



YOUTH2000 SURVEY SERIES

Youth19 Rangatahi Smart Survey Initial Findings

Te āniwaniwa takatāpui whānui:
Te aronga taera mō ngā rangatahi |
Sexual attraction and young
people's wellbeing

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THE UNIVERSITY OF
AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND



VICTORIA UNIVERSITY OF
WELLINGTON
TE HERENGA WAKA



UNIVERSITY
OF OTAGO
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The Youth19 Researchers: Associate Professor Terryann Clark¹ and Associate Professor Terry (Theresa) Fleming² (co-principal investigators), Associate Professor Roshini Peiris-John¹, Professor Sue Crengle³, Dr Lara Greaves¹, Dr John Fenaughty¹, Professor Dave Parry⁴, Dr Sonia Lewycka¹.

The Adolescent Health Research Group: Associate Professor Terry (Theresa) Fleming², Associate Professor Terryann Clark¹, Associate Professor Roshini Peiris-John¹, Associate Professor Simon Denny¹, Associate Professor Melody Oliver¹, Dr John Fenaughty¹, Dr Jemaima Tiatia-Seath¹, Dr Sonia Lewycka¹, Dr Jennifer Utter¹, Dr Lara Greaves¹, Dr Pat Bullen¹, Lovely Dizon¹, Kristy Kang, Dr Kelsey Deane¹, Dr Bridget Farrant¹, Dr Mathijs Lucassen¹, Kylie Sutcliffe², Professor Sue Crengle³, Dr Jude Ball³.

1 The University of Auckland, 2 Victoria University of Wellington, 3 University of Otago, 4 Auckland University of Technology

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Contact

youth19@auckland.ac.nz or j.fenaughty@auckland.ac.nz (John Fenaughty)

Further Youth19 publications are available at www.youth19.ac.nz

*Stevens II. A. (2021). An Indigenous psychology approach to develop an E-health website to support Māori & Pacific men, their support people and community groups affected by male childhood sexual violence. Auckland: Auckland University of Technology. Faculty of Health & Environmental Sciences. [Unpublished doctoral thesis]

Contents

1	Contents
2	Summary
4	Findings
5	Sexual attraction and terminology
6	Sexual attraction by age, sex, gender and ethnicity
8	Sexual attraction by ethnicity
9	Coming out
10	Financial hardship
11	Whānau and family relationships
13	Community and peer relationships
14	Helping in the community
15	Neighbourhood safety
16	School engagement
17	School environment
18	Aspirations
19	Violence and safety
21	Sexual activity
22	Health and wellbeing
24	Emotional wellbeing
26	Substance use
29	Access to health services
30	Quality of health services
33	What do these findings mean?
34	Recommendations:
34	What needs to happen next?
35	Recommendations for schools and education settings
37	Recommendations for healthcare settings
39	Recommendations for families and whānau
40	Appendix 1: Variable descriptions
49	References

Summary

This report highlights findings from the Youth19 Rangatahi Smart Survey (Youth19) about the health and wellbeing of same-sex and multiple-sex (SSMS) attracted students, students who are not sure of their sexual attractions, and students who do not experience sexual attractions (NSN). It is designed to be read with the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report, which explains how the survey was conducted, who was included, and how to interpret the results. The *Introduction and Methods* report and other Youth19 outputs are available at www.youth19.ac.nz.

As part of Youth19, secondary school students answered questions about their sexual attractions and their sexual identities. The survey also included items about health, wellbeing, whānau, school, and community experiences. We present an overview of findings for same-sex and multiple-sex attracted (SSMS) young people and young people who are not sure of their attractions or have no sexual attractions (NSN) in the areas of: demographics, including financial hardship; whānau relationships; peer and community relationships; schooling and aspirations for the future; violence and safety; sexual health and sexuality; health and wellbeing, including emotional wellbeing and substance use; and access to health services. These findings are compared to young people who identify as heterosexual and cisgender (i.e., people whose gender aligns with that which they were assigned at birth), or cis-heterosexual (CH) for short, participants.

Youth19 data shows that:

- In total 9.3% of participants said they were SSMS and 6.8% said they were NSN.
- SSMS and NSN students came from a range of ethnic backgrounds.
- Nearly half of those who said that they had ‘come out’ about their sexuality had done so before the age of 14.
- The majority of SSMS and NSN students reported positive home and family environments. However, a greater proportion of SSMS students reported less supportive family and home situations, across all measures, than their cis-heterosexual (CH) peers.
- Disparities were apparent in community, neighbourhood, and school contexts, where a higher proportion of SSMS young people were isolated or unsafe in a range of settings. Increased proportions of SSMS young people reported bias-related bullying, and nearly twice the number reported sexual violence compared to CH peers.
- The disparities are reflected in substantially higher proportions of SSMS students reporting mental health challenges, including depression, self-harm, and suicidal thoughts and suicide attempts, and some increased use of alcohol, drugs, and nicotine. While the majority say their general health is good, there are marked differences compared to CH young people, and more SSMS young people report a long-term health condition, and a disability, compared to CH young people.

Despite their greater needs in terms of health and wellbeing challenges, a higher proportion of SSMS students were not able to access health care when they needed it, compared to CH students. SSMS students were more likely to say that they face barriers accessing health care when they require it, compared to CH young people. NSN young people were also more likely to report more concerns accessing health care compared to CH young people.

The high levels of disparities we demonstrate reflect, and are produced by, the lack of supportive family, whānau, schooling, community, and health-care environments. The high rates of distress, mental health concerns, and elevated substance use data for SSMS young people are a result of the stress they experience when they are not valued or appropriately supported (Meyer, 2003). The issues SSMS young people face are compounded by surroundings which are frequently hostile and stressful (Adams, Dickinson, & Asiasiga, 2013).

We encourage the use of these statistics for advocacy and planning for SSMS and NSN young people, and emphasise that these statistics are inseparable from the toxic environments and contexts SSMS and NSN people are often forced to live in.

The current data show some progress, though stubborn inequalities for SSMS young people remain from all three earlier analyses of same-sex and both-sex attracted young people (e.g., Le Brun et al., 2004; Rossen et al., 2009; Lucassen et al., 2014). These findings expose the significant health inequities faced by SSMS young people and demonstrate that they are systematically disadvantaged in their homes, schools, relationships, and healthcare settings. SSMS and NSN young people require urgent policy action to meet their developmental, health, and educational needs.

We will be publishing other analyses that explore transgender and gender diverse young people's experiences. These will be listed on our website: www.youth19.ac.nz.

Findings

The data for Youth19 was collected from Auckland, Waikato and Northland, rather than from the whole country as in previous survey waves. These three regions account for 47% of New Zealand’s secondary school population. While the current sample includes a range of young people from rural and urban settings, and ethnic groups, the findings may subtly differ from other parts of the country. For instance, some regions in New Zealand may be more rainbow friendly, and this may change the experiences there, as well as the proportions of young people who are willing to be “out” about their identities in these regions. As such we urge caution when drawing national comparisons, as things may be more

challenging in more conservative regions.

These findings are weighted in relation to ethnicity and age nationally (Rivera-Rodriguez et al., 2021).

This report presents findings about cis-heterosexual (CH), same-sex or multiple-sex attracted (SSMS), and not sure/neither-attracted (NSN) students from the Youth19 Survey. When we report the statistics in this document, we provide a number of parameters, which will be explained using an example of a table we used to present our data, as outlined below.

	Parents worry about money for food sometimes, often, or all of the time	
Sexual attraction	n (N)	% [95% CI]
Cis-heterosexual	1521 (5949)	25.3 [24.1-26.6]
Same-sex or multiple-sex	191 (673)	27.0 [23.2-30.8]
Not sure or neither	157 (435)	37.1 [32.2-42.1]*

* Confidence intervals do not overlap with CH young people.

First, we report the total number of students who answered that particular question/item in the survey using ‘N’ in the tables. The ‘N’ varies by question as some students chose not to answer the question. We also report ‘n’, which refers to the number of students who chose the particular response of interest for a question/item. For example, a total of 673 (N) SSMS students answered the question that asked if their parents worried about money for food sometimes, often, or all of the time and 191 (n) SSMS students responded in the affirmative.

The percentage (%) refers to the proportion of students who reported that particular response or behaviour for a question/item once adjustments have been made for survey methods. This can be regarded as a sound estimate of the actual proportion of the sub-population. For example, 27.0% of SSMS students reported their parents worrying about food sometimes, often, or all of the time.

The confidence intervals (CI) express the certainty that the true value of the population lies within the given range of these values. Such that 95% confidence intervals (95% CI) mean that we can be 95% certain that the actual prevalence of that particular behaviour or response among the sub-population lies within the given range. Using the same example above, statistically speaking, we are 95% certain that between 23.2% and 30.8% of SSMS students have parents who worry about money for food sometimes, often, or all of the time. The wider the confidence intervals, the more uncertain we are about the associated percentage estimate. Generally, if the 95% confidence intervals around two percentage estimates between sub-populations do not overlap, we can be very confident that the apparent differences are real. For example, with regards to parents worrying about food, the 95% confidence intervals associated with NSN students (32.2-42.1%) and cis-heterosexual young people (24.1-26.6%) do not overlap, indicating that cis-heterosexual young people are less likely to have parents who worry about food than NSN young

people. However, it is important not to emphasize the apparent differences when the number of students reporting on an issue is small (e.g., ≤ 30). Where the proportion of SSMS or NSN students does not overlap with the proportion of CH students, we can be very confident there is a difference, and this is marked by an asterix (*) symbol.

The data presented here was taken from 7,721 year 9–13 students in 49 secondary schools including four kura kaupapa Māori, as well as 92 Alternative Education students and 78 young people who were not in education, training, or employment. Other reports from Youth19 may differ depending on the sample and weighting approach taken.

Youth19 participants were invited to express their views about key issues using their own words in two open-text questions: ‘What do you think are the biggest problems for young people today?’ and ‘What do you think should be changed to support young people in New Zealand better?’. We include some relevant quotes throughout this report.

Sexual attraction and terminology

In this report we focus on young people who said that they are attracted to people of “the same sex (e.g., I am a male attracted to males or I am a female attracted to females)”, or to “males and females”. This same-sex or multiple-sex attracted group (SSMS) is compared to heterosexual students, who said they were attracted to the “opposite or a different sex (e.g., I am a male attracted to females or I am a female attracted to males)”. The heterosexual group was 99.8% cisgender and are categorised as cis-heterosexual (CH) in this analysis.

Students who said “I’m not sure” or “neither” in terms of their sexual attractions, were categorised as not sure/neither sex

attracted (NSN). Those who said they “don’t understand this question” were removed from these analyses.

Same-sex or multiple-sex attracted students are likely to have a range of identities and experiences, including identifying as Takatāpui. Some Takatāpui youth may identify as being part of a rainbow community (e.g., lesbian, gay, bisexual, transgender or gender diverse); or they might not use any additional labels; or they may use a range of other labels.

In Youth19, students were asked “How do you describe yourself?” with the response options “I am a Boy/Man; Girl/Woman; I identify in

another way". They could choose to skip the question if they wished. In Youth19, students were also asked if they were "transgender or gender diverse". Transgender or gender diverse in this survey was defined as: "your current gender is different from your gender at birth (e.g. trans, non-binary, Queen, fa'afafine, whakawahine, tangata ira tane, genderfluid or genderqueer)". While data regarding transgender and gender diverse

youth is available in a separate report (forthcoming), some participants in the SSMS and NSN groups in this report are transgender, non-binary, or not sure of their gender. Intersectional reports that explore experiences for transgender and gender diverse young people, as well as those who are SSMS, are also available (<https://www.youth19.ac.nz/publications/tag/Identity>).

Sexual attraction by age, sex, gender and ethnicity

Of the 7891 students who participated in the Youth19 survey, 7583 students responded to the question on their sexual attractions. Similar to the 2001, 2007 and 2012 surveys, the great majority of students (>80%) responded that they were sexually attracted to a different sex. However, the proportion of heterosexual young people was notably lower (by around 10%) in Youth19 compared to the previous surveys. In total, 9.3% of participants said they were SSMS and 6.8% said they were NSN.

In this section we provide a description of the whole sample by age, sex, gender and ethnicity. Due to small sample sizes, the detailed findings after this section are presented by sexual attraction status only. Specific intersectionality reports¹ that combine SSMS and transgender students together into a "rainbow" group provide detail about experiences for Rainbow Māori, Pacific, and Disabled students (identity first language).

In Youth19 SSMS students were represented across sex, gender, age and ethnicity groups. In 2019, there were some sex differences in the prevalence of different-sex attraction (male: 88.8%; female: 78.6), same-sex or

multiple-sex attraction (male: 5.5%; female: 13.0%) and not sure/neither sexual attraction (male: 5.6%; female: 8.4%). Similar to the Youth'12 survey, the proportion of SSMS students increased with age, from 6.8% of students aged 13 and under to 14.5% of those aged 17 or older; while there was a corresponding drop in the proportion of students who said not sure/neither in the older age brackets.

The proportion of CH students remained fairly constant across the age brackets. This pattern is consistent with the findings from Youth'12. It may suggest a gradual process of same/both sex attraction, which resulted in some students moving from the not sure/neither group to the same/both-sex attracted group as they grew older. Additionally, these data demonstrate that a number of young people do not report any sexual attractions, despite their older age. Young people who identify as asexual (i.e., are not sexually attracted to others), or somewhere on an asexual spectrum, are therefore likely to form part of this group of NSN students.

Females and students aged 17 years and older, compared to males and younger students aged 13 and 14 years, more

¹ Intersectional reports that explore experiences for transgender and gender diverse young people, as well as those who are SSMS, are also available (<https://www.youth19.ac.nz/publications/tag/Identity>).

frequently reported same-sex or both-sex attraction. Females were also more likely to be unsure of their sexual attraction. Students who were unsure or not attracted to either sex were more likely to be 13 years and under compared to 17 years and older.

Transgender and gender diverse students were more likely to report same-sex or multiple-sex attractions, or being not sure or not having attractions, compared to different sex attracted young people. Slightly more than 1 in 20 SSMS students were transgender or gender diverse.

Sexual attraction						
	The opposite or a different sex (e.g. I am a male attracted to females or I am a female attracted to males)		The same sex (e.g. I am a male attracted to males or I am a female attracted to females) or multiple sexes (e.g., I am attracted to males and females)		I'm not sure or neither	
	n (N)	%	n (N)	%	n (N)	%
Sex						
Male	3066 (3430)	88.8	175 (3430)	5.5	189 (3430)	5.6
Female	3273 (4142)	78.6	528 (4142)	13.0	341 (4142)	8.4
Gender						
Boy/Man	3065 (3436)	88.6	183 (3436)	5.9	188 (3436)	5.5
Girl/Woman	3274 (4118)	79.2	504 (4118)	12.4	340 (4118)	8.5
Transgender						
Transgender	13 (6352)	0.2	46 (687)	6.7	18 (525)	3.4
Age						
13 and under	1129 (1365)	82.3	94 (1365)	6.8	142 (1365)	11.0
14	1446 (1705)	84.8	143 (1705)	8.5	116 (1705)	6.8
15	1424 (1678)	84.2	142 (1678)	8.5	112 (1678)	7.3
16	1214 (1450)	83.9	155 (1450)	10.8	81 (1450)	5.3
17 and over	1126 (1385)	78.9	172 (1385)	14.5	87 (1385)	6.7

Sexual attraction by ethnicity

Similar to the Youth12 survey, the results confirmed that SSMS and NSN students came from a range of ethnic backgrounds and were relatively evenly distributed across the main

ethnic groups in New Zealand, though slightly more young people who identified with 'other' for ethnicity seem to be SSMS or NSN.

Sexual attraction						
	The opposite or a different sex (e.g. I am a male attracted to females or I am a female attracted to males)		The same sex (e.g. I am a male attracted to males or I am a female attracted to females) or multiple sexes (e.g., I am attracted to males and females)		I'm not sure or neither	
	n (N)	%	n (N)	%	n (N)	%
Ethnicity*						
Asian	1398 (1744)	80.7	180 (1744)	9.8	166 (1744)	9.5
European	2566 (3004)	84.0	282 (3004)	10.7	156 (3004)	5.3
Māori	1272 (1485)	85.4	136 (1485)	9.8	77 (1485)	4.7
Other	275 (373)	73.8	43 (373)	10.6	55 (373)	15.6
Pacific	778 (913)	84.6	56 (913)	6.1	79 (913)	9.3

* Ethnicity is categorised using the NZ census ethnicity prioritisation method.

Coming out

In total, 698 SSMS-attracted participants answered the questions about “coming out”. Just over 7 out of 10 (71.1%) said they had “told people close to you openly of your sexuality”. This represents a continued trend across the Youth 2000 survey series of a higher proportion of SSMS young people telling people about their sexuality with each survey wave (in 2012 it was 53.1%).

We also asked about “how old were you when you first ‘came out’, or told people about your sexuality?” In total, 202 of the 698 participants reported “I have not told anyone” (28.9%). Of those who had told someone, nearly half had done so before they turned 14 years. The remainder told others about their sexuality during their secondary school years.

Coming Out		
	Proportion who first disclosed their sexuality to someone else at this age	
	n (N)	%
Age Band		
10 years or younger	29 (496)	5.0
11-13 years	193 (496)	39.6
14-15 years	185 (496)	36.5
16 or over years	89 (496)	18.8

Financial hardship

Students reported on their families' financial situations. Around one in four SSMS and CH young people reported that their parents worry about money for food sometimes, often, or all of the time. Almost one in five SSMS and CH young people reported their parents worried about rent or mortgage payments, sometimes, often or all of the time. Having limited money for necessities like food and quality housing, as well as the stress of living in poverty and reduced education and employment opportunities, can affect the health outcomes.

A concerning higher proportion of NSN students reported familial financial stress indicators. In contrast, the 95% confidence intervals for these items overlapped for SSMS and CH young people, suggesting that the small differences between these groups may not be definitive. However, the intersectionality reports² for all Rainbow students in Youth 19 indicate ethnic disparities for Māori and Pacific Rainbow students relative to Pākehā Rainbow students that are obscured in this broad analysis.

Financial hardship								
	Parents worry about food sometimes, often, or all of the time		Parents worry about electricity sometimes, often, or all of the time		Parents worry about rent or mortgage sometimes, often, or all of the time		Parents worry about petrol or transport sometimes, often, or all of the time	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction								
Cis-heterosexual	1521 (5949)	25.3 [24.1-26.6]	520 (5950)	8.7 [7.9-9.5]	781 (5840)	13.6 [12.6-14.5]	760 (5955)	12.8 [11.8-13.7]
Same-sex or multiple-sex	191 (673)	27.0 [23.2-30.8]	59 (662)	8.8 [6.3-11.3]	116 (658)	17.6 [14.2-21.0]	105 (658)	15.2 [12.0-18.3]
Not sure or neither	157 (435)	37.1 [32.2-42.1]*	64 (431)	15.6 [11.9-19.3]*	96 (412)	24.0 [19.6-28.5]*	80 (424)	19.3 [15.2-23.4]*

* Confidence intervals do not overlap with CH young people.

² Intersectional reports that explore experiences for transgender and gender diverse young people, as well as those who are SSMS, are also available (<https://www.youth19.ac.nz/publications/tag/identity>).

Whānau and family relationships

Supportive, safe and caring families are crucial to the wellbeing of SSMS young people, who have higher risk of emotional (Lucassen et al., 2011) and physical harm (Lucassen et al., 2015). The majority of SSMS students have family situations which are warm, caring, and respectful. However, similar to Youth01, Youth07 and Youth12, the findings from Youth19 indicated that overall, whānau relationships were proportionately less positive for SSMS young people when compared to their CH peers. For example, 87.4% of SSMS young people reported that they have at least one parent who cared about them a lot, which is similar to NSN young people, and approximately 7 percentage points lower compared to CH peers. A lower proportion of SSMS young people felt that they could share their feelings with their family (61.3%) compared to their CH peers (77.3%), or that their families respected what was important to them (SSMS: 67.9%; CH: 84%).

“My mum will never fully get me, nor I her. She understands that I am gay and that won’t change but it feels more like tolerance than genuine acceptance. She acts supportive of my relationship with my girlfriend but has gone on record saying she wishes I wasn’t gay. It’s not true acceptance, it’s merely putting up with me.”¹

¹ Youth19 participants were invited to express their views about key issues using their own words in two open-text questions: ‘What do you think are the biggest problems for young people today?’ and ‘What do you think should be changed to support young people in New Zealand better?’. We include some relevant quotes throughout this report.

Whānau & family relations								
	At least one of the student's parents cares about them a lot		Family want to know company		Family can share feelings		Family respects what's important	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction								
Cis-heterosexual	5164 (5481)	94.3 [93.6-95.0]	5842 (6315)	92.6 [91.9-93.3]	4849 (6289)	77.3 [76.1-78.4]	5262 (6263)	84.0 [83.0-85.0]
Same-sex or multiple-sex	565 (644)	87.4 [84.5-90.3]*	615 (703)	87.2 [84.3-90.1]*	428 (699)	61.3 [57.2-65.4]*	474 (698)	67.9 [64.0-71.8]*
Not sure or neither	393 (444)	88.6 [85.1-92.1]*	444 (505)	87.9 [84.7-91.1]*	371 (498)	75.1 [70.9-79.4]	392 (485)	83.1 [79.5-86.7]

* Confidence intervals do not overlap with CH young people.

Broadly, the majority of SSMS and NSN young people have positive and close relationships with their families. Across the board, however, there are notable disparities between the quality of SSMS, NSN and CH young people's relationships with their families, with SSMS young people being least likely to have less positive whānau relationships. For example, around 7/10 of SSMS young people reported having had at least one family member who accepted them for who they are, compared to around 9/10 CH young people. A lower

proportion of SSMS young people also reported close bonds with their families compared to their CH peers (SSMS: 74.9%; CH: 87.4%). SSMS were less likely to report having had a family member that they could have fun with compared to CH students (i.e., 82.5% and 91.1% respectively).

Notably, just over half of the SSMS, and two thirds of NSN, participants reported that they have quality time with their families, compared to nearly 3/4 of CH students.

Whānau & family relations												
	Family accepts for who they are		Family close bond		Family will stick up for		Family can have fun with		Family proud and supportive		Family quality time	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction												
Cis-heterosexual	5611 (6258)	89.2 [88.3-90.1]	5472 (6254)	87.4 [86.5-88.4]	5512 (6252)	88.1 [87.1-89.0]	5689 (6253)	91.1 [90.3-91.8]	5510 (6252)	87.8 [86.9-88.7]	4606 (6246)	73.6 [72.4-74.9]
Same-sex or multiple-sex	507 (698)	71.4 [67.6-75.3]*	522 (697)	74.9 [71.3-78.5]*	520 (697)	75.0 [71.4-78.5]*	580 (697)	82.5 [79.2-85.8]*	529 (694)	75.7 [72.2-79.2]*	372 (696)	54.4 [50.2-58.6]*
Not sure or neither	395 (486)	82.0 [78.3-85.8]*	392 (480)	81.7 [77.9-85.5]*	390 (481)	80.4 [76.4-84.5]*	419 (484)	86.2 [82.7-89.6]*	384 (485)	78.1 [73.8-82.3]*	325 (483)	68.5 [64.0-73.0]

* Confidence intervals do not overlap with CH young people.

Community and peer relationships

Fortunately, SSMS and NSN young people have reasonably strong community-based and peer relationships. Seven out of ten SSMS young people were a part of at least one club, sports team, or cultural group. However, proportionately more CH young people said they belonged to groups like these (78.3%) than SSMS young people (70.8%).

There is some variability in the types of groups that SSMS young people participated in compared to their CH peers. A higher proportion of SSMS young people said they belonged to “another type of group or club, e.g. music, drama, gaming” (53.4%) in comparison to CH young people (38.3%). As was the case in Youth12 (Lucassen et al., 2019), many more CH young people said they belonged to a sports team or group (63.3%) than SSMS-attracted young people (37.3%) in Youth19. Only 16.5% of SSMS young people belonged to rainbow diversity groups but this

is, perhaps unsurprisingly, a much higher rate than the CH group, with only 1.3% attending diversity groups. Overall, it is positive to see a large proportion of young people fostering community through group membership.

“There should be more approachable clubs like mixit where young people can make good friends who can help them.”

“Having more options whether it be on future plans or after school organisations where you can just have fun and be a kid with other people just a place where we feel we can connect and talk freely will [sic] others without being judged on age, size, believes [sic], race, or orientation.”

Community and peer relationship										
	Belongs to at least one club, group, or team		Belongs to sports team or group		Belongs to cultural group		Belongs to group that supports sexuality and gender diverse youth		Belongs to another type of group or club, e.g. music, drama, gaming	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction										
Cis-heterosexual	4476 (5649)	78.3 [77.1-79.6]	3633 (5649)	63.3 [61.8-64.7]	854 (5649)	14.0 [13.0-15.0]	76 (5649)	1.3 [1.0-1.6]	2181 (5649)	38.3 [36.8-39.7]
Same-sex or multiple-sex	447 (626)	70.8 [66.7-74.8]*	252 (626)	37.3 [33.0-41.5]*	92 (626)	12.3 [9.7-15.0]	97 (626)	16.5 [13.0-20.0]*	332 (626)	53.4 [48.9-57.9]*
Not sure or neither	279 (424)	64.0 [58.9-69.2]*	190 (424)	43.8 [38.7-48.9]*	64 (424)	14.0 [10.6-17.4]	9 (424)	2.1 [0.7-3.5]	172 (424)	39.4 [34.3-44.4]

* Confidence intervals do not overlap with CH young people.

Helping in the community

In terms of helping in the community, more than half of the SSMS students (58.1%) helped others in their school or community in the last 12 months. No definitive differences were found between the proportions of SSMS, NSN, and CH young people who volunteered in their communities.

“The economy is going wild, the generations before us have destroyed the earth and if we dint [sic] do something soon, we may not have an earth left. The views of people before us are outdated

and divide us. Sexism racism and homophobia are all issues that effect [sic] us the most. In New Zealand, we have some of the highest youth suicide rates. We have a problem with violence in families. We the youth, are left to deal with these problems. And unfortunately for us, we’re still viewed as to [sic] young and naive to do anything. Then the second we turn 18 we suddenly know everything and now we’re the problem.”

Community		
	Helped others in school or community in the last 12 months	
	n (N)	% [95% CI]
Sexual attraction		
Cis-heterosexual	3074 (5613)	54.7 [53.2-56.1]
Same-sex or multiple-sex	351 (626)	58.1 [53.7-62.5]
Not sure or neither	206 (419)	48.2 [43.0-53.4]

* Confidence intervals do not overlap with CH young people.

Neighbourhood safety

In terms of neighbourhood safety, SSMS young people were notably less likely to feel safe in their neighbourhood compared to CH young people. Compared to 58.9% of CH young people who reported always feeling safe in their neighbourhood, less than half of SSMS young people (48.2%) said they always felt safe in their neighbourhoods.

“Give them more support outside their families from adults they can trust. Give them mentors and help them grow with someone guiding them who understands them too.”

Neighbourhood safety		
	Always feel safe in neighbourhood	
	n (N)	% [95% CI]
Sexual attraction		
Cis-heterosexual	3599 (5987)	58.9 [57.5-60.3]
Same-sex or multiple-sex	314 (660)	48.2 [43.8-52.6]*
Not sure or neither	229 (458)	50.5 [45.6-55.6]*

* Confidence intervals do not overlap with CH young people.

School engagement

In relation to school engagement, there were some differences between the groups. Just over eighty percent of SSMS students reported that they feel part of their school, which was slightly below that reported by CH participants. Unsurprisingly, a smaller proportion of SSMS students said that it was important to attend school (SSMS: 90.9%; CH: 96.2%) and they were more likely to have ‘wagged’ or skipped school in the past year (34.9%) compared to CH students (27.2%).

Importantly, there were no differences in the proportion of young people who planned to stay in school until Year 13, highlighting that the educational aspirations of SSMS are no different to CH students.

“Teaching more fundamental skills to be a decent human being, more focus on learning how to listen and be kind rather than pythagorus [sic].”

School engagement								
	Feels part of their school		Somewhat or very important to students that they attend school		Student plans to stay at school until Year 13		Students who have wagged or skipped school for a whole day in last 12 months	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction								
Cis-heterosexual	5413 (6236)	87.1 [86.2-88.0]	6029 (6294)	96.2 [95.7-96.7]	5545 (6263)	88.7 [87.8-89.6]	1759 (6292)	27.2 [26.0-28.4]
Same-sex or multiple-sex	560 (690)	82.2 [79.2-85.2]*	636 (697)	90.9 [88.3-93.4]*	608 (692)	88.9 [86.5-91.4]	235 (696)	34.9 [30.6-39.1]*
Not sure or neither	418 (485)	86.7 [83.3-90.1]	476 (495)	96.4 [94.7-98.1]	403 (482)	83.6 [79.9-87.3]*	109 (493)	21.1 [17.1-25.1]*

* Confidence intervals do not overlap with CH young people.

School environment

In terms of the school environment, there were little differences between SSMS and CH young people’s engagement with teachers. Slightly smaller proportions of SSMS (73.9%) students than CH young people (79.8%) reported that their teachers care about students. The proportions of SSMS students (93.3%) who reported that teachers expected them to do well with their studies was generally comparable to their CH peers (96.9%), as were the rates of reported fairness from teachers for both SSMS students (69.2%) and CH young people (68.0%).

Many schools and their students still struggle to be supportive of SSMS and NSN students; for instance, at least one quarter of SSMS and half of NSN students reported that school is not supportive of sexuality or gender diverse students.

Similar proportions of SSMS and CH students said that school was supportive (SSMS: 73.0%; CH: 68.7%) when compared to NSN students (NSN: 50.4%).

“Communication, opening up and expressing feelings, and most of trust [sic], that there should always be someone that you can trust.”

School environment								
	Teachers/tutors care about you		Teachers treat students fairly most or all of the time		Teachers expect student to do well with studies		School is supportive of people who are or might be sexuality diverse or gender diverse	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction								
Cis-heterosexual	4969 (6283)	79.8 [78.7-80.9]	4246 (6300)	68.0 [66.7-69.3]	6075 (6279)	96.9 [96.5-97.4]	3991 (5946)	68.7 [67.4-70.0]
Same-sex or multiple-sex	504 (697)	73.9 [70.4-77.5]*	460 (696)	69.2 [65.5-73.0]	652 (691)	93.3 [90.7-95.8]*	449 (657)	73.0 [69.4-76.6]
Not sure or neither	376 (487)	78.2 [74.3-82.2]	341 (494)	67.9 [63.2-72.6]	464 (494)	94.7 [92.6-96.7]	228 (455)	50.4 [45.3-55.4]*

* Confidence intervals do not overlap with CH young people.

Aspirations

An examination of young people’s aspirations after they leave school indicated that there were very small differences between SSMS young people and CH young people’s post-school intentions. Most SSMS, NSN and CH young people reported planning to stay at school until the end of Year 13 (between 83.6% to 88.7% of students).

The majority of young people reported planning on receiving more training or education (including tertiary study) after leaving school. A slightly higher proportion of SSMS young people intended to pursue further education or training (69.3%) than CH students (64.0%), whilst only just over half of NSN students said they intended to get more training or education (56.1%).

There was also a small difference between SSMS young people and CH young people’s interest in starting careers directly after

leaving school. CH young people (22.4%) were slightly more likely to have planned to begin a job after school compared to SSMS young people (15.5%). For students that had other plans, such as starting a family or had no plans after they finished school, there was no overlap between SSMS (15.3%) and CH groups (13.6%), but one quarter of NSN students had other plans (25.1%).

“It would be really good to have more opportunities for industry specific training, like an apprenticeship or internship or similar placement system, specifically for highschool [sic] leavers.”

“A fairer educational institution and cheaper uni tuition.”

Aspirations								
	Student plans to stay at school until Year 13		Student plans to get more training or education		Student plans to start work or look for a job		Student has other plans, such as starting a family, or has no plans	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction								
Cis-heterosexual	5545 (6263)	88.7 [87.8-89.6]	3981 (6285)	64.0 [62.7-65.3]	1470 (6285)	22.4 [21.3-23.5]	834 (6285)	13.6 [12.7-14.6]
Same-sex or multiple-sex	608 (692)	88.9 [86.5-91.4]	476 (695)	69.3 [65.3-73.2]	112 (695)	15.5 [12.5-18.5]*	107 (695)	15.3 [12.1-18.4]
Not sure or neither	403 (482)	83.6 [79.9-87.3]*	270 (486)	56.1 [51.2-61.0]*	96 (486)	18.8 [15.0-22.7]	120 (486)	25.1 [20.7-29.5]*

* Confidence intervals do not overlap with CH young people.

Violence and safety

A comparison between SSMS and CH experiences of regular bullying (weekly or more frequently) indicated no overlaps between the two groups in the regularity of experiencing bullying. This finding differs from our previous reports, in particular the findings from Youth’07 and Youth’12, which had indicated notable differences in the reporting of regular bullying, with SSMS young people being more likely to report being bullied than their CH peers. The proportion of CH young people who reported experiencing bullying has remained consistent between the Youth’07, Youth’12 and Youth19 findings. The difference now is that the number of SSMS young people who reported experiencing

regular bullying has dropped considerably between the earlier reports and the present report.

However, SSMS young people were more likely than CH young people to be bullied because of their sexuality or gender identity. At least one in ten SSMS participants reported being bullied because of their sexuality or gender identity, compared to 0.6% of CH participants.

“Make schools a safe space for queer youth and have a strict no bullying policy.”

Bullying				
	Bullied about once a week or more		Bullied because of sexuality or gender identity	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction				
Cis-heterosexual	307 (6244)	4.9 [4.3-5.6]	36 (6212)	0.6 [0.4-0.8]
Same-sex or multiple-sex	55 (685)	7.3 [5.3-9.3]	95 (680)	14.4 [11.4-17.5]*
Not sure or neither	27 (483)	5.3 [3.2-7.3]	12 (479)	2.1 [0.8-3.3]

* Confidence intervals do not overlap with CH young people.

Unfortunately, about half of all students reported being physically harmed by an adult and/or family member in the past year. This finding was irrespective of whether the young person was SSMS or CH. For most young people this was being hit or hurt by a sibling (Fleming et al., 2021).

SSMS young people were more likely to report sexual violence, abuse or unwanted sexual experiences. There were notable differences between the proportion of SSMS and CH young people that had reported experiencing sexual abuse (including rape, sexual assault,

and unwanted sexual contact). SSMS young people (34.6%) were more likely to report experiencing sexual abuse compared to CH young people (16.1%).

“Make conversion therapy illegal, encourage all schools to have a GSA or something similar, openly and actively support the LGBT+ community and have more support resources available for us. Take action against climate change so we can have a future.”

Violence & safety				
	Physically hit or harmed by someone in past year		Ever been touched in a sexual way or made to do unwanted sexual things	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction				
Cis-heterosexual	2868 (6017)	46.6 [45.2-48.0]	941 (5947)	16.1 [15.1-17.2]
Same-sex or multiple-sex	350 (665)	51.2 [46.9-55.6]	219 (653)	34.6 [30.3-38.9]*
Not sure or neither	212 (440)	48.0 [42.9-53.1]	83 (447)	19.1 [15.0-23.1]

* Confidence intervals do not overlap with CH young people.

Sexual activity

Variances in sexual experiences between SSMS, NSN and CH young people were identified. Sex was exclusively defined in the Youth19 survey as sexual intercourse and explicitly excludes sexual abuse or rape. SSMS young people were more likely to report having had sex (25.0%) than CH young people (16.6%) and NSN young people (9.3%). Similarly, of the group that had ever had sex, SSMS young people (17.7%) were slightly more likely to report being currently sexually active (i.e., having engaged in sex at least once in the past three months) compared to CH young people (10.5%) and NSN students (5.0%).

“Information about asexuality and different types of attraction”.

“Allow a wider range of classes that explain sexualities and gender in a more informative manner”.

“I think the fact that we all talk about supporting different sexualities but we never learn about gay sex etc is bad. I like girls more than guys and not once have I had the girl X girl sex chat, only girl X guy”.

Sexual activity				
	Ever had sex		Currently sexually active	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction				
Cis-heterosexual	1061 (6025)	16.6 [15.6-17.7]	629 (5899)	10.5 [9.6-11.3]
Same-sex or multiple-sex	162 (667)	25.0 [21.0-28.9]*	107 (652)	17.7 [14.0-21.4]*
Not sure or neither	45 (447)	9.3 [6.4-12.1]*	23 (443)	5.0 [2.8-7.1]*

* Confidence intervals do not overlap with CH young people.

Health and wellbeing

Overall, the majority of CH, NSN, and SSMS young people viewed themselves as in fairly good health. In subjective measures of health however, lower proportions of SSMS and NSN young people viewed their general health as good or better than CH young people. For example, around 78.4% of SSMS ranked their general health as good or better compared to 85.5% of NSN and 92.1% of CH students.

When measuring wellbeing using a standardized assessment (i.e., the WHO-5 Wellbeing Scale) larger differences were identified in terms of wellbeing between SSMS and CH young people. For example,

SSMS participants were much less likely to report indicators of very good or excellent (9.7% and 4.2% respectively) wellbeing compared to CH young people (30.2% and 12.8% respectively). Smaller but notable disparities were also apparent for NSN students in terms of being categorised as having 'very good' health (NSN: 19.7%; CH: 30.2%) These results indicate that while many NSN and SSMS young people experienced good general health, fewer, especially amongst SSMS students, reported very good, or excellent wellbeing.

Health & wellbeing								
	General health is good or better		Good wellbeing (WHO-5 Wellbeing Scale)		Very good wellbeing (WHO-5 Wellbeing Scale)		Excellent wellbeing (WHO-5 Wellbeing Scale)	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction								
Cis-heterosexual	5796 (6291)	92.1 [91.4-92.9]	1833 (6106)	29.9 [28.7-31.2]	1861 (6106)	30.2 [28.9-31.5]	783 (6106)	12.8 [11.9-13.7]
Same-sex or multiple-sex	553 (696)	78.4 [74.7-82.1]*	173 (680)	25.1 [21.4-28.9]	70 (680)	9.7 [7.4-12.0]*	32 (680)	4.2 [2.6-5.8]*
Not sure or neither	425 (494)	86.5 [83.1-89.8]*	113 (456)	24.0 [19.8-28.3]*	91 (456)	19.7 [15.8-23.6]*	61 (456)	13.6 [10.2-17.0]

* Confidence intervals do not overlap with CH young people.

The lower proportions of ‘very good’ and ‘excellent’ health and wellbeing scores of SSMS students were also reflected in the higher reported rates of long-term health problems or conditions (including mental and physical health problems for six months or more), and long-term disability (that lasted for more than 6 months). Such that nearly twice as many SSMS students reported a long-term health problem or condition (SSMS: 53.0%;

CH: 23.3%) as well as a long-term disability (SSMS: 16.5%; CH: 8.0%). Higher numbers of SSMS also reported long-term pain (32.7%) compared to CH students (21.2%). A less marked, but similar pattern existed for NSN students, with higher proportions saying they had long-term health problems or conditions (NSN: 33.8%; CH: 23.3%), long-term disability (NSN: 13.4%; CH: 8.0%) and long-term pain (NSN: 28.3%; CH: 21.2%).

Health & wellbeing						
	Long-term health problem or condition		Long-term disability		Long-term pain	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction						
Cis-heterosexual	1290 (5550)	23.3 [22.0-24.6]	479 (5934)	8.0 [7.2-8.7]	1340 (6257)	21.2 [20.0-22.3]
Same-sex or multiple-sex	285 (556)	53.0 [48.2-57.7]*	98 (622)	16.5 [13.0-19.9]*	216 (687)	32.7 [28.6-36.8]*
Not sure or neither	126 (395)	33.8 [28.6-39.1]*	56 (429)	13.4 [9.8-17.1]*	142 (491)	28.3 [24.0-32.7]*

* Confidence intervals do not overlap with CH young people.

Emotional wellbeing

Large disparities between CH, and SSMS and NSN young people’s emotional wellbeing were found with substantially higher rates of significant depressive symptoms and self-harm occurring among SSMS, and to a slightly lesser degree with NSN young people when compared to CH students. More than half of the SSMS participants (53.1%) reported significant symptoms of depression. The Short Form of the Reynolds Adolescent Depression Scale (RADS-SF) was used to identify symptoms of depression. Scoring highly on this scale suggests clinically significant symptoms of depression that likely impact a student’s daily life, including at home and school.

Additionally, whilst more than one third of CH young people (36.4%) indicated that they felt low or depressed for at least two weeks in a row in the past 12 months, nearly seven in ten SSMS young people (66.8%) reported the same issue. Half of the SSMS young people (50.1%), and 3 in 10 (29.7%) of NSN young people, had deliberately self-harmed in the last 12 months compared to 1 in 5 CH young people (21.5%). These results suggest that emotional wellbeing is a challenge for over half of the SSMS participants, and a concern for NSN students, when compared to the already high rates reported by CH students in Youth19.

“Things like depression and anxiety need to be prevented before they need to be treated.”

Emotional wellbeing						
	Significant depressive symptoms (RADS-SF)		Felt depressed for 2 weeks in a row		Deliberate self-harm	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction						
Cis-heterosexual	1273 (6120)	21.4 [20.2-22.6]	2216 (6190)	36.4 [35.1-37.8]	1297 (6142)	21.5 [20.4-22.7]
Same-sex or multiple-sex	348 (665)	53.1 [48.8-57.5]*	438 (687)	66.8 [62.9-70.7]*	330 (676)	50.1 [45.8-54.5]*
Not sure or neither	170 (465)	37.7 [32.8-42.6]*	203 (482)	41.6 [36.9-46.4]	141 (476)	29.7 [25.2-34.1]*

* Confidence intervals do not overlap with CH young people.

The majority of young people had not seriously thought about, made a plan for, or attempted suicide. However, for those who did, large disparities were apparent between CH and SSMS young people. Nearly half of SSMS young people (46.9%) reported serious thoughts of suicide compared to 2 out of 10 CH young people (19.0%). Almost a third of SSMS young people (30.5%) had made a suicide plan in the last 12 months compared to around 1 in 10 CH young people. These high rates carried through to the proportion of SSMS young people who attempted suicide in the past 12 months (13.0%) compared to less than half the proportion of CH young people (5.7%). Of the SSMS young people

that attempted suicide, almost four in ten (37.8%) required medical treatment. Again, a similar pattern, with much less disparity, was noted for NSN students in relation to serious thoughts of suicide (NSN: 24.9%; CH: 19.0%) and making a suicide plan (NSN: 18.1%; CH: 12.7%), demonstrating elevated levels of distress for some NSN students compared to CH peers.

“Mental health care needs more funding, and it’s kind of stupid we haven’t already done that since we have the highest teen suicide rate in the world.”

Emotional wellbeing								
	Serious thoughts of suicide		Made a suicide plan		Attempted suicide		Attempted suicide requiring treatment by doctor or nurse	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction								
Cis-heterosexual	1140 (6130)	19.0 [17.9-20.1]	771 (6127)	12.7 [11.7-13.6]	357 (6134)	5.7 [5.1-6.4]	97 (348)	26.5 [21.4-31.5]
Same-sex or multiple-sex	305 (681)	46.9 [42.6-51.3]*	210 (680)	30.5 [26.5-34.6]*	88 (679)	13.0 [10.1-15.8]*	30 (84)	37.8 [25.6-50.0]
Not sure or neither	116 (469)	24.9 [20.6-29.2]*	80 (468)	18.1 [14.2-22.0]*	34 (470)	7.9 [5.0-10.8]	12 (34)	31.4 [14.2-48.7]

* Confidence intervals do not overlap with CH young people.

Substance use

In terms of alcohol use, more than half of SSMS young people (55.4%) reported having ever drunk alcohol with only a small, but noticeable, elevation compared to CH young people (47.6%). Conversely, less than one third of NSN students reported having ever drunk alcohol ever (29.8%). SSMS young people (51.3%) were more likely to report that they currently drink alcohol compared to CH young people (42.9%). Again, the proportion of NSN students who said they currently drink alcohol was lower than CH students (NSN: 23.1%; CH: 42.9%). Differences between SSMS

and CH young people for rates of drinking alcohol at least weekly and reporting binge drinking in the last four weeks (i.e., drinking five or more alcoholic drinks within a four-hour time period) were minimal and within the margin of error. However, the proportion of NSN students who reported drinking alcohol once a week (3.2%) was about half that of CH (6.3%) and SSMS (7.8%) students. Similarly, proportionately fewer NSN students reported binge drinking (6.7%) compared to CH (17.6%) and SSMS students (21.7%).

Alcohol use								
	Have ever drunk alcohol		Currently drink alcohol		Drink alcohol at least once a week		Binge drinking in last 4 weeks	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction								
Cis-heterosexual	2953 (6339)	47.6 [46.2-49.0]	2458 (6339)	42.9 [41.5-44.4]	417 (6339)	6.3 [5.7-7.0]	1132 (6339)	17.6 [16.6-18.7]
Same-sex or multiple-sex	355 (706)	55.4 [51.0-59.7]*	294 (706)	51.3 [46.7-55.9]*	55 (706)	7.8 [5.5-10.0]	138 (706)	21.7 [17.9-25.5]
Not sure or neither	141 (507)	29.8 [25.2-34.3]*	105 (507)	23.1 [18.9-27.2]*	17 (507)	3.2 [1.6-4.7]*	35 (507)	6.7 [4.4-9.1]*

* Confidence intervals do not overlap with CH young people.

Slightly more SSMS students reported they had smoked a whole cigarette in the past, and were a current cigarette smoker and regularly smoked, than CH young people. Results showed a small difference in rates of ever smoking a cigarette, with one in five SSMS young people having ever smoked a cigarette (22.2%) compared to 14.3% of CH young people. Of young people who have

ever smoked a cigarette, a higher proportion of SSMS young people (13.9%) said they currently smoked compared to CH young people (7.7%). Like alcohol use, this pattern was reversed for NSN students, who were less likely to report smoking a whole cigarette (9.4%) or currently using cigarettes (5.7%) compared to the CH and SSMS students.

Cigarette use										
	Ever smoked a whole cigarette		Current cigarette use		Daily cigarette use		Weekly or more often cigarette use		Monthly or more often cigarette use	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction										
Cis-heterosexual	923 (6339)	14.3 [13.3-15.3]	495 (6339)	7.7 [7.0-8.4]	47 (6339)	0.7 [0.4-0.9]	146 (6339)	2.2 [1.8-2.6]	222 (6339)	3.5 [3.0-4.0]
Same-sex or multiple-sex	143 (706)	22.2 [18.5-26.0]*	88 (706)	13.9 [10.6-17.1]*	11 (706)	1.2 [0.5-2.0]	30 (706)	3.7 [2.3-5.0]	47 (706)	6.2 [4.3-8.1]*
Not sure or neither	49 (507)	9.4 [6.6-12.2]*	33 (507)	5.7 [3.5-7.9]	7 (507)	1.2 [0.1-2.3]	14 (507)	2.1 [0.8-3.5]	21 (507)	3.6 [1.8-5.3]

* Confidence intervals do not overlap with CH young people.

A higher proportion of all young people said that they had ever vaped or used e-cigarettes than regular cigarettes. Disparities for SSMS students were not significant in vaping,

however, NSN student rates for ever having vaped, current vape use, and regular vape use were around half that for CH and SSMS students.

Vape use								
	Ever vaped		Current vape use		Weekly or more often vape use		Monthly or more often vape use	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction								
Cis-heterosexual	2401 (6339)	38.7 [37.3-40.1]	1524 (6339)	24.4 [23.2-25.7]	362 (6339)	5.7 [5.1-6.3]	621 (6339)	9.8 [9.0-10.6]
Same-sex or multiple-sex	265 (706)	41.1 [36.7-45.5]	175 (706)	27.8 [23.7-31.9]	45 (706)	7.5 [4.9-10.0]	77 (706)	11.5 [8.6-14.4]
Not sure or neither	101 (507)	21.6 [17.4-25.9]*	59 (507)	11.6 [8.6-14.7]*	15 (507)	2.9 [1.4-4.5]*	23 (507)	4.5 [2.5-6.4]*

* Confidence intervals do not overlap with CH young people.

Differences in cannabis usage between CH and SSMS young people were apparent. SSMS young people were more likely to have ever used marijuana and currently use it, compared to CH students. Around 3 in 10 (26.8%) SSMS young people reported having used or smoked marijuana at least once

compared to 2 in 10 (19.1%) of CH students, and 20.2% of SSMS young people reported using marijuana currently compared to 13.4% of CH students. Like vaping, less than half the proportion of NSN students said they had ever used or smoked marijuana, or currently used it, compared to SSMS and CH students.

Cannabis Use				
	Ever used or smoked marijuana		Current marijuana use	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction				
Cis-heterosexual	1195 (6339)	19.1 [17.9-20.2]	847 (6339)	13.4 [12.4-14.4]
Same-sex or multiple-sex	174 (706)	26.8 [22.7-30.9]*	130 (706)	20.2 [16.4-24.0]*
Not sure or neither	45 (507)	8.2 [5.6-10.8]*	35 (507)	6.4 [4.1-8.7]*

* Confidence intervals do not overlap with CH young people.

Access to health services

Young SSMS students use a range of health services and most frequently go to their family doctor to receive health care (84.5%). There were no obvious differences between

SSMS young people and CH young people in the places they go to in order to access health services.

Access to health services						
	Usually goes to family doctor, medical centre or GP clinic		Usually goes to school health clinic		Usually goes to an after-hours or 24h accident and medical centre	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction						
Cis-heterosexual	5553 (6253)	88.8 [87.9-89.7]	177 (6253)	2.8 [2.3-3.3]	89 (6253)	1.4 [1.0-1.7]
Same-sex or multiple-sex	581 (687)	84.5 [81.5-87.6]*	32 (687)	4.9 [3.1-6.7]	13 (687)	2.3 [0.7-3.8]
Not sure or neither	392 (489)	80.7 [76.7-84.7]*	25 (489)	5.9 [3.3-8.5]	4 (489)	0.6 [-0.1-1.3]

* Confidence intervals do not overlap with CH young people.

Access to health services								
	Usually goes to hospital A&E		Usually goes to youth centre or youth one stop shop		Usually goes to other health care provider		Don't go anywhere for health care	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction								
Cis-heterosexual	101 (6253)	1.6 [1.2-1.9]	7 (6253)	0.1 [0.0-0.2]	87 (6253)	1.4 [1.0-1.7]	239 (6253)	4.0 [3.4-4.6]
Same-sex or multiple-sex	13 (687)	1.6 [0.7-2.6]	1 (687)	0.1 [-0.1-0.4]	8 (687)	1.2 [0.4-2.1]	39 (687)	5.3 [3.5-7.1]
Not sure or neither	16 (489)	3.0 [1.4-4.5]	0 (489)	0.0 [0.0-0.0]	13 (489)	2.5 [1.0-3.9]	39 (489)	7.4 [4.7-10.1]*

* Confidence intervals do not overlap with CH young people.

Quality of health services

Nearly one-third (30.9%) of the SSMS young people reported being unable to access healthcare when they needed it at least once in the last 12 months, compared to one-fifth

(19.6%) of CH young people. The proportions experiencing unfair treatment on the basis of ethnicity from a health professional were relatively similar across all three groups.

Quality of health services				
	Unable to access health care when needed at least once in last 12 months		Have been treated unfairly by health professional because of ethnicity in last 12 months	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction				
Cis-heterosexual	1205 (6143)	19.6 [18.4-20.7]	298 (5443)	5.3 [4.7-6.0]
Same-sex or multiple-sex	210 (673)	30.9 [26.9-35.0]*	40 (563)	6.0 [3.9-8.1]
Not sure or neither	113 (469)	24.5 [20.1-28.8]	21 (373)	6.9 [4.0-9.8]

* Confidence intervals do not overlap with CH young people.

SSMS young people’s perceived inaccessibility of health care is not surprising given that almost every barrier to accessing health care asked in the Youth19 survey was reported by a larger proportion of SSMS young people than CH young people. Double the proportion of SSMS young people reported not knowing how to access health care (SSMS: 16.8%; CH:

9.8%), had no transportation to get to health services (SSMS: 18.8%; CH: 8.3%), and said it costs too much (SSMS: 16.1%; CH: 8.0%), compared to CH students. Nearly half (46.5%) of SSMS participants had hoped that the problem would go away by itself or get better in time, compared to 4/10 NSN students, and 3/10 CH students.

Reasons why students were unable to access health care when needed										
	I didn't know how to (e.g., you didn't know where to go or who to call for help or advice)		I had no transport to get there		It costs too much		I had no one else to go with		I was hoping that the problem would go away by itself or get better with time	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction										
Cis-heterosexual	660 (6056)	9.8 [9.1-10.5]	522 (6056)	8.3 [7.2-9.5]	471 (6056)	8.0 [7.1-8.8]	277 (6056)	3.9 [3.2-4.6]	522 (6056)	29.8 [28.1-31.5]
Same-sex or multiple-sex	126 (663)	16.8 [14.2-19.4]*	109 (663)	18.8 [14.0-23.7]*	94 (663)	16.1 [12.3-19.9]*	66 (663)	9.3 [7.5-11.0]*	109 (663)	46.5 [41.5-51.6]*
Not sure or neither	60 (393)	16.3 [12.7-20.0]*	29 (393)	5.8 [3.9-7.8]	40 (393)	10.6 [7.8-13.4]	24 (393)	5.5 [2.9-8.0]	29 (393)	39.1 [35.3-43.0]*

* Confidence intervals do not overlap with CH young people.

Reasons for not being able to access health care included higher proportions of SSMS and NSN students saying they felt unsafe or uncomfortable in health care settings compared to CH students. For instance, around half of SSMS students, and 4 out of 10 NSN students, did not access health care because they “did not want to make a fuss”, or were “too embarrassed”, compared to around 3 out of 10 CH students. This disparity is seen in the greater proportion of SSMS students who said they did not feel comfortable with the health care professional (SSMS: 13.4%; CH: 6.4%), and who said they were worried it would not be “kept private”

(SSMS: 11.4%; CH: 4.8%). Nearly one quarter of SSMS students (23.6%), and 15.9% of NSN students, said that they did not access health care when needed because they were too scared, compared to 1 in 10 CH students (CH: 9.8%).

“Better mental health facilities and clearer/easier ways to make appointments with councillors, etc.”

“Better health care and less stressful school system”.

Reasons why students were unable to access health care when needed										
	I didn't want to make a fuss		I was too embarrassed		I didn't feel comfortable with the person		I was worried it wouldn't be kept private		I was too scared	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Sexual attraction										
Cis-heterosexual	1721 (6056)	28.0 [26.7-29.4]	1721 (6056)	28.0 [26.7-29.4]	388 (6056)	6.4 [5.7-7.1]	308 (6056)	4.8 [4.1-5.5]	664 (6056)	9.8 [9.1-10.5]
Same-sex or multiple-sex	312 (663)	46.7 [41.9-51.5]*	312 (663)	46.7 [41.9-51.5]*	98 (663)	13.4 [10.9-15.9]*	84 (663)	11.4 [9.0-13.9]*	160 (663)	23.6 [20.6-26.5]*
Not sure or neither	139 (393)	39.2 [34.1-44.4]*	139 (393)	39.2 [34.1-44.4]*	41 (393)	9.2 [6.4-12.0]	32 (393)	7.4 [4.7-10.0]	58 (393)	15.9 [12.5-19.4]*

* Confidence intervals do not overlap with CH young people.

What do these findings mean?

Youth19 results highlight that SSMS students experience higher levels of social and school isolation and unsupportive home environments than their CH peers. NSN students have some similar and divergent experiences. The disproportionate younger age of NSN students compared to the other groups complicates these comparisons, and we urge caution when drawing conclusions around the NSN experiences relative to the other two groups in this report. As noted in the introduction, the younger age of the NSN group may represent a development difference for a proportion of those who may, as they age, later identify as SSMS. Further research is required to explore the experiences of asexual students.

Our findings show higher proportions of SSMS students experience violence, and unsafe or unsupportive homes, schools and neighbourhoods. NSN students are particularly unlikely to report that schools are supportive for sexuality and gender diverse students. SSMS and NSN students report lower subjective wellbeing, and long-term health problems, disabilities, and pain, compared to CH students. Our data supports the minority stress hypothesis that the increased stress and mistreatment that SSMS young people experience are the drivers underpinning their increased rates of negative outcomes, including depression, self-harm, and suicidal ideation.

The disparities revealed in the report emphasise that social and school environments need to change to address

the active exclusion and mistreatment of SSMS young people. We know that supportive school environments (Fenaughty et al., 2019) as well as caring and loving family relationships are central to young people's achievement and wellbeing. It is very concerning that lower proportions of SSMS report that their families care about them a lot. This may be related to families not understanding or accepting their young person's sexual attractions. A perceived lack of care, combined with a lack of belonging at school for some SSMS students, means that they may be vulnerable to stress and harm.

Access to healthcare, pastoral care support and peer support are important for SSMS and NSN young people, yet higher proportions of SSMS students report difficulties accessing healthcare when they need it. Given the high rates of depressive symptoms and suicide attempts reported by SSMS young people, securing access to quality healthcare and mental health support is an urgent priority.

Despite the high levels of challenge reported by these students, their generosity to give back to others and support their communities slightly exceeds that of CH students. The willingness of SSMS and NSN young people to support others is an important strength to celebrate and nurture. It is important to ensure that SSMS and NSN young people are themselves supported to take on these volunteering roles safely, given that they are likely to be facing a range of additional stressors.

Recommendations: What needs to happen next?

Given the significant challenges facing SSMS young people, in particular, at home and in their neighbourhoods, schools, and health care settings, urgent steps are required to mitigate these inequalities. We all share the responsibility to create safe and nurturing environments so that SSMS and NSN young people can flourish.

There are many things we can do to improve health and wellbeing for SSMS and NSN young people. These generally include:

- Partnering with rainbow communities, particularly transgender people, and young persons to develop and shape responsive and accessible health services, education contexts and community groups.
- Ensuring all health services, education contexts, and community groups are welcoming of, and responsive to, sexuality and gender diversity.
- Ensuring that all services for young people acknowledge the unique intersections of diverse gender and sexuality identities with other dimensions of difference. SSMS young people exist across ethnicities, socio-economic domains, and are more likely to experience long-term disabilities and health conditions.

Our findings identify specific issues for school and education and health care settings.

Recommendations for schools and education settings

- A small number of SSMS young people in Youth19 were “out” about their sexuality to someone else at 10 years or younger. Many more were “out” in the 11-13 age group.
 - » Primary, intermediate and secondary schools must review their policies and learning plans to ensure that SSMS and NSN students are affirmed at all levels, including at early ages when many are first recognising these identities.
- Continued disparities around school belonging, attendance, as well as negative teacher expectations and relationships are apparent for SSMS young people.
 - » Teachers must engage in professional learning about how to best affirm SSMS and NSN students and demonstrate care and high expectations.
- Bullying based on sexuality is significantly higher for SSMS students. SSMS students are also more likely to report experiencing sexual violence.
 - » School bullying policies need to be reviewed to explicitly name bias-related bullying, that is heterosexist and cissexist, to ensure such practices are explicitly prohibited.
 - » School bullying policies need to ensure they include comprehensive sexual harassment information.
 - » School based sexuality education must include consent education that is relevant to SSMS and NSN young people.
- Around two thirds of CH and SSMS students, and a half of NSN students, say that their school is supportive of sexuality and gender diverse students.
 - » It is important to engage all students as allies in producing a school climate that is welcoming of sex, sexuality and gender diversity.
 - » The low number of NSN students reporting a supportive environment suggests an urgency to improve supportiveness in the younger years of secondary school where the proportion of NSN students is greater.
 - » Gender and sexuality diversity groups, and groups that engage allies of rainbow students, should be established at all schools to help produce a positive environment for all students.
- Clubs, groups, and societies are important opportunities for SSMS and NSN young people to participate in their communities and grow positive social connections, however the overall rate of participation in these groups is lower for SSMS students.
 - » To enhance participation in clubs and groups all schools should establish and resource rainbow diversity groups.
 - » School sports teams are a missed opportunity to support more SSMS and NSN young people to be able to participate in positive peer group activities.
 - » Other groups, including music, drama and gaming groups are particularly popular for SSMS young people, and all schools need to develop and resource such groups, including

activism groups (e.g., climate action, feminist groups, etc.), to support SSMS young people with additional avenues to develop positive peer connections.

- The proportions of SSMS young people that have ever had sex, and are currently sexually active, are higher than CH young people. SSMS young people are more likely to experience sexual violence.
 - » SSMS and NSN young people need responsive comprehensive sexuality and relationships education, that includes information about positive relationships, sexual violence, and consent.

The following documents provide a starting point to address the points raised above. We recommend all schools, including primary and intermediate, as well as secondary review and apply the guidelines and recommendations in the following publications:

- Making Schools Safer: A practical resource for schools and whānau on supporting transgender, gender diverse, and intersex students in Aotearoa. InsideOUT with support from the Ministry of Education.
- Inclusive Education Guide on Supporting LGBTIQ+ Students in secondary schools Te Kete Ipurangi.
- *Relationships and Sexuality Education - A guide for teachers, leaders and boards of trustees* (including at least 12 – 15 hours of quality inclusive relationships and sexuality education per year as recommended by the Education Review Office).

These documents emphasise that SSMS and NSN young people should see themselves affirmed:

- Across the curriculum, and at all year levels.
- By other students, teachers, guidance counsellors and other school staff.
- In school policy (including uniforms, student records, bathrooms, anti-bullying and sports).
- In the support groups offered (e.g., rainbow diversity groups).

Organisations and Resources:

- Creating Rainbow Inclusive School Policies and Procedures: A resource for school boards, leaders, teachers, guidance counsellors, and school communities. InsideOUT with support from the Ministry of Education, 2021: <http://insideout.org.nz/resources/>
- Supporting LGBTIQ+ Students: Te Kete Ipurangi, Ministry of Education. <https://www.inclusive.tki.org.nz/guides/supporting-lgbtqa-students/>
- Relationships and Sexuality Education A guide for teachers, leaders and boards of trustees: Ministry of Education, 2020: [https://health.tki.org.nz/Teaching in HPE/Policy Guidelines/Relationships and Sexuality Education](https://health.tki.org.nz/Teaching-in-HPE/Policy-Guidelines/Relationships-and-Sexuality-Education)

Recommendations for healthcare settings

- SSMS and NSN young people report lower general health than CH young people. The proportions who say they have a long-term health condition, long-term pain, or a long-term disability are higher than CH young people. Despite the increased health care needs reported by this group, SSMS students say they are less likely to have accessed health care when they needed it. No type of health care service is used more by SSMS or NSN young people compared to CH young people.
 - » All health care settings are used by SSMS and NSN young people, and all need to be welcoming and accessible.
 - » Those commonly used, like the family doctor, medical centre, or GP, need urgent attention on being welcoming and accessible for SSMS and NSN young people.
 - » Young people should be supported to see their family doctor alone and confidentially to ensure they can disclose any sexual behaviour or mental health concerns.
- SSMS and NSN young people reported a range of barriers to accessing health care, including feeling embarrassed, scared, as well as uncomfortable with the medical professional. Some students will have had negative experiences with discrimination and may be wary of disclosing important aspects of their identity to practitioners.
 - » Health care providers need professional development to demonstrate knowledge of SSMS and NSN identities, and associated health care requirements.
 - » Health care practitioners need the skills to affirm SSMS and NSN young people's health care needs, especially to prevent their health care concerns being seen as "a fuss" or an embarrassment that young people hope will "go away by itself".
- A higher proportion of SSMS young people said barriers to health care included being scared and concerned about confidentiality. Fewer SSMS young people say they have positive relationships with their families.
 - » In the context of negative family relationships, ensuring privacy is a key consideration for providing affirming health care for SSMS and NSN young people.
- SSMS young people are more likely to experience sexual violence.
 - » Sexual violence screening and discussion with SSMS young people is recommended to ensure that any challenges associated with this are discussed and addressed early.
- Despite no differences in deprivation for SSMS and NSN young people compared to CH young people, SSMS young people were more likely to report financial and resource barriers to accessing healthcare than CH young people. Existing free services may be inaccessible or inadequate for SSMS and NSN young people. Fewer parents and caregivers of SSMS young people may be asked for, or may give, money to SSMS young people so they can access adequate paid health care.
 - » Comprehensive school-based health care services, and free health care services for SSMS and NSN young people, are critical regardless of the financial resources of the students' families of origin.

- » Existing free services need to be urgently reviewed and resourced to ensure that they are effective for SSMS and NSN young people.
- SSMS and NSN young people are more likely to report mental health concerns, including symptoms of depression, and self-harm, than CH young people. Higher proportions of SSMS students reported having suicidal thoughts, making suicide plans, and attempting suicide, compared to NSN and CH students.
 - » Assessing mental health is of critical importance for SSMS and NSN students.
 - » Assessment needs to be sensitive to the potential for increased suicidal ideation for SSMS students in particular.
- SSMS young people are more likely to report substance use, especially current cigarette use.
 - » Screening for substance and cigarette use is important for SSMS young people.
- SSMS young people are more likely to be sexually active.
 - » Communicating sex-positivity, and asexual and aromatic positivity, and knowledge of SSMS and NSN young people's sexual experiences and identities is vital for effective healthcare provision for this group.

By ensuring that health care services are appropriate for transgender and diverse gender young people, health services will also be more appropriate for cisgender SSMS and NSN young people. We recommend that all health services review and apply the guidelines and recommendations in the Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa, New Zealand. We also recommend *Supporting Aotearoa's rainbow people: A practical guide for mental health professionals*.

Organisations and Resources:

- Supporting Aotearoa's rainbow people: A practical guide for mental health professionals: <https://www.rainbowmentalhealth.com/download-resources>
- Professional Association for Transgender Health Aotearoa (PATHA): <https://patha.nz/>
- Te Ngākau Kahukura: Professional development for working with young rainbow people: <https://www.tengakaukahukura.nz/>
- Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa, New Zealand: Oliphant J, Veale J, et al. Transgender Health Research Lab, University of Waikato, 2018: <https://researchcommons.waikato.ac.nz/handle/10289/12160>

Recommendations for families and whānau

The support and love of whānau is really important. Even if there are, or have been, challenges, maintaining or re-establishing relationships is one of the most important things a whānau can do for their young person's wellbeing, now and in the future. Resources and support groups for whānau of same and multiple sex attracted young people are hosted at:

Organisations and Resources:

- RainbowYOUTH: Supporting rainbow young people and their whānau:
<https://ry.org.nz>
- InsideOUT: information, resources, training and support to schools, workplaces, government agencies, organisations, community groups, whānau and individuals:
<http://insideout.org.nz/>
- OUTLineNZ 0800 OUTLINE (6885463): Free phone counselling and support for LGBTIQ+ people:
<http://www.outline.org.nz>
- Gender Minorities Aotearoa: Information, advocacy, and wrap around support for transgender people of all ages, ethnicities, and backgrounds:
<https://genderminorities.com/>
- Takatāpui: Part of the Whānau. Kerekere E. Auckland: Tīwhanawhana Trust and Mental Health Foundation, 2015:
<https://takatapui.nz/takatapui>

Appendix 1: Variable descriptions

Demography

Variable	Survey Question	Variable Categories
<i>Sexual Attraction</i>	Who are you attracted to?	The opposite or a different sex (e.g. I am a male attracted to females or I am a female attracted to males); The same sex (e.g. I am a male attracted to males or I am a female attracted to females), I am attracted to males and females; I'm not sure, Neither; I don't understand this question
<i>Age</i>	How old are you?	13 and under; 14; 15; 16; 17 and over
<i>Sex</i>	How do you describe yourself? Are you or might you be transgender or gender-diverse? What sex were you at birth, even if it is different today?	Male; female
<i>Gender</i>	How do you describe yourself?	I am a boy or man; I am a girl or woman;
<i>Transgender and gender diverse</i>	How do you describe yourself? OR Are you (or might you be) transgender or gender-diverse? By this, we mean that your current gender is different from your gender at birth (e.g. trans, non-binary, Queen, fa'afafine, whakawahine, tangata ira tane, genderfluid or genderqueer). AND Which of the following best describes you? (You may choose as many as you need) BY What sex were you at birth, even if it is different today?	I identify in another way; I am a boy or man, I am a girl or woman. OR Yes, I'm not sure; No, I don't understand the question. AND Trans boy or man, Trans girl or woman, Non-binary, genderqueer, genderfluid, Agender, Takatāpui, Whakawahine, Tangata ira tane, Fa'afafine, Fa'atatama, Akava'ine, Something else, please state; I'm not yet sure of my gender; I don't understand this question BY Male, Female, Indeterminate.
<i>Ethnicity</i>	Which ethnic group do you belong to? (You may choose as many as you need)	167 ethnicity options (see Youth 19 data dictionary).

Coming Out

Variable	Survey Question	Variable Categories
<i>"Out"</i>	About how old were you when you first 'came out', or told people about your sexuality?	10 years or younger, 11 - 13 years, 14 - 15 years, 16 or over years; I have not told anyone
<i>Age of coming Out</i>	About how old were you when you first 'came out', or told people about your sexuality?	10 years or younger; 11 - 13 years; 14 - 15 years; 16 or over years.
<i>Understands spoken Indian / Chinese dialect</i>	How well are you able to understand spoken Chinese dialect (Mandarin, Cantonese, etc.) / Indian language (Hindi, Gujarati, Marathi etc) now? By this we mean more than a few words or phrases.	Fairly well, well or very well; Not very well or a few words or phrases

Financial Hardship

Variable	Survey Question	Variable Categories
<i>Parents worry about money for food, electricity, rent/mortgage, or transport often or all of the time.</i>	Do your parents, or the people who act as your parents, ever worry about: Not having enough money to buy food? The power/electricity getting cut-off because there is no money to pay for it? Not having enough money to pay the rent/mortgage where you live? Not having enough money to pay for petrol or transport to get to important places like work or school	Often or all the time; Sometimes, occasionally, or never

Whānau and Family Relations

Variable	Survey Question	Variable Categories
<i>Feels at least one parent cares a lot about them</i>	How much do you feel the following people care about you: my mum (or someone who acts as your mum), my dad (or someone who acts as your dad)	A lot; Not at all, a little, or some
<i>Family usually or always wants to know who student is with or where they are</i>	Does your family want to know who you are with and where you are?	Usually or always; Sometimes or almost never
<i>Has someone in family they can share feelings with</i>	There is someone in my family/whānau who I can trust to share my feelings with	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Has someone in family with a close bond</i>	There is someone in my family/whānau who I have a close bond with.	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Has someone in family they can have fun with</i>	There is someone in my family/whānau who I can have fun with, who makes me laugh.	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Feels gets enough quality time with family</i>	I feel like I get enough quality time with my family/whānau.	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Family proud and supportive of student</i>	My family/whānau are proud and supportive of me participating in cultural, sporting and academic activities (e.g. my whānau attend my competitions, help fundraise, coach)	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Family will stick up for student</i>	There is someone in my family/whānau who will stick up for me and who has 'got my back'.	Strongly agree or agree; Strongly disagree, disagree, or neutral
Family accepts student for who they are	There is someone in my family/whānau who accepts me for who I am	Strongly agree or agree; Strongly disagree, disagree, or neutral
Family respects what's important to the student	There is someone in my family/whānau who respects what is important to me	Strongly agree or agree; Strongly disagree, disagree, or neutral

Community and Peer Relationships; Helping in the Community; Neighbourhood Safety

Variable	Survey Question	Variable Categories
<i>Belongs to at least one club, group, or team</i>	Which of the following groups, clubs or teams do you belong to? This could be at school or somewhere else. (You may choose as many as you need)	A sports team or group, A cultural group, e.g. kapa haka, A diversity group that supports sexuality and gender diverse youth, gay/straight alliance, or rainbow group, Another type of group or club, e.g. music, drama, gaming; None
<i>Belongs to sports team or group</i>	Which of the following groups, clubs or teams do you belong to? This could be at school or somewhere else. (You may choose as many as you need)	A sports team or group
<i>Belongs to a cultural group</i>	Which of the following groups, clubs or teams do you belong to? This could be at school or somewhere else. (You may choose as many as you need)	A cultural group, e.g. kapa haka
<i>Belongs to group that supports sexuality and gender diverse youth</i>	Which of the following groups, clubs or teams do you belong to? This could be at school or somewhere else. (You may choose as many as you need)	A diversity group that supports sexuality and gender diverse youth, gay/straight alliance, or rainbow group
<i>Belongs to another type of group or club, e.g. music, drama, gaming</i>	Which of the following groups, clubs or teams do you belong to? This could be at school or somewhere else. (You may choose as many as you need)	Another type of group or club, e.g. music, drama, gaming
<i>Has helped others in school or community in last 12 months</i>	Do you give your time to help others in your school or community (e.g. as a peer supporter at school, help out on the Marae or church, help coach a team or belong to a volunteer organisation)?	Yes - within the last 12 months or Yes - but not within the last 12 months; No or Don't Know
<i>Always feel safe in their neighbourhood</i>	Do you feel safe in your neighbourhood?	All the time; Sometimes, not often, or never

School Engagement, Environment and Bullying

Variable	Survey Question	Variable Categories
<i>School belonging</i>	Do you feel like you are part of your school, alternative education or course?	Yes; No
<i>Somewhat or very important to students that they attend school</i>	How important is it to you to be at school/course every day?	Very important, Somewhat important; Not important
<i>Has been absent due to truancy for a whole day in last 12 months</i>	In the last 12 months, have you wagged or skipped school/course for a full day or more without an excuse?	Yes; No
<i>Feels that teachers/tutors care about student</i>	Do you feel that teachers/tutors care about you?	Yes; No or doesn't apply to me
<i>Teachers treat students fairly most/all the time</i>	How often do the teachers/tutors treat students fairly?	All the time or most of the time; Hardly ever or sometimes
<i>Teachers/tutors expect student to do well with studies</i>	Do teachers/tutors expect you to do well with your studies?	Yes; No
<i>Most or all students at school are supportive of students of diverse sexualities and genders</i>	How many students at your school are supportive of students of diverse sexualities and genders?	All students, Most students; A few students, None
<i>School is supportive of people who are or might be sexuality diverse or gender diverse</i>	My school or course is supportive of: (You may choose as many as you need)	People who are or might be sexuality diverse (e.g. lesbian, gay or bisexual) or gender diverse
<i>Bullied weekly or more often in past year</i>	In the last 12 months how often have you been bullied in school/course?	About once a week or more; It has happened once or twice, or I haven't been bullied in the past year
<i>Bullied because of sexuality or gender identity</i>	What was the reason you were bullied? (You may choose as many as you need)	I was bullied because I am lesbian, gay, bisexual or gender diverse, or because people thought I was
<i>Student plans to stay at school until Year 13</i>	What do you think will be the last year at secondary school for you?	Year 13; Year 9, Year 10, Year 11, Year 12
<i>Student plans to get more training or education</i>	What do you plan to do when you leave secondary school?	Get more training or education
<i>Student plans to start work or look for a job</i>	What do you plan to do when you leave secondary school	Start work or look for a job
<i>Student has other plans, such as starting a family, or has no plans</i>	What do you plan to do when you leave secondary school	Start a family, Do nothing, Don't know or Have no plans

Violence

Variable	Survey Question	Variable Categories
<i>Physically hit or harmed by someone in past year</i>	During the last 12 months how many times have you been hit or physically harmed on purpose by a	Boyfriend or girlfriend, Sibling(s), Other young person, Parent, Other adult
<i>Ever been touched in a sexual way or made to do unwanted sexual things</i>	Have you ever been touched in a sexual way or made to do sexual things that you didn't want to do? (including sexual abuse or rape)	Yes; No, Not sure.

Sexual activity

Variable	Survey Question	Variable Categories
<i>Ever had sex</i>	Have you ever had sex? (by this we mean sexual intercourse). Only include sex that you wanted, or consented to.	Yes; No
<i>Currently sexual active</i>	Have you had sex in the last 3 months?	Yes; No or never had sex

Health and Wellbeing, Emotional Wellbeing, Suicidality, Substance Use

Variable	Survey Question	Variable Categories
<i>Good to excellent perceived general health</i>	In general, how would you say your health is?	Good, very good, or excellent; Poor or fair
<i>Has long-term health condition</i>	Do you have any long-term health problems or conditions (lasting 6 months or more) (e.g., asthma, diabetes, depression)?	Yes; No; Don't Know
<i>Has long-term disability</i>	Do you have any long-term health problems or conditions (lasting 6 months or more) (e.g., asthma, diabetes, depression)?	Yes; No; Don't Know
<i>Has long-term pain</i>	Do you have any long-term pain (lasting 6 months or more) e.g. headaches, tummy pain, arms or leg pain conditions (lasting 6 months or more)	Yes; No
<i>Places have accessed healthcare in the past year</i>	Which of the following places have you used for health care in the last 12 months?	Family doctor, medical centre or GP clinic; School health clinic; An after-hours or 24-hour accident and medical centre; The hospital accident and emergency; Youth centre/youth one stop shop; Other; I don't go anywhere for healthcare
<i>Unable to access health care provider in past year when wanted or needed</i>	In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other health care worker) about your health, but you weren't able to?	Yes; No
<i>Reasons for not accessing healthcare when needed at any time</i>	Here are some reasons people don't get health care even though they need to. Have any of these ever applied to you? (You may choose as many as you need)	I didn't know how to (e.g., you didn't know where to go or who to call for help or advice; I had no transport to get there; I couldn't get an appointment (e.g., the appointment times or service opening hours were not convenient); I couldn't get in touch with the health professional or the person I usually see; I didn't want to make a fuss; I didn't feel comfortable with the person; I was too scared; I was too embarrassed; I was hoping that the problem would go away by itself or get better with time; I was worried it wouldn't be kept private; I had no-one else to go with; It cost too much
<i>Positive psychological wellbeing in past 2 weeks (WHO-5)</i>	WHO-5 Well-being Index (I have felt cheerful and in good spirits; I have felt calm and relaxed; I have felt active and vigorous; I woke up feeling fresh and rested; My daily life has been filled with things that interest me)	Score of 13 or higher on scale – indicating good, very good or excellent psychological wellbeing (mental and emotional health)
<i>Significant depressive symptoms</i>	Reynolds Adolescent Depression Scale – Short Form (RADS-SF) – how generally feel	RADS-SF score signalling significant depressive symptoms requiring mental health assessment and intervention

<i>Felt depressed for 2 weeks in a row</i>	During the past 12 months, was there ever a time where you felt sad, blue or depressed for two weeks or more in a row?	Yes; No
<i>Deliberate self-harm</i>	During the last 12 months have you deliberately hurt yourself or done anything you knew might harm you (but not kill you)?	Yes - once or twice, or Yes - three or more times; No - never
<i>Seriously thought about attempting suicide in past year</i>	During the last 12 months, have you seriously thought about killing yourself (attempting suicide)?	Yes; No
<i>Has made a plan about how would kill self (attempt suicide) in past year</i>	During the last 12 months, have you made a plan about how you would kill yourself (attempt suicide)?	Yes; No
<i>Has attempted suicide in past year</i>	During the last 12 months, have you tried to kill yourself (attempted suicide)?	Yes; No
<i>Attempted suicide requiring treatment by doctor or nurse</i>	Did this ever result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?	Yes; No
<i>Have ever drunk alcohol</i>	We would like to now ask some questions about alcohol. By this we mean beer, wine, spirits, pre-mixed drinks. Have you ever drunk alcohol (not counting a few sips)?	Yes; No
<i>Currently drink alcohol</i>	During the past 4 weeks, about how often did you drink alcohol?	Once in the last 4 weeks, Two or three times in the last 4 weeks, About once a week, Several times a week, Most days; Not at all - I don't drink alcohol now, Not in the last 4 weeks
<i>Drink alcohol at least once a week</i>	During the past 4 weeks, about how often did you drink alcohol?	About once a week, Several times a week, Most days; Once in the last 4 weeks, Two or three times in the last 4 weeks
<i>Binge drank in the past 4 weeks</i>	In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session?	Once in the past 4 weeks, two or three times in the past 4 weeks, every week, or several times a week; None at all, or not a current drinker, or have never drank alcohol
<i>Ever smoked a whole cigarette</i>	We would now like to ask some questions about smoking cigarettes (not including e-cigarettes, vaping or marijuana). Have you ever smoked a whole cigarette?	Yes; No
<i>Current cigarette use</i>	How often do you smoke cigarettes now?	Occasionally, Once or twice a month, Once or twice a week, Most days, Daily; Never – I don't smoke now.
<i>Daily cigarette use</i>	How often do you smoke cigarettes now?	Daily;
<i>Weekly or more often cigarette use</i>	How often do you smoke cigarettes now?	Daily, Most days, Once or twice a week;

<i>Monthly or more often cigarette use</i>	How often do you smoke cigarettes now?	Daily, Once or twice a week, Most days, or Once or twice a month; Never smoked a cigarette, Never - I don't smoke now, or Occasionally
<i>Ever Vaped</i>	Have you ever vaped or used an e-cigarette?	Yes; No
<i>Current vape use</i>	How often do you vape or use e-cigarettes now?	Occasionally, Once or twice a month, Once or twice a week, More than twice a week; Never
<i>Weekly or more often vape use</i>	How often do you vape or use e-cigarettes now?	Once or twice a week, More than twice a week
<i>Monthly or more often vape use</i>	How often do you vape or use e-cigarettes now?	Once or twice a month, Once or twice a week, More than twice a week
<i>Ever used or smoked Marijuana</i>	Now there are some questions about marijuana. You don't have to answer if you don't want to. Remember there is no way to identify you from your answers. Have you ever used or smoked marijuana?	Yes; No
<i>Current Marijuana use</i>	In the last 4 weeks, about how often did you use marijuana?	Several times a day, Every day, Several times a week, About once a week, One to three times in the last 4 weeks; Not at all - I don't use marijuana anymore, None in the last 4 weeks
<i>Binge drank in the past 4 weeks</i>	In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session?	Once in the past 4 weeks, two or three times in the past 4 weeks, every week, or several times a week; None at all, or not a current drinker, or have never drank alcohol
<i>Used marijuana at some time</i>	Have you ever used or smoked marijuana?	Yes; No

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