 2012). However, strong ties to relatives was the most important protective factor for homelessness amongst a recent USA national sample (Corinth & Rossi-de Vries, 2018), so facilitating re-engagement with family where possible may be an important strategy for LGB people. LGB-specific peer support groups are also very important to encourage help seeking by LGB people (McNair & Bush, 2016). We suggest that LGB peer support can be particularly hard to access for LGB people experiencing homelessness, especially when forced to live in areas without overt LGB

communities. These are some of the areas that need specific exploration in homelessness prevention strategies, as do the roles of education and employment in mitigating the risk of homelessness for LGB people.

Policy implications from our study findings include the need to identify LGB people as a vulnerable sub-group in Australian housing and homelessness policies and practice (Oakley & Bletsas, 2017). This would drive incentives to collect sexual identity data at the service level, to provide LGB competency training in mainstream services, and to develop LGB specific services. Public health should understand LGB health promotion within a framework of social determinants and health equity. Currently there are significant barriers to accessing affordable and permanent housing which constrain homelessness services in being able to effectively intervene. However, it will be important to create permanent supportive housing options for those with complex needs, including LGB-specific support packages based on a housing first model (Parkinson & Parsell, 2018). Further, policies to address primary prevention of LGB homelessness could include educating families of origin about the 'normality' of diverse sexual identities in contemporary Australian society.

Limitations of our study include a lack of sex or gender identity data in the quantitative datasets. Anecdotal knowledge from Australian LGBTQ community and from homelessness service providers indicates that trans and non-binary people are even more likely to have housing insecurity and should also be regarded as vulnerable and specifically included in policy revisions. Second, the relatively small numbers of LGB participants in the large datasets made detailed comparisons within the LGB group difficult. Third, the GSS is conducted only amongst people living in private dwellings, so excludes people who are homeless, or living in temporary accommodation⁸. The JH dataset partly overcomes this by drawing on a sample of people that have almost all experienced homelessness. Third, our sample sizes did not allow investigation of intersecting risks and resilience factors for LGB

⁸ The GSS Glossary state 'The GSS does not attempt to measure the prevalence of homelessness in Australia. Instead the survey sought information about a person's previous experience of being without a permanent place to live. That is, whether a person has ever experienced being without a permanent place to live at some point in their lives'.
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4159.0Glossary12014?opendocument&tabname=Notes&prodno=4159.0&issue=2014&num=&view=>

people who may have also identified as multi-faith, multi-cultural, Aboriginal and Torres Strait Islander; or were living with a disability. Future studies should include a broad range of LGBTIQ questions, and also ask questions about perceived influences of minority sexual orientation, gender identity and intersex status on housing stability. Strengths of this study were the relatively large datasets, and the population-based nature of the GSS.

Conclusion

Australian LGB people may have complex and intersecting experiences that increase their risk for homelessness, over and above those risks experienced by heterosexual Australians. Identifying these experiences, and in parallel, the specific resilience factors unique to these communities should contribute to improving responsiveness by housing and homelessness policy makers, service providers and broader community services.

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Table 1 – Most common reasons for first homeless episode, Journeys Home Survey Wave 1^a

| | Heterosexual N (% ^b) | Lesbian/gay N (%) | Bisexual N (%) | Total N (%) | Pearson Chi square significance ^c |
|--|-------------------------------------|----------------------|-------------------|----------------|--|
| Financial difficulties | 1367 (17.8) | 52 (25.0) | 74 (9.5) | 1,493 (17.7) | .068 |
| Relationship breakdown and family conflict | 1366 (61.3) | 52 (65.4) | 74 (82.4) | 1,492 (62.5) | .001** |
| Domestic and family violence and abuse | 1367 (17.6) | 52 (5.8) | 74 (29.7) | 1,493 (17.8) | .002** |
| Mental Health Issues | 1367 (6.8) | 53 (11.3) | 74 (9.5) | 1,494 (7.1) | .326 |
| Employment problems/unemployment | 1367 (6.1) | 52 (15.4) | 74 (2.7) | 1,493 (6.3) | .011* |
| Was evicted asked to leave | 1367 (4.4) | 52 (1.9) | 74 (2.7) | 1,493 (4.2) | .550 |
| Problematic drug or substance use | 1367 (12.0) | 52 (5.8) | 74 (10.8) | 1,493 (11.7) | .379 |

a. % reporting yes

b. Data are weighted using population sample weight rescaled to sample.

c. % reporting yes

d. Significance at *p <0.05, ** p <0.01, *** p<0.001.

Table 2 – Stressors including discrimination, violence and lack of safety (GSS)

| | Heterosexual N (% ^a) | Lesbian/gay N (%) | Bisexual N (%) | Pearson chi squared | P value |
|------------------------------------|-------------------------------------|----------------------|-------------------|---------------------------|------------|
| Discrimination or unfair treatment | 2252 (18.7) | 74 (39.0) | 47 (39.5) | 80.88 | 0.000 |

| | | | | | |
|---|-------------|------------|-----------|-------|-------|
| Victim of assault or break-in last 12 months | 1893 (15.6) | 52 (27.8) | 35 (29.9) | 37.63 | 0.000 |
| Victim of physical or threatened violence – last 12 months | 1102 (9.1) | 37 (19.8) | 29 (23.4) | 53.48 | 0.000 |
| At least one personal stressor^b last 12 months | 7581 (62.6) | 138 (73.4) | 93 (78.2) | 21.31 | 0.000 |

a. % reporting yes

b. See definition of personal stressor in the text

Table 3 – Mental health diagnoses (JH, wave 1)

| | Hetero- sexual N (%^a) | Lesbian/ Gay N (%) | Bisexual N (%) | Total N (%) | Pearson Chi square significance^b |
|---|---|-----------------------------------|---------------------------|------------------------|--|
| Bipolar affective | 1516 (9.4) | 52 (28.8) | 73 (32.9) | 1641 (11.1) | .000*** |
| Schizophrenia | 1514 (9.1) | 54 (3.7) | 74 (18.9) | 1642 (9.4) | .006** |
| Depression | 1528 (51.6) | 54 (50.0) | 74 (67.6) | 1656 (52.3) | .026* |
| Post-traumatic stress disorder | 1520 (17.7) | 53 (28.3) | 75 (26.7) | 1648 (18.4) | .025* |
| Anxiety disorder | 1527 (39.2) | 53 (49.1) | 74 (55.4) | 1654 (40.3) | .009** |

a. % reporting yes

b. Significance at *p <0.05, ** p <0.01, *** p<0.001.

Table 4 - Resilience factors – Sources of support and socio-political involvement (GSS)

| | Heterosexual N (%) | Lesbian/gay N (%) | Bisexual N (%) | Pearson chi squared | P value^a |
|--|-------------------------------|------------------------------|---------------------------|------------------------------------|----------------------------|
| Source(s) of support in times of crisis | | | | | |
| Friend | 7739 (63.9) | 146 (78.5) | 81 (65.3) | 17.1577 | 0.000*** |
| Neighbour | 2552 (21.0) | 30 (16.1) | 13 (10.5) | 10.8784 | 0.004*** |
| Family member | 9454 (78.0) | 138 (74.2) | 88 (71.0) | 5.0002 | 0.082 |
| Community involvement last 12 months | | | | | |
| Community support group | 4007 (33.1) | 64 (33.9) | 47 (38.2) | 1.482 | 0.477 |
| Social groups | 5982 (49.4) | 96 (49.7) | 62 (52.1) | 0.35 | 0.841 |
| Civic or political groups | 1611 (13.3) | 51 (28.0) | 28 (23.0) | 42.156 | 0.000*** |

a. Significance at *p <0.05, ** p <0.01, *** p<0.001.