

‘MARGINALISED BY THE MAINSTREAM’

THE CONSTRUCTION OF SEXUALITY
AND REPRESENTATIONS OF LESBIANS, GAY MEN AND BISEXUALS
IN AUSTRALIAN YOUTH POLICY

Submitted by

MICHAEL EMSLIE
BA (Youth Affairs)

A thesis submitted in fulfillment of the requirements of

MASTER OF SOCIAL SCIENCE

School of Social Science and Planning
Faculty of Constructed Environment
Royal Melbourne Institute of Technology University

March 2002

Statement of Authorship

Except where due acknowledgement has been made, the work is that of the candidate alone.

The work has not been submitted previously, in whole or in part, to qualify for any other academic award.

The content of the thesis is the result of work which has been carried out since the official commencement date of the approved research program.

SIGNED 
MICHAEL EMSLIE

DATE 11/3/02

Acknowledgements

I want to thank Dr. Judith Bessant at the Australian Catholic University and Dr. Rob Watts at Royal Melbourne Institute of Technology for their excellent support and supervision.

Thank you to the young people who shared their stories with me for this study.

Special thanks to Michael Crowhurst for continued encouragement. Thanks also to Garry Streckler for providing useful comments on ways to move forward.

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Summary

In this thesis, I explore how some same sex attracted young people experience heteronormativity, heterosexism, homophobia and biphobia. I also examine representations of lesbian, gay and bisexual young people in youth health policies aimed at addressing issues affecting them. I used qualitative research methods to explore how sexuality was constructed in some young people's lives and how hegemonic ideas about sexuality were experienced. Semi-structured individual interviews were conducted with lesbian, gay and bisexual young people. I analyzed the data using grounded theory.

I argue that various institutions (namely legal, political, religious, scientific and cultural) and practices within families, peer groups, workplaces, schools and other social settings, produce limited ideas concerning what is acceptable, 'normal' human sexuality. Through this study I found that sexual emotions and behaviors understood as heterosexual are affirmed and accepted, while those identified as homosexual or bisexual are subordinated and stigmatized. I argue that these ideas of sexuality adversely affect some young people.

Lesbian, gay and bisexual young people adopt a range of techniques to construct and negotiate their sexual identities within hostile and unsupportive environments. They often struggle with the choice to conceal or disclose their homosexuality or bisexuality in everyday life.

Some young people respond to the stigma of homosexuality and bisexuality by concealing their homosexual or bisexual orientation. This investigation revealed that this causes stress, a negative self-image, alienation, and isolation for many of these young people. Young lesbians, gays and bisexuals also report that concealing their sexuality negatively impacts on relationships with family, friends, work colleagues and others.

Some young people however oppose the expectations to be heterosexual and disclose their homosexuality or bisexuality. Through this research it became apparent that many same sex attracted young people who disclose experience prejudice, violence and discrimination in relationships, employment, education, health services and elsewhere. Furthermore, lesbian, gay and bisexual young people often experience isolation, suicide ideation, suicide attempts, homelessness, and other psychosocial problems because of the stigma attached to homosexuality and bisexuality.

Official recognition of the difficulties experienced by same sex attracted young people has led to moves to include them in federal and state government youth related policies. Young lesbians, gay men and bisexuals have, for example, been mentioned in policies relating to youth suicide, youth homelessness, and a national health policy for children and young people. To address the health concerns mentioned, approaches outlined in the policies concentrate on improving the young people's access to health services. I argue that this intervention alone is inadequate because it fails to challenge the heteronormative, heterosexist, homophobic and biphobic ideas of sexuality that harm the health, and well-being of young lesbians, gays and bisexuals.

A range of strategies are recommended regarding policies concerned with young people that are directed towards ending inequality between sexualities. This research reveals that certain social practices, institutions and beliefs constitute heterosexual hegemony, which oppresses homosexuality and bisexuality, thereby producing negative experiences for many same sex attracted young people. Hegemonic ideas of sexuality, I argue, need to be disrupted and changed. Australian governments have the capacity to make a significant contribution to interrupting such discriminatory ideas and practices by enacting legislation designed to break patterns of heterosexual privileging.

Introduction

The emergence of gay liberation and lesbian feminist movements in Australia during the early 1970s brought new ideas and challenges to official and mainstream views about 'normal' sexuality (Aldrich, 1994; Aldrich & Wotherspoon, 1992; Altman, 1979; Lansdown, 1984; Willett, 2000). Lesbians, gay men, bisexuals and other people who did not identify as heterosexual began to challenge 'mainstream' accounts of homosexuality hitherto represented variously as a mental illness, immoral, unnatural, contagious and deviant (Altman, 1973; Bayer, 1987; Carberry, 1995; Johnston, 1999).

As a consequence of social activism, significant changes were made to state laws designed to regulate homosexuality. These included the legalization of homosexual activity between consenting adults in all states and territories in Australia.¹ However, while homosexual activity has been legalized, it has not necessarily made the lives of many people who are lesbian, gay or bisexual any easier (Gay Men and Lesbians Against Discrimination, 1994; Human Rights and Equal Opportunity Commission, 1997; Victorian Gay and Lesbian Rights Lobby, 2000). This has been particularly so for those under 25 years of age.

Recent research within Australia has suggested that young lesbians, gay men and bisexual people experience a range of health problems, which relate specifically to young people's sexual identities in what many experience as a discriminatory environment

¹ Sexual activity between men was decriminalized in South Australia in 1975, Australian Capital Territory in 1976; Victoria in 1980, New South Wales in 1984, Queensland in 1990, Western Australia in 1991, and in Tasmania in 1997 (Australian Lesbian and Gay Archives, 1993; Bull et al., 1991; Henderson, 1999).

(Brown, 1997, Crowhurst & Seal, 1997; Emslie, 1998; Laskey & Beavis, 1996; Stewart, 1995; Roberts, 1996). Suicide, verbal harassment, physical assault, discrimination and stress are just some of the health concerns which appear to be more prevalent among young people attracted to those of the same sex compared to their heterosexual counterparts (Bennett, 1995b; Brown, 1996; Crowhurst & Emslie, 2000; Emslie, 1999; Fordham, 1998; Hillier et al., 1998). This research led to moves to include lesbians, gays and bisexuals in Federal and State Government's policy making processes concerned with young people (Commonwealth Department of Human Services and Health, 1995a; Commonwealth Department of Human Services and Health, 1995b; House of Representatives Standing Committee on Community Affairs, 1995).

In this study I ask three questions. First, I ask how is sexuality constructed by cultural practices in Australia? Second, how do same sex attracted young people experience these ideas in heteronormative, heterosexist, homophobic and biphobic environments?

I conducted seven individual interviews with young lesbians, gay men and bisexuals to address these research questions. These interviews with young people were complemented with an interview with a youth worker who worked as a vocational case manager with lesbian, gay and bisexual young people.

The third question I ask is: are lesbians, gay men and bisexuals represented adequately and appropriately in youth health policies? To address this question I examined and critically analyzed official policy representations of these young people.

There is a limited, but growing body of knowledge on the experiences of lesbian, gay and bisexual young people in Australia. This study aims to make a substantial contribution to this work. These questions also matter because they aim to improve the lived experiences of same sex attracted young people through improving government interventions into their lives. I also find these questions of interest both personally and professionally. As a gay man and a youth worker, it has been my experience that lesbian, gay and bisexual young people are often discriminated against, ignored and excluded from policy and programs in the youth sector in Australia. By exploring these questions I aim to contribute towards identifying better ways in which the youth work and education fields can respond to the needs of young lesbians, gays and bisexuals.

In the first chapter I outline the methodology involved in this research project. I identify semi-structured individual interviews as the tool used for this qualitative research, and outline the processes involved in recruiting research participants and collecting and analyzing the data for the study.

In Chapter 2 I describe some of the ways sexuality is currently constructed as a practice through law, politics, and religion in Australia. In chapter 3 I explore how some same sex attracted young people make meaningful their own sexuality in reference to the dominant ideas of sexuality constructed in their lives. In chapter 4 I examine the experiences of some young lesbians, gays and bisexuals who conceal their sexuality in comparison with young people who disclose their homosexuality or bisexuality. In chapter 5 I consider

same sex attracted young people's experiences of discrimination and abuse in Australian workplaces.

In chapter 6 I critique policy responses to issues affecting young lesbians, gay men and bisexuals. I investigate representations of these young people in government policies concerned with young people, with an emphasis on youth suicide policy and programs. I explore some of the responses that could be enacted to improve the lives of these young people.

Finally, I discuss the implications of the research findings for people involved in developing and implementing interventions into the lives of young people. The last chapter also includes recommendations to improve policy and program responses aimed at addressing issues affecting young people who are same sex attracted.

Chapter 1: Methodology

Introduction

In this chapter I describe why a qualitative research approach, namely semi-structured individual interviews, was selected. I detail the processes employed to recruit research participants and collect data for the study. Finally I examine grounded theory, which is my method of data analysis.

Semi-structured Individual Interviews

One purpose of my study was to explore how same sex attracted young people experience discrimination and abuse on the basis of sexuality. This involved exploring certain experiences of young lesbians, gay men and bisexuals in Australia. In particular, I was interested in the ways sexuality had been constructed in their lives and how young people gave meaning to their own sexual feelings and behaviors in relation to these constructions.

Qualitative rather than quantitative research methods are appropriate for an analysis of narratives about lived experiences. This, in part, is because qualitative data deals with meanings, whereas quantitative data deals with numbers (Dey, 1993). Qualitative research methods facilitate insights into the meanings people construct and give to particular events and issues. This approach helps the researcher understand the experiences of social life. Quantitative research methods on the other hand tend to mean

the researcher ignored lived experiences (Blaikie, 1995; Dey, 1993; Polgar & Thomas, 1991).

The use of quantitative methodological approaches can be criticized as neglecting the meanings of sexuality to young people and [more importantly] the ways in which sexuality is related to other aspects of their lives such as identity development (Telford, 1997, p. 25).

Semi-structured individual interviews were used in this research to obtain stories from young people. Semi-structured individual interviews allow the researcher to follow any leads offered by participants, rather than complying with a strict set of research questions. This flexibility has the advantage of allowing the researcher to explore the context, setting and interviewee's frames of reference of everyday life events. Techniques utilized in the interviews include open ended questioning, interviewing only one person at a time and not having a fixed or rigid question structure (Bailey, 1994; Gordon, 1969; Sarantakos, 1998).

Semi-structured individual interviews can be adjusted to match the peculiarities of diverse situations and do not require interviewees to be able to read, handle complex documents or long questionnaires to participate. They provide the researcher with the opportunity to correct misunderstandings of the interviewees' responses, as well as the opportunity to record spontaneous answers. Furthermore, more complex questions can be used because the researcher is able to assist in explaining questions (Bailey, 1994; Sarantakos, 1998).

There are a number of limitations associated with semi-structured individual interviews. Semi-structured individual interviews offer less anonymity for the interviewee than other research techniques such as anonymous questionnaires since the researcher knows the identity and other personal details of the interviewee. This can also affect the willingness of the interviewee to disclose personal information within the interview. To assist the interviewee in feeling comfortable and safe about disclosing personal information, the researcher should attempt to develop trust, collegiality and, where appropriate, friendship. The researcher can also stress the confidentiality associated with the interview, and use reflective listening skills to assist in developing empathy and rapport with the interviewee.

A further problem associated with semi-structured individual interviews is that discussion within the interview may wander onto irrelevant topics, and a lot of 'useless' information may be collected. Researchers need to be highly competent when using semi-structured individual interviews to ensure they obtain appropriate and relevant material. To assist in this process, researchers should have an interview schedule and utilize effective interview skills to ensure they manage the direction of the interview. It also helps if the researcher is aware of their own values and how these might influence the interview process. This can assist in limiting the bias that the researcher's personal values, beliefs and ideas may have on the interview. Semi-structured individual interviews also require interviewees to be able to verbalize views, opinions and ideas, particularly sensitive personal information which people can prefer to write about than talk about. Care also needs to be taken by the

researcher not to badger interviewees for information and to provide information for follow-up support if required after the interview (Sarantakos, 1998; Bailey, 1994).

Recruitment Of Research Participants

For the purpose of this study eight individual in-depth interviews were conducted. The young people interviewed were recruited through social and professional networks.

It was originally anticipated that forty young people would be interviewed individually for this study. However finding research participants proved to be a considerable problem. I had anticipated interviewing young people for the project from health and social groups for young lesbian, gay and bisexual people. I liaised with facilitators and coordinators in a number of such groups across Melbourne, explaining the project and requesting their assistance in accessing subjects. I provided written material regarding the project; including a copy of the information sheet (Appendix 1), individual interview schedule (Appendix 2) and consent form (Appendix 3). Despite my efforts no young people were recruited for interviews. The reasons for this included: the fact that young people were not interested in being interviewed; the health and social groups have regular requests to research participants and are overwhelmed by such requests; and the young people were not wanting to expose themselves and share personal information with a stranger.

I spent twelve months attempting to recruit young people for the study through health and social groups for young lesbians, gay men and bisexuals. I moved to recruiting

participants from my own social networks because I was optimistic about the success of this approach. I initially interviewed three young people and a youth worker. It proved to be a more successful way of finding research subjects so I decided to pursue it further. Some time later I located four other participants for the study.

Initially I considered it important to interview a range of lesbian, gay and bisexual young people with different personal characteristics based on ethnicity, race, geographical location, socio-economic background, and physical ability. The sample obtained for the study is not representative of the broader community. Rather, it is a study of the experiences of some young, white, Anglo-Australian, middle class, urban, able-bodied lesbians, gay men and bisexuals during the 1990s. For this reason, the material gained from this research cannot be used to make generalizations about other young people.

Data Collection

An interview schedule was developed to provide direction for the semi-structured individual interviews (Appendix 2). First, personal information was obtained. A pseudonym was then decided upon by the interviewee and used throughout the interview to ensure confidentiality. I had a conversational style interview with the young people, rather than rigidly sticking to a list of questions. The topic areas on the schedule simply provided a basis for the areas I wanted to cover in the interview. The topic areas were reviewed after the first four interviews, and slightly changed to ensure that the workplace experiences of the young people being interviewed were explored. When the young

people raised particular issues, experiences or views that I had not planned for, they were also explored.

The interviews were facilitated by the researcher and audiotaped. It took between one to two hours to complete the interviews. All participants signed a consent form (Appendix 3). The atmosphere in the interviews was friendly, relaxed and casual. Interviews took place at the participant's place of residence, the location chosen by them. All participants were provided with an information sheet prior to the interview (Appendix 1). Before the interview was recorded, I went over the contents of this with the participants.

Data Analysis

Grounded theory was selected as the method for analyzing the data gathered in the semi-structured individual interviews. Glaser and Strauss developed grounded theory during the 1960s while conducting a field observation of hospital staff's handling of dying patients (Glaser & Strauss, 1967). Grounded theory follows an inductive approach to research, whereby the development of theory is based on observation, as the researcher moves from the particular to the general (Kellehear, 1993; Strauss & Corbin, 1997).

The methodological thrust of the grounded theory approach to qualitative data is towards the development of theory, without any particular commitment to specific kinds of data, lines of research, or theoretical interests. So, it is not really a specific method or technique. Rather it is a style of doing qualitative analysis that includes a number of distinct features, such as theoretical sampling, and certain

methodological guidelines, such as the making of constant comparisons and the use of a coding paradigm (Strauss, 1989, p. 5).

Strauss (1989) adds that this approach to the analysis of data requires data collecting, coding and memoing. Coding involves the development of categories to order, or connect the emerging ideas from the collected data (Dey, 1999).

...it typically involves the following steps. The researcher first studies their materials, in this case, transcripts and develops a close familiarity with the material. During this process, all the concepts themes and ideas are noted to form major categories... Often the researcher will then attach a number or label to each category and record their position in the transcript. Coding is an iterative process, with the researcher, having developed the codes and coded the transcripts now attempts to interpret their meaning in the context in which they appeared. The reporting of this process typically involves 'thick' or detailed transcriptions of the categories and their context, with liberal use of examples from the original transcripts (Polgar & Thomas, 1991, p. 127).

Memos are small pieces of analysis, ideas, statements and hypotheses that emerge during the course of analyzing data. Strauss recommends that these be recorded as soon as they are discovered. They are then utilized when writing the research report.

The analysis of data in this study broadly followed Glaser and Strauss's (1967) method. The individual interviews were transcribed, coded and memos were recorded. The coding framework comprised of three categories. One category was concerned with the meanings given to sexuality in the young people's lives. Another category dealt with

young people's experiences of concealing their homosexuality or bisexuality. The final category included data on young people's experiences of disclosing their sexuality.

Further subcategories were developed to code the information. Within the category concerned with concealment, information was coded in sub classifications of data relating to methods of concealment, reasons for concealment and the affects of concealment. Within the category concerned with disclosure, information was further classified according to the reasons for disclosure, negative affects of disclosure, positive affects of disclosure, and what influences the decision to disclose. All these themes emerged during the interviews. The development of the coding framework also drew on previous research on constructions of sexuality and issues affecting lesbian, gay and bisexual young people (Hillier et al., 1998).

Conclusion

I have argued that qualitative research was the most appropriate research method for this thesis given that the purpose of the study was to gain an in-depth understanding from young lesbians, gays and bisexuals on the ways sexuality had been constructed in their lives.

I recruited interviewees through my social networks. The total number of participants was lower than first expected due to the difficulties encountered in finding participants for the study. The data was analyzed using grounded theory. Following this method, three broad categories were developed and used to explore how sexuality was constructed

through social practices in the young people's lives and how experiences related to these constructions helped shape their sense of self and sexual identity.

Chapter 2: Cultural constructions of sexuality in Australia

Introduction

The way we understand sexual acts and emotions are informed by religious, legal, political, social and cultural attitudes and practices. In this chapter, I argue that in Australia 'heterosexuality', 'homosexuality' and 'bisexuality' are produced and reproduced as categories for understanding sexual attractions and relations. Further, I argue that heterosexuality is privileged while homosexuality and bisexuality are stigmatized and discriminated against. The analysis that I offer here assists in identifying how young people may make meaningful their own sexuality by understanding their sexual emotions and actions in relation to these dominant constructions

I begin by positioning my study within the debate between essentialist and constructionist approaches to sexuality. I also provide a description of heteronormativity, heterosexism, homophobia and biphobia, which are key terms used throughout the thesis. I then outline some of the ways sexuality is currently constructed through law, politics, religion and cultural practices in Australia. I examine some of the social practices and institutions that contribute to the status of heterosexual emotions, desires and relationships as normal, natural, moral and legitimate while subordinating and stigmatizing other sexualities.

Theories of sexuality

Human sexuality is often described as made up of various biological, social, religious, medical, legal, cultural, familial and personal aspects and influences (Bristow, 1997;

Marsters et al., 1995; Moore & Rosenthal, 1993). For example, our physical bodies, what they do, what we do with them, and whom or what we do these things with, are often described as being sexual (Laqueur, 1990). Human sexuality has come to be commonly understood as more than simply behavior, involving feelings (such as desire and love) and identities (for example, heterosexuality, gay and lesbian) (Milligan, 1993). Understandings of our sexual emotions and activities are influenced by meanings given to chromosomal sex, gender and sexual desire, and the relations between them (Connell, 1987; Jagose, 1996). While I will return to these ideas later in this chapter, this brief discussion illustrates the complexity involved in coming to grips with what is human sexuality.

One of the central debates in social theory on how human sexuality can best be understood has been between two dominant tendencies, which I refer to as essentialism and constructionism (Mac an Ghail, 1994). A detailed discussion of the two positions is complex and goes beyond the scope of this thesis. However it is necessary to locate my own work within this debate and to achieve this I briefly outline the two positions.

The first school of thought is the essentialist position, which regards sexuality as natural, fixed and innate (Jagose, 1996). This worldview assumes that sexual desires are part of our essential organic bodily and genetic constitution.

Essentialists hold that a person's sexual orientation is a culture independent, objective and intrinsic property (Stein, 1992, p. 325).

For the essentialists, sexuality is experienced as a self evident, stable, and fundamentally natural expression of our biology (Milligan, 1993). In particular, it is viewed as a psychological and biological force. The essentialist understanding of sexuality as an innate aspect of a person's biological, psychological and emotional make-up has supported efforts to develop both biological and environmental explanations for human sexuality. For example, this has included examining the impact of genetic influences, pre-natal hormones, child-rearing influences, the role of childhood behavior, the impact of single sex environments and early sexual experiences on people being homosexually orientated (Feldman, 1987). This kind of essentialism is typically limited to both psychological and biological determinism, which have been criticized as they rely on:

...the enshrinement of contemporary sexual categories as universal, static and permanent, suitable for the analysis of all human beings and all societies (Padgug, 1979, p. 16; see also: Stanton, 1992).

Constructionists on the other hand assume identity is fluid, and the effect of social conditioning and available cultural models for understanding oneself (Jagose, 1996). Writers who adopt this position argue that sexuality is socially constructed. In other words, the sociological and cultural dimensions of sexuality are emphasized.

...social constructionists think [sexual orientation] is culture-dependent, relational and, perhaps, not objective (Stein, 1992, p. 352).

For the constructionists, different cultural meanings have been given to desire, sexuality and biology in different historical contexts, and therefore they are not the same over time

and space (Jagose, 1996, Milligan, 1993). As Foucault (1976) argues, sexuality is 'the name that can be given to a historical construct' (p. 105).

In this study, I view sexuality as a social construction rather than a fundamentally natural phenomenon. I draw on Week's theory of sexuality (Weeks, 1986), who argues that while all the constituent elements of sexuality have their source either in the body (such as 'flesh', 'genitals', 'ovaries', 'sperm') or the mind (for example; desires, fantasies and needs), the capacities of the body and psyche are given meaning only in social relations. In other words, sexuality is something:

...which society produces in complex ways. It is a result of diverse social practices that give meaning to human activities, of social definitions and self-definitions, of struggles between those who have power to define and regulate and those who resist. Sexuality is not given, it is a product of negotiation, struggle and human agency (Weeks, 1986, p. 25).

In this study I do not treat sexuality as a natural, self evident, stable or fixed aspect of identity, but as something that is given meaning in the social world, as Weeks explains:

...the meanings we give to 'sexuality' are socially organized, sustained by a variety of languages...(including) moral treaties, laws, educational practices, psychological theories, medical definitions, social rituals, pornographic or romantic fictions, popular music, and commonsense assumptions...(Weeks, 1986, p. 16).

Heterosexuality, homosexuality and bisexuality

As Weeks (1986) suggests, one of the ways that sexuality is given meanings is through language. Blumfield (1992) argues that:

In language lies the assumption of a culture, its rules of conduct, what it will acknowledge as permissible... It tells us what to think because it is impossible to think outside of language (p. 43).

One way language gives meaning to our sexual acts and emotions is by categorizing them as either heterosexual, homosexual or bisexual. Weeks (1986) observes how we are preoccupied with who we have sex, while the way we think about sex shapes the way we live it. Simply put, sexual relations, acts, behaviors, desires, fantasies and needs involving people of the opposite sex are defined as heterosexual.² Those involving someone of the same sex are described as homosexual.³ Having sexual emotions and relations involving people of both sexes is commonly known as bisexuality. People can define, and choose not to define, themselves as having a heterosexual, homosexual or bisexual sexual orientation by identifying how their sexual acts and emotions fit in this framework.

Following on from social constructionist accounts of sexuality, and more recent critiques of sexual identity labels from queer theorists, 'heterosexuality', 'homosexuality' and 'bisexuality' should be understood as constructed rather than natural categories. As Connell (1992) argues, homosexuality as a 'social type' has emerged only over the last two centuries in Western societies (Foucault, 1976). Although heterosexuality appears to

² For a history of the terms 'heterosexuality' and 'heterosexual' see Katz (1996).

³ For a history of the terms 'homosexuality' and 'homosexual' see Boswell (1980) pp. 41-59.

be 'natural' and 'normal' compared to homosexuality and bisexuality, it is also a social construction.

The homosexual/heterosexual polarity is historically recent and culturally specific. The notion that these sexual categories are fixed, mutually exclusive, and mark individual bodies and personalities is a modern Western development. In other times and places, sexual acts between or among persons of the same sex have been organized and understood in dramatically different ways (Duggan, 1994, p. 4).

People in Australia are not naturally or innately 'straight' (*sic* heterosexual), 'gay', 'lesbian' or 'bisexual'. They take up this language as labels for a number of reasons, including the need to define and describe their sexual feelings and relationships.

In this thesis I have chosen to use a range of terms when I refer to people with homosexual and bisexual feelings, behaviors and identities. These include homosexual, bisexual, lesbian, gay and same sex attracted. In this way I reflect contemporary approaches to these categories used by people who identify as gay, lesbian, and bisexual, as well as by social commentators, authors of official reports and by a range of opinion makers including journalists and social scientists. There is no single term used that takes into account all same sex associated feelings, behaviors and identities, or that defines and describes all people who have same sex, desires and relations in Victoria or Australia. While it has been suggested that labels around sexual identity provide people the opportunity to make sense of themselves and their sexual emotions, activities and relationships, there are limits associated with all of the terms I employ (Pallotta-Chiarolli,

1996a; Simpson, 1996; Warner, 1993; Weeks, 1986).⁴ Without going into detail regarding the various criticisms, I concede that the terminology is problematic, and I use the terms quite loosely.

At the same time, I use a variety of sexuality identity labels to illustrate constructionist critiques of essentialist ideas of sexuality as fixed, natural and innate. Although labels such as ‘gay’, ‘lesbian’ and ‘bisexual’ have become common in most Western industrialized countries, their use to describe sexual feelings and behaviors is recent, supporting the idea that there is no trans-historical, trans-cultural universal essence of gayness (Plummer, 1992). Using a range of terms also captures the fluidity of sexuality, as well as the possibility of diverse and multiple meanings for sexual emotions and relations. People actually use different labels at different times for different purposes to explain their sexual feelings and activities. As I have already argued, language is important in shaping ideas and cultural attitudes (Blumfield, 1992). For this reason, using a variety of terms works against reducing these possibilities to a single, stable and fixed dominant idea for explaining people’s sexuality.

⁴ For example, queer theorists have critiqued identity labels such as ‘gay’ and ‘lesbian’, particularly in relation to their use as naturalized categories of sexual identity for political and personal purposes. Duggan, for example, writes how:

...The production of a politics from a fixed identity position privileges those for whom that position is the primary or only marked identity. The result for lesbian and gay politics is a tendency to center ‘prosperous white men’ as the representative homosexual. Every production of ‘identity’ creates exclusions that reappear at the margins like ghosts to haunt identity based politics...Identity politics only replaces closets with ghettos. The closet as a cultural space has been defined and enforced by the existence of the ghetto. In coming out of the closet, identity politics offers us another bounded, fixed space of humiliation, and another kind of social isolation. Homosexual desire is localized – projected out and isolated in the bodies found in the gay ghetto. In this sense identity politics lets the larger society off the hook of anxiety about sexual difference (Duggan, 1994, pp. 4-5).

For further discussion and analysis of queer theory see: Angelides & Bird, 1995; Britzman, 1995a; Jagose, 1996; Warner, 1993.

Heteronormativity, heterosexism, homophobia and biphobia

As ways to describe sexual emotions and behaviors, categories like ‘heterosexuality’, ‘homosexuality’ and ‘bisexuality’ need to be understood as relational categories. In other words, while homosexuality is seen as distinct and very different from heterosexuality, and bisexuality is understood as involving both heterosexual and homosexual orientations, heterosexuality, homosexuality and bisexuality are defined, through cultural practices and the everyday actions of individuals, in opposition and relationship to each other. As Britzman (1995b) puts it:

...every sexual identity is an unstable, shifting, and volatile construct, a contradictory and unfinalized *social relation* (p. 68).

The construction of heterosexuality, homosexuality and bisexuality as viable categorizations can also be seen as an exercise of power, whereby as socially produced groups they are valued differently and, in particular, one is given an unfair preference over the others (Harris, 1996). Here I draw on Harris’s (1996) arguments regarding gender.

The difference that gender [or sexuality] marks is not neutral, but is enacted to accord power and privilege. The notion of gender [or sexuality] itself is political, for it is used to make out what is merely ‘not like’, but what is lesser (Harris, 1996, p. 7).

For example, heterosexuality is different to homosexuality as homosexuality is to heterosexuality, but they do not have equal status and legitimacy (MacKinnon, 1987). In general homosexuality and bisexuality are given less value than heterosexuality by mainstream or conventional social institutions and cultural practices.

Understanding the privilege of heterosexuality and the subordination of homosexuality and bisexuality is necessarily complex. Some of the ways inequality among sexualities can best be understood is in terms of heteronormativity, heterosexism, homophobia and biphobia.

Heteronormativity, also known as heterocentrism, institutionalized heterosexuality (Richardson, 1996) and the heterosexual presumption (Epstein & Johnson, 1994), has been described as the subtle privileging of heterosexuality in social practices (Ingraham, 1994; Rich, 1993). As Warner (1993) explains:

Western political thought has taken the heterosexual couple to represent the principle of social union itself...Het[erosexual] culture thinks of itself as the elemental form of human association, as the very model of intergender relations, as the indivisible basis of all community, and as the means of reproduction without which society wouldn't exist (pp. xxi-xxxi).

This privileging of heterosexual relations is not necessarily conscious, as Wittig (1992) argues:

[T]o live in a society is to live in heterosexuality...Heterosexuality is always already there within all mental categories. It has sneaked into dialectical thought (or thought of differences) as its main category (pp. 40-43).

Through heteronormativity, heterosexuality is constructed as a 'coherent, natural, fixed and stable category; as universal and monolithic', whereby the culture becomes so heterocentric that generally most people do not notice the dominance of heterosexuality to everyday experience unless they are not heterosexual (Richardson, 1996). In other

words, for most people living within heteronormative culture means seeing straight, reading straight, and thinking straight (*sic* heterosexual) (Sumara & Davis, 1999).

This serves to delimit interpretations of both heterosexuality (as stable, necessary, universal) and the social (as naturalized heterosexuality). It also structures and organizes understandings of individuals, as well as sexual and familial relationships, that are not included within the construction of the category 'heterosexual' (Sumara & Davis, 1999, p. 3).

That is, heterosexuality is the norm, against which all else is judged as different, other and abnormal (Letts, 1999). Epstein & Johnson (1994), who used the term heterosexism to describe what has more commonly become known as heteronormativity, argue that the centrism of heterosexuality is encoded in language, institutional practices and encounters in everyday life. For example, in the social sciences heterosexuality has remained a silent, unspoken and unremarked term, while homosexuality and bisexuality have been both endlessly theorized, pathologised and problematised (Epstein & Johnson, 1994).

Indeed, [heteronormativity] discriminates by failing to recognize difference. It posits a totally and unambiguously heterosexual world in much the same way as certain forms of racism posit the universality of whiteness. In this way, the dominant form is made to appear 'normal' and 'natural' and the subordinate form perverse, remarkable or dangerous (Epstein & Johnson, 1994, p. 198).

Heterosexism, which has also been described as the presumption of heterosexuality, is a world view that operates on the assumption that everyone is heterosexual; that everyone

ought to be heterosexual, and that to be heterosexual is better than being homosexual or bisexual (Herek, 1994; McNaught, 1993).

Heterosexism is a reasoned system of bias regarding sexual orientation. It denotes prejudice in favor of heterosexual people and connotes prejudice against bisexual and, especially, homosexual people (Jung & Smith, 1993, p. 13).

Heterosexism at once denies, denigrates and stigmatizes any non-heterosexual form of behavior, identity, relationship or community (Glynn, 1999). Heterosexism differs from heteronormativity due to it being a 'reasoned system', such that heterocentrism is seen as not making a conscious privileging of heterosexuality. As Neison (1990) argues:

[Heterosexism is] the continual promotion by the major institutions of society of a heterosexual lifestyle while simultaneously subordinating any other lifestyle (ie. lesbian, gay and bisexual) (p. 31).

Homophobia is the fear and hatred of homosexuality in ourselves and/or in other people (Pharr, 1988; Weinberg, 1973; Unks, 1995). Hart (1986) defines homophobia as 'the irrational fear and/or hatred of same sex acts and others (p. 85). Homophobic fear and hatred is commonly understood to manifest itself in, for example, everything from violent physical attacks directed at gay men and lesbian women through to 'jokes' or comments about homosexuals that are negative or hostile (Kantor, 1998; Young-Bruehl, 1996).

A clear indication of the embedded and ever-present nature of homophobic forms is the fact that there are no words for lesbian or gay sexuality which do not bear a hostile charge. Even those words which have been affirmed as a focus for positive identity and pride – such as 'gay', 'lesbian' and, more recently, 'queer' –

represent a terrain of struggle rather than a simple affirmation (Epstein & Johnson, 1994, p. 201).

Plummer (1992) argues that homophobia can be a product of religious belief; a function of the promotion of the reproduction of the species and the repression of non-procreative sex; a response to a threat to the 'natural order', to masculinity, or to the family; a fear of self identification; and a continuing conservative response to dissidence. Beckett (1996) also argues that homophobic actions are often used to endorse and affirm heterosexuality, while at the same time they discriminate against and subordinate homosexuality. I will briefly consider the interrelatedness between sexuality and gender shortly.

Homophobia is the most popular term used to describe prejudice and discrimination directed at same sex attracted people, but the term needs to be used carefully. In particular, homophobia is not the same thing as heterosexism. Homophobia can be understood as a form of heterosexism however;

Heterosexism...does not necessarily involve the expression of fear or hatred toward 'the homosexual' (Morgan, 1996, p. 138).

Telford (1997) argues that the term homophobia is problematic because it frames the problem of anti-homosexual violence as one based on pathological fear (Logan, 1996).

A phobia is a medicalised state for which we rarely blame the sufferer (Glynn, 1999, p. 65).

Hinson (1996) claims that this has led to those who bash or kill homosexuals in Australia to use an argument that their anti-homosexual violence was a function of fear as a legal defense (Gay and Lesbian Rights Lobby, 1995; Misson, 1998). While the term

homophobia is problematic, understanding discrimination and abuse against homosexuals as homophobic in nature has gained significant strategic legibility and political palatability for the development of state interventions to address issues affecting lesbians, gays and bisexuals (Victorian Gay and Lesbian Rights Lobby, 2000). While I acknowledge the limits of the term, the expression homophobia currently has political and social leverage in arguing for social justice for lesbians, gay men and bisexuals, where heteronormativity and heterosexism, as concepts, currently do not.

While biphobia can be understood in a similar way to homophobia, as the fear and hatred of bisexuality in ourselves and/or in other people, it is not the same as homophobic prejudice (Firestein, 1996; Rodriguiz-Rust, 2000). Bennett (1992) defines biphobia as 'the denigration of bisexuality as a valid life choice' (p. 207). In particular, most writers on biphobia claim that discrimination against bisexuality occurs as a result of the resentment and fear at bisexuality's refusal to conform to the existing division of desire into heterosexual and homosexual. Davidson et al. (1997) argue that biphobic actions include the refusal to recognize or address bisexuality, subordinating bisexuality to other issues, and the prejudicial association of bisexuality with myths and stereotypes. Biphobia can also be manifested in similar ways as described for homophobia and heterosexism, however the action is directed at people who are bisexual (Ochs, 1996). People who do not identify as lesbian, gay or bisexual may also experience homophobia or biphobia as a result of being supportive of lesbians, gays or bisexuals.

Throughout this thesis I use the terms heteronormativity, heterosexism, homophobia and biphobia for a number of reasons. Following on from Blumfield (1992) who argues that language plays an important part in the development of social realities, each of the terms, and their associated meanings, are relevant for conceptualizing and understanding the subordination of, and discrimination against, homosexuality and bisexuality. There are also significant and important differences between heteronormative, heterosexist, homophobic and biphobic ideas and social practices. Understanding the prejudice lesbians, gays and bisexuals experience in these different frameworks assists in the development of more complex and comprehensive responses to the issues they experience.

Heterosexual hegemony

I also refer to such heteronormative, heterosexist, homophobic and biphobic practices and beliefs as heterosexual hegemony.⁵ Glynn (1999) describes heterosexual hegemony as that dominant form of heterosexuality that, by definition, renders those who do not aspire to its expression to the lower ranks of the sexual hierarchy. As Morgan (1996) observed, it is one (dominant) form of heterosexuality that is seen as the norm and all other sexualities are subordinated in an hierarchical model produced by religious, political, legal, cultural and social beliefs, practices, norms and laws.

It is only a particular sanitized, de-sexualised, monogamous (married), (procreative) form of heterosex that is being naturalized and privileged. All other

⁵ Connell (1987) explains that hegemony is a term borrowed from Gramsci's analysis of class relations in Italy. It refers to 'a social ascendancy achieved in a play of social forces that extends beyond content of brute power into the organization of private life and cultural processes' (Connell, 1987).

forms of sexuality are simply immoral acts committed by the sinful (Morgan, 1996, pp. 129-30).

In other words, heterosexual hegemony ensures that people think it is natural for male and female to form a life-long sexual and reproductive unit with the female 'belonging' to the male, and that people can not perceive that there could be other possibilities for sexuality apart from reproduction, or that reproduction could be organized in different ways. Sumara and Davis (1999) agree, arguing that while there is range of experiences known as heterosexual, 'there remains a generalized set of cultural myths about what constitutes that quintessential heterosexual identity'.

This means that, like those who identify as [lesbian, gay and bisexual], heterosexual identities must exist in a particular "closet" – a well defined and restrictive *heterosexual closet* (Sumara and Davis, 1999, p. 193).⁶

While some forms of heterosexuality may be inferior to others within heterosexual hegemony, hegemonic ideas of sexuality privilege opposite sex feelings and activities over same sex emotions and relations, relegating homosexuality and bisexuality to be less than heterosexuality. In particular, this occurs through heteronormative, heterosexist, homophobic and biphobic social practices, beliefs and everyday actions of individuals. I will illustrate some of the ways in which heterosexual hegemony is played out in the social world by an examination of how heteronormativity, heterosexism, homophobia and biphobia work through government policy, religious practices and cultural practices. First

⁶ A complete discussion of the 'heterosexual closet' and the ways in which some heterosexual young people experience heterosexual hegemony in the construction and negotiation of their sexualities goes beyond the scope of this thesis (see: McGrane & Patience, 1995). This is however an important area of future research and could offer useful strategies for interrupting heteronormativity.

I will briefly explore the relationships between gender and sexuality and the relevance of these for understanding heterosexual hegemony.

Relationship between sexuality and gender

Many researchers argue that issues of sexuality and gender are interrelated (Carrigan et al., 1985; Connell, 1992; Ingraham, 1994). For example, Harris (1996) argues:

Heterosexuality would...not exist as a hegemonic institution nor even be meaningful as a practice named as such without gender dualism. In other words heterosexuality rests on the representation of femininity and masculinity as complementary opposites (pp. 66-67).

Similarly, Richardson (1996) argues:

The categories 'heterosexual', 'homosexual' and 'lesbian' are rooted in gender – they presuppose gender divisions and could not exist without our being able to define ourselves and others by gender...To desire the 'other sex' or indeed to desire the 'same sex' presupposes the prior existence of 'men' and 'women' as socially – and erotically – meaningful categories (pp. 32-33).

At the same time and more importantly, a power imbalance is created through the construction of 'normal' and 'natural' gender differences between male and female (Griffin, 1993).

Successful heterosexuality constitutes women as passive, objectified and receptive to pain, and men as aggressive, objectifying and driven by biological urges (Harris, 1996, p. 66).

The gendered sex roles are seen to complement each other and make desire possible.

The construction of gender as a viable categorization is fundamentally an exercise of power. The consequences of the gender system is to create two differently valued groups in which one dominates the other...Gender categorization as a social process is integral to male domination because it makes possible this demarcation between what should and should not be valued (Harris, 1996, p. 7).

The privileging of heterosexuality, both subtly (through heteronormativity) and systematically (through heterosexism), relies upon gender inequality, in particular the privileging of heterosexual masculinities over other masculinities and various forms of femininity.

These dominant ideas around gender also impact on the ways in which all young people, including same sex attracted young people, construct, perform and experience their sexuality. In particular, these ideas produce an expectation and assumption that people will eroticise difference and as a result, for example, young men may use young women as sexual objects to assert a heterosexual identity, or young people may proscribe against homosexuality to endorse heterosexuality (Ellis, 1987). People can therefore become the target of homophobic abuse if they do not perform expected 'normal' and 'natural' male or female gendered behavior (Harris, 1996). In other words, if young men's actions are perceived to be feminine and visa versa (Mac an Ghail, 1994). Telford (1997) agrees that violence against homosexuals can be the result of perceptions of gender non-conformity.

Hegemonic masculinity sees homosexuality as a *negation* of masculinity and homosexual men, by definition, must be effeminate (Telford, 1997, p. 30).⁷

⁷ For further discussion on hegemonic masculinity see: Connell, 1987. See also: Collier, 1993; Collier, 1992.

As Epstein & Johnson (1994) argue;

...homophobia is often a vehicle for policing heterosexual masculinities. Men habitually use terms of homophobic abuse against peers who deviate from hegemonic masculinities (p. 204).

People can experience homophobia because of how others perceive and expect them to be doing their gender, not just their sexuality (Flood, 1993; Sellars, 1992). The relationships between constructions of sexualities and genders, and the ways in which gender relations contribute to heterosexual hegemony, are important issues for understanding same sex attracted young people's experiences. While a complete discussion of these is beyond the scope of this thesis, I do briefly explore these further at relevant points.

Discrimination by Australian governments against lesbians, gays and bisexuals

The Commonwealth and State Governments within Australia produce dominant meanings of the world by enacting legislation and developing social policy. Meanings of sexuality constructed by legislation and policies of Australian governments discriminate against homosexuality and bisexuality. Government legislation and social policy within Australia generally legitimates and values heterosexuality while simultaneously associating homosexuality, and to a lesser extent bisexuality, with danger and social disorder.

There are over 15 Commonwealth Acts of Parliament, which discriminate against same sex relationships.⁸ A similar pattern of discrimination also occurs in state Legislation. In Victoria for example, there are over 25 Acts of Parliament that discriminate against same sex relationships.⁹ For example, a surviving partner of a same sex relationship is not able to inherit or receive benefits upon the other partner dying without a Will (*Administration and Probate Act*, 1958; *Wills Act*, 1958). Adoption by people in same sex relationships is not provided for in Victorian Government legislation (*Adoption Act*, 1984). Access to certain conception technology is denied to people in same sex relationships (*Infertility (Medical Procedures) Act*, 1984). Lump sum superannuation benefits are usually only payable to the spouse or children of the contributor under state superannuation law. The definition of spouse excludes same sex couples who therefore miss out on spouse benefits upon retirement or death of a partner (Equal Opportunity Commission of Victoria, 1998; Equal Opportunity Commission of Victoria, 1997).

⁸ The following Commonwealth Acts of Parliament are examples of legislation that discriminates against persons in same-sex relationships: *Child Care Act 1972*, *Child Support (Assessment) Act 1989*, *Child Support (Registration and Collection) Act 1988*, *Disability Discrimination Act 1992*, *Estate Duty Assessment Act 1914*, *Evidence Act 1995*, *Family Law Act 1975*, *Health Insurance Commission Act 1973*, *Human Rights and Equal Opportunity Commission Act 1986*, *Income Tax Assessment Act 1936*, *Marriage Act 1961*, *National Health Act 1953*, *Safety Rehabilitation and Compensation Act 1988*, *Sex Discrimination Act 1984*, *Social Security Act 1991*, *Superannuation Act 1976*, *Superannuation Industry (Supervision) Act 1993* (Equal Opportunity Commission of Victoria, 1997).

⁹ The following Victorian Acts of Parliament are examples of legislation that discriminate against persons in same sex relationships: *Accident Compensation Act 1985*, *Accident Compensation (WorkCover Insurance) Act 1993*, *Administration and Probate Act 1958*, *Adoption Act 1984*, *Alcoholics and Drug-dependent Persons Act 1968*, *Bail Act 1977*, *Children and Young Persons Act 1989*, *Coroners Act 1985*, *Crimes Act 1958*, *Crimes (Family Violence) Act 1987*, *Criminal Injuries Compensation Act 1983*, *Equal Opportunity Act 1995*, *Evidence Act 1958*, *Guardianship & Administration Board Act 1986*, *Health Act 1958*, *Human Tissues Act 1982*, *Infertility (Medical Procedures) Act 1984*, *Maintenance Act 1965*, *Medical Treatment Act 1988*, *Mental Health Act 1986*, *Probate Duty Act 1962*, *Property Law Act 1958*, *Registrations of Births, Deaths and Marriages Act 1959*, *Stamps Act 1958*, *Summary Offences Act 1966*, *Wills Act 1958* (Equal Opportunity Commission of Victoria, 1997).

Furthermore, legal ages of consent to sexual activity between heterosexuals and homosexuals differ across Australia, with higher ages of consent for homosexual activity in some states.¹⁰ Equal opportunity laws often exclude homosexuality or sexual orientation as grounds which discrimination are prohibited, or contain exemptions, which allow discrimination.¹¹ Not all government schools across the country include facts about homosexuality or bisexuality within the curriculum and most state government educational policies do not mention lesbians, gays, bisexuals or transgender issues (Association of Women's Educators, 2000; Connell, 1992; Emslie and Crowhurst, 2000; Telford, 1997).¹² Legal marriage and divorce is not available to same sex unions (Gay

¹⁰ Higher ages of consent for sex between men or for anal sex exist in New South Wales (*Crimes Act 1900*), Queensland (*Criminal Code Act 1899*), Western Australia (*Criminal Code Act Compilation Act 1913*) and the Northern Territory (*Criminal Code Act 1983*). In the Australian Capital Territory the age of consent for both heterosexual and homosexual intercourse is 16 years. In New South Wales and Queensland the age of consent is 16 years for heterosexual sex and 18 years for homosexual sex. In South Australia the age of consent for both heterosexual and homosexual sex is 17 years. In the Northern Territory the age of sexual consent is 16 years for girls and 18 years for boys. In Victoria there is no specific age of consent but there are several offenses relating to sexual penetration of children between the ages of 10 and 16. Western Australia has similar laws but specifies 21 years as the age of consent for homosexual sex. Under Tasmanian Law the age of consent for heterosexual sex is 17 years. Commonwealth legislation, however, has established an effective age of consent of 18 years for homosexual sex in Tasmania and Western Australia (Human Rights and Equal Opportunity Commission, 1997; Morgan, 1996).

¹¹ For example, the Victorian *Equal Opportunity (Amendment) Act 2000* prohibits discrimination on the basis of a person's "sexual orientation". However, of the 72 sections of the Act that prohibit discrimination, 52 contain exemptions (Morgan, 1996).

Two exceptions in the Act are particularly relevant to this (supposed) protection. First, the Act states that an employer may discriminate against an employee if the employment involves the care, instruction or supervision of children and if the employer genuinely believes that discrimination is necessary to protect the children and if the employer has a rational basis for that belief. Secondly, the Act states that none of its provisions apply to discrimination, which is necessary to comply with the discriminator's genuine religious belief or principles (Morgan, 1996, p. 121).

Western Australia offers no protection on the basis of sexuality under its Equal Opportunity Legislation (*Equal Opportunity Act 1984*). In those states that offer protection, the basis varies: in the New South Wales *Anti-Discrimination Act 1977*, 'homosexuality'; in the South Australia *Equal Opportunity Act 1984*, 'sexuality'; in the Australian Capital Territory *Discrimination Act 1991*, 'sexuality'; in the Queensland *Anti-Discrimination Act 1991*, 'lawful sexual activity'; in the Northern Territory *Anti-Discrimination Act 1992*, 'sexuality'. Similar exemptions as those described above in the Victorian *Equal Opportunity (Amendment) Act 2000* are contained in other states Acts (Morgan, 1996).

¹² For example the Victorian Department of Education's (1996) *Schools of the Future* details policy, legislation and regulations that are relevant to the task of running a school. This reference guide assists in the 'management, administration and operation of school...[in order] to enable them effectively to carry out their tasks of providing the best possible educational program for each student' (Department of Education

Men and Lesbians Against Discrimination, 1994; Human Rights and Equal Opportunity Commission, 1997; Morgan, 1996; Duggan, 1994, Sullivan, 1996).

These examples of legislation and policy illustrate that the meanings of sexuality produced by Australian governments are generally heteronormative, heterosexist, homophobic and biphobic. They privilege heterosexuality over homosexuality and bisexuality by discriminating against lesbians, gays and bisexuals. This contributes towards producing a stigma associated with homosexuality and bisexuality

Religious discrimination against homosexuality and bisexuality in Australia

Organized religion within Australia also constructs dominant meanings of the world through religious practices. In particular:

Christian traditions...remain a major regulative discourse in familial and sexual matters (Epstein & Johnson, 1994, p. 212).

Meanings of sexuality constructed by religious groups within Australia generally discriminate against homosexuality and bisexuality. The official religious teachings of most Australian churches claim heterosexuality is the only acceptable sexuality, condemning homosexuality and bisexuality as immoral and unnatural.

Victoria, 1996). The guide provides information on a broad range of areas, including: Curriculum and Standards Frameworks; AIDS/HIV Prevention Education; Student Care and Supervision; Merit and Equity Policy; Legal Liability and Associated matters. In relation to policy on disadvantaged groups, there is no mention of lesbian, gay, bisexual or transgender students. The guidelines do however include sections referring to other disadvantaged groups, including policy on Koori Education, Education for Girls, and Students with Disabilities and Impairments.

While some Christian denominations have acted favorably towards homosexual law reform many have not. For example, the Parliamentary Inquiry into the Federal *Sexuality Discrimination Bill 1995*, which would be national legislation preventing discrimination on the grounds of sexuality (among others), had approximately 80 submissions (non-confidential) that opposed the Bill, nearly all of these submissions did so on the basis of Christian beliefs (Morgan, 1997). However, Marr (1999) reported on variance of support and opposition to the Bill among religious groups' submissions.

The Quakers said: 'We don't see the necessity for religious bodies to be exempt from any provisions of the bill'. The Anglicans of Western Australia supported them: 'Churches and related institutions should not be exempt'. The Uniting Church wants no exemptions in church schools, hospitals and charities. But the general mood of the submissions was anger and surprise that the national parliament would think of legislation that issued such a challenge to church prerogatives. The Catholics and most of the Protestant congregations are demanding to be as free of the working of this new law as they are of present state laws (Marr, 1999, p. 236).

Cowan (1996) has reported on the history of support to homosexual law reform within the Methodist, Presbyterian and Congregational Churches between the 1960s to 1977, and the subsequent Uniting Church from 1977 to 1995. The often contradictory positions of churches, and congregations within churches, to issues concerning sexuality reflect the tensions produced by theological arguments opposing homosexual acts, and the social justice arguments supporting homosexual law reform (Cowan, 1996). And given the

current position of equal opportunity and anti-discrimination legislation in Australia, as discussed previously, it seems that theological arguments opposing same sex relations are winning this debate. All of these Acts contain exemptions for religious institutions.

Such exemptions are contained in equal opportunity legislation throughout the country. They are, in themselves, objectionable, given that many religious institutions remain one of the primary sites where discrimination (not just sexuality discrimination) runs rife (Morgan, 1996, p. 146).

The subordination of homosexuality and bisexuality is common among religious groups and ideas within Australia (Marr, 1999; Morgan, 1996; Hyams, 1998). For example, the Uniting Church, Australia's third largest church, recently released a national discussion paper, the *Interim Report on Sexuality*, which included suggestions that homosexuals are as fit for ministry as other candidates and discussed the rights of gays and lesbians to participate in worship and have their relationships recognized by the church (*The Age*, 15.1.97, p. A5). The church received over 8000 responses to the interim report; over 80% of these were negative, particularly regarding aspects of the report concerning homosexuality (*The Age*, 7.7.97, p. A4). The final report, *Uniting Sexuality and Faith*, divided the church, which failed to agree upon, and therefore endorse, key recommendations in the report, including the ordination of practicing homosexual ministers and recognizing same sex relationships via a church ceremony (*The Age*, 12.5.97, p. A6; *The Age*, 7.7.97, p. A1; *The Age*, 12.7.97, p. a9; See also: Perry, 1997). The Catholic Archbishop of Melbourne, George Pell, has refused communion to gay and lesbian Catholics and their supporters, marked by wearing 'rainbow sashes', on numerous

occasions (*The Age*, 4.11.97, p. A13; *The Age*, 1.6.98, p. 5; *Melbourne Star Observer*, 5.6.98, p. 3). The refusal of communion is based on the 'individuals engaging in, by public admission, practice contrary to church teachings' (*The Age*, 28.10.97, p. A3; See also: Marr, 1999, pp. 273-280).

Most organized religions in Australia do not recognize or support homosexual unions. For example, Australia's largest Christian denomination, the Roman Catholic Church, teaches a deep respect for and understanding of homosexual persons in conjunction with a stern rejection of almost anything those persons might do to express themselves sexually (Marr, 1999; Sullivan, 1996; Weeks, 1986).

The Vatican has issued many directives in opposition to homosexuality and most recently in November 1992, a new Vatican catechism was proclaimed which included a description of homosexual acts as 'contrary to natural law' (Hyams, 1998, p. 49).

The teaching reiterates the normative sexual order established by Aquinas.

According to Aquinas, all human beings' sexuality is linked to procreation. By observing the natural end of the genital act - its potential to create new life - Aquinas infers something normative. Because this can happen with sexual conduct, it should always happen. This is what sexual activity is *for*. This is what our destiny is...In this view, all human beings were by human nature heterosexual; and homosexual acts were not simply against one's own nature, or against the law, but against the order of the universe (Sullivan, 1996, p. 33; see also: Boswell, 1980).

The General Superintendent of the Baptist Union of Victoria, the Reverend John Simpson, has reported that Baptist churches have a blanket disapproval of homosexual marriage (*The Age*, 7.7.97, p. A4). The Salvation Army's communications director, Mr. John Dalzeil, has reported that the church believes homosexual acts are unacceptable (*The Age*, 7.7.97, p. A4). The Primate of the Anglican Church, Archbishop Keith Raynor, has said that the marriage of a man and a woman is the ideal Christian relationship and that the church's position regarding unmarried people is that they should be celibate (*The Age*, 7.7.97, p. A4; *The Age*, 8.8.98, p. 7). The Mormon Church views all homosexual acts as sinful (Hyams, 1998). Some parts of the Jewish Reconstructionist and Reform movements support the recognition of same sex relationships, while Orthodox Judaism opposes such recognition (Hyams, 1998).

These illustrations of official religious doctrine highlight that the ideas of sexuality constructed by religious groups within Australia are generally heteronormative, heterosexist, homophobic and biphobic. Official practices of most Australian churches privilege heterosexuality and discriminate against and subordinate homosexuality and bisexuality. This reinforces the stigma of not being heterosexual.

Cultural practices which discriminate against homosexuals and bisexuals in Australia

Weeks (1986) suggests:

...it is not only formal methods that shape sexuality; there are many informal and customary practices that are equally important (Weeks, 1986, p. 29).

Many 'informal and customary practices', which I refer to as cultural practices, in Australia reinforce heterosexual hegemony whereby heterosexuality is considered normal and homosexuality and bisexuality abnormal. Giddens (1985) describes the important role of individual's actions in maintaining dominant meanings of the social world.

A social system can only be upheld by the enactment of its ideology on the part of its members (p. 167).

For example, the subordination and stigmatization of homosexuality and bisexuality is supported by the everyday discrimination and violence directed at lesbians, gays and bisexuals.

A number of studies report that some lesbians, gay men and bisexuals have experienced discrimination in employment, education, and medical and associated services, by family and in other relationships, and in the more general domain. For example, the Victorian Gay and Lesbian Rights Lobby (2000) recently released *Enough is Enough*, a report on discrimination and abuse experienced by 900 lesbian, gay, bisexual and transgender Victorians. Eighty four per cent of participants reported experiences of at least one form of discrimination or abuse on the basis of their sexuality and/or gender identity.¹³ The

¹³ Sixty six percent of all participants reported they had experienced assault and harassment in a public place. Other participants reported experiencing inadequate or unfair treatment in relation to: medical treatment (twenty three per cent of all participants), employment (forty per cent of all participants), education (twenty six per cent of all participants), police and other law enforcement (seventeen per cent of all participants), the provision of goods and services (twenty three per cent of all participants), membership of clubs, religious groups or sporting organizations (twelve per cent of all participants), and parenting (fourteen per cent of all participants). Fifty percent of all participants also reported they felt personally affected by issues associated with invisibility of their sexuality or gender identity (Victorian Gay and Lesbian Rights Lobby, 2000).

Invisibility, as defined by participants included: practices of self censorship; lack of legal recognition of their relationships and sexuality; lack of social recognition of relationships and sexuality...The consequences of invisibility included low self-esteem, depression, relationship break-down and in some situations contemplation of suicide (Victorian Gay and Lesbian Rights Lobby, 2000, p. 25).

discrimination participants encountered ranged from physical assaults and verbal abuse, receiving inadequate and inappropriate treatment, breaches of confidentiality, refused access to goods and services, sexual harassment, being sacked, forced to resign or threatened dismissal from employment, being pressured to leave a club or religious organization, to other affronts that occur when people assume they are heterosexual or believe they ought to be heterosexual (Victorian Gay and Lesbian Rights Lobby, 2000). The findings of the *Enough is Enough* report match other research into the experiences of discrimination and abuse among lesbian, gay and bisexual Australians (Cox, 1990; Emslie, 1998; Equal Opportunity Commission Victoria, 1998; Gay Men and Lesbians Against Discrimination, 1994; Gay and Lesbian Rights Lobby, 1992; Irwin, 1999; Irwin et al., 1995; Mason, 1993; Police Lesbian and Gay Liaison Committee Melbourne, 1997; Richter et al., 1997).

Portrayals of lesbians, gay men and bisexuals in the media and mainstream movies have also received critical attention (Cover, 2000; Glynn, 1999, pp. 92-103). Russo (1987) documents the portrayal of homosexuality and lesbians and gays in over 300 movies from 80 years of film making, predominantly from Hollywood. Russo argues that in the history of movie making, lesbians and gay men have been portrayed as 'victims, [and] at times sophisticated but vaguely sinister outsiders (p. 59); as 'pathological, predatory and dangerous; villains and fools, but never heroes' (p. 122); and, as 'a freak show' (p. 178). Of more recent portrayals of lesbians and gay men, Russo is critical of attempts to 'convince Americans that [as a homosexual] I don't have horns and a tail, that I am not interested in molesting their dreary children or that the Bible doesn't really say I'm

headed for their world-famous but quite imaginary hell' (p. 325). Further to this, he suggests there is a complete lack of films which:

...explore people who happen to be gay...and how their lives intersect with the dominant culture...films that do not view the existence of gay people as controversial (p. 326).

Homosexuality and bisexuality, and health and educational issues for lesbians, gay men and bisexuals, are often ignored, opposed, misunderstood or poorly represented within mainstream institutions (for example: medicine, education, psychology, social work and welfare practices) (Connell, 1995; Duggan, 1994; Morgan, 1996; Warner, 1993; Weeks, 1986). For example, Harrison (1996) has reported that lesbians and gay men avoid the health care system because of the risk of stigmatization from the medical community, arguing that there is almost a complete disregard of the specific health care needs and concerns of lesbians and gay men in Australia. The Victorian Gay and Lesbian Rights Lobby (2000) argues that the health of lesbians, gay men and bisexuals is often assumed to be about the treatment and prevention of HIV/AIDS and sexually transmissible diseases to the neglect of other pressing concerns, such as mental health issues, substance use and the problems of access to health care. Within Australia it is often incorrectly argued that lesbians do not have specific health needs (Horsley & Tremellen, 1995; Young People's Health Reference Group, 1993, pp. 63-65). On the contrary:

A survey conducted with clients at the Carlton Clinic in Melbourne in 1998 found that 47% of lesbian and bisexual women had never discussed sexuality issues with

their GP, and nearly one third did not have a GP they consulted regularly (McNair and Dyson, 1999).

Kidd and Saltman (1997) have described the absence of homosexuality and bisexuality in the curriculum of Australian medical schools. Sullivan and Waite (1997) also reported that allied health professionals within Sydney receive limited education about lesbian and gay issues, claiming 'negative knowledge has been replaced with none at all'. Similarly, there is an absence of lesbian, gay and bisexual perspectives from Victorian secondary school curriculums and policy frameworks (Crowhurst, 1999; Emslie & Crowhurst, 2000; McLean, 2000; Victorian Gay and Lesbian Rights Lobby, 2000). Further to this, Victorian educational bureaucracies provide inadequate support to students and teachers around sexuality issues, particularly in regards to responding to and addressing homophobic violence (Hillier et al., 1999).

Conclusion

It is important to be clear that I am not arguing that the work of governments, orthodox religions and cultural practices solely produce people's sexualities.

Our sexual identities - as men or women, normal or abnormal, heterosexual or homosexual - are constructed from the diverse materials we negotiate in our life courses, limited by our biological inheritance, altered by contingency, social regulation and control, and subject to constant disruption from unconscious wishes and desires (Weeks, 1986, p.64)

However the dominant meanings of human sexuality constructed by legal, familial, medical, educational, religious, cultural and social practices are important as they can be

seen as 'providing the materials which both constrain and enable individuals' (Short, 1992). Living in a social environment of heterosexual hegemony gives people particular understandings, experiences and representations of their bodies.

In other words, in Australia people often explain their sexual relations, acts, behaviors, desires, fantasies and needs within the dominant socially constructed framework for understanding these. Sexual relations and emotions involving people of the opposite sex are defined as heterosexual, while those involving someone of the same sex are described as homosexual. Having sexual emotions and relations involving people of both sexes is commonly known as bisexuality. People can give meaning to their sexual acts and emotions as heterosexual, homosexual or bisexual by identifying how their sexual acts and emotions fit in this framework.

Further to this, the meanings of sexuality constructed by social practices within Australia are generally heterocentric, heterosexist, homophobic and biphobic. Homosexuality and bisexuality are given less value than heterosexuality by social institutions and cultural practices. The positioning of homosexuality and bisexuality as less than and inferior to heterosexuality produces a stigma associated with homosexuality and bisexuality in social settings and relations. Therefore, in a heterosexually hegemonic social order, where heterosexuality is privileged and homosexuality and bisexuality are subordinated and stigmatized, having to explain your sexuality as heterosexual, homosexual or bisexual can have significant personal and social repercussions, constraining and

enabling individuals. In the next chapter I explore how some same sex attracted young people come to understand their sexuality within this framework.

Chapter 3: Lesbian, gay and bisexual young people's experiences with heterosexual hegemony in Australia

Introduction

Hegemonic conceptions of sexuality discriminate against and limit the ways some young people understand their sexuality. In this chapter, I examine how some same sex attracted young people understand their own sexual feelings and relationships in reference to the dominant ideas of sexuality in their lives.

Most young people are eager to explore and understand their own sexuality. Popular accounts of adolescence describe it as a difficult period of development, where personal identity is experimented with and developed and social skills are practiced and learned (Griffin, 1993; Cranston, 1992). In this process sexuality and sexual desire become issues central to adolescent development. Sexual development is critical to biological, psychological and social development.

For adolescents who are in the process of forging a satisfying and satisfactory sense of their own identity and their place in the world, dealing with [sexual orientation, identity, expression and relationship] issues are a crucial part of their development (Moore & Rosenthal, 1993, p. xi).

Recent research conducted in Australia 'has revealed that a significant minority of young people are not unequivocally heterosexual' (Hillier et al., 1998), with numbers ranging between 11 percent in recent rural research (Hiller et al., 1996), and 8-9 percent in a large national survey of over 3,000 senior secondary school students (Lindsay et al., 1997).

In this chapter I begin by locating my discussion of lesbian, gay and bisexual young people's sexual identity development in some relevant theories of identity. I then compare some of the experiences of being young for young people attracted to people of the same sex to those of young heterosexuals. I do this in the context of a discussion about contemporary Australian research on heteronormative, heterosexist, homophobic and biphobic discrimination. Stories from two young lesbians, a young gay man and a bisexual young man support the work.

Interactive theory of identity

Giddens (1985), Connell (1987), Butler (1990) and De Lauretis (1984) have contributed to what can be called an interactive theory of identity. This provides a framework for understanding the roles of and relationships between human agency and dominant meaning of the social world in the construction of identities. This theory suggests that people:

...can be seen to be both determined by, and potential determinants of, social practices. We are not simply stereotypical and acquiescent victims of oppressive social forces acting with 'false consciousness'; neither, however, are we simply active 'social agents' making free choices. The social context can be seen as providing the materials that both constrain and enable individuals (Short, 1992, p. 181).

In other words;

People are active constructors of their lives and make choices under terrible constraints – constraints including the limited subject positions made available

through hegemonic discourse, but they are lived out uniquely in the particular forms they take in individual people's lives (Harris, 1996, p. 5).

People construct themselves as sexual beings by both accommodating and resisting oppressive social expectations. Recent feminism captures the concept of being both agentic and constrained.

This theory still acknowledges the power of the social framework within which people live, and that hegemonic forms of being are constructed to privilege those in power, but it does not see that people are surreptitiously and helplessly molded into these forms. Instead, concepts of enactment, performance, constitutions and positioning are used to get at the way people are actively involved in the construction of their own gender identity, and therefore in maintaining or changing the broader gender system within which this activity takes place (Harris, 1996, p. 24).

Similarly Anyan (1983) argues that gender development involves not so much passive imprinting as active responses to social expectations. Further to this, Harris (1996) observes:

Contemporary feminist gender theory...presents an alternative to socialization by arguing that hegemonic ideas about gender are struggled with, resisted, adopted and re-produced by people's active engagement with them. This perspective sees gender as an agentic production caused by and played out within patriarchal constraints (p. 27).

While same sex attracted young people's everyday actions are frequently restricted by heterosexual hegemony, they also actively engage with that context; accepting, struggling with, opposing, resisting and reshaping it. One of the ways young people attracted to people of the same sex do this is through having the choice either to conceal their same sex emotions and relations or to disclose them.

In other words, people are intrinsically involved in producing their sexuality. Again I refer to Harris (1996), who illustrates the point in relation to the development of gender identity.

Gender is no longer a set of behaviors created and enforced from above and imposed in individuals, but is a process. It is not pre-existent, inflicted on individuals in childhood then fixed forever more. In this sense it is not something that one 'has' but it is something that one 'does', that it is made into an identity by activity rather than external imposition (p. 23).

I argue that sexuality can best be understood as 'a process', and something which one 'does' (Butler, 1990).¹⁴ In particular, while I have detailed the ways in which homosexuality and bisexuality are represented in prejudiced ways, I am just as interested in how heterosexuality, homosexuality and bisexuality are made socially meaningful by the ways in which lesbian, gay and bisexual young people construct and understand

¹⁴ West & Zimmerman (1991) who coined the phrase 'doing gender' argue:

Gender [is] a routine, methodical and recurring accomplishment. We contend that the 'doing' of gender is undertaken by women and men whose competence as members of society is hostage to its production. Doing gender involves a complex of socially guided perceptual, interactional and micro political activities that cast particular pursuits as expressions of masculine and feminine "natures" (p. 13-14).

In this thesis I argue that 'doing' sexuality can be understood in the same way as West & Zimmerman (1991) describe their idea of people 'doing' gender. In other words, 'doing sexuality' involves a complex of socially guided perceptual, interactional and micro political activities that cast particular pursuits as expressions of heterosexual, homosexual and bisexual natures.

themselves through their everyday actions (Davidson et al., 1997). In this chapter, I argue that young people are actively involved in the construction of their sexual identities, and in doing so maintain or reshape the broader sexuality system 'within which this activity takes place'.

Theories on the development of homosexual identity

One way some researchers have theorized the development of lesbian and gay identities has been through distinguishing stages in their construction. Troiden's (1989) model of homosexual identity development is prominent among different stage theories (Telford, 1997). He sees the development of a lesbian or gay identity across four phases: sensitization, identity confusion, identity assumption and identity commitment.

The sensitization stage is characterized by childhood experiences that sensitize same sex attracted people to seeing themselves as homosexual. Such experiences include feeling different to other children of the same sex, in particular through involvement in activity that is viewed as gender-neutral or gender-inappropriate (Bell et al., 1981; Troiden, 1989). Following sensitization, Troiden (1989) argues that lesbian and gay people experience identity confusion as a result of reflecting upon the idea that their feelings and/or behaviors may be regarded as homosexual.

Identity confusion arises out of (a) altered perceptions of self, (b) the experience of heterosexual and homosexual arousal and behavior, (c) the stigma surrounding homosexuality, and (d) inaccurate knowledge about homosexuals and homosexuality (Goggin, 1993, p. 116).

Telford (1997) describes the first two phases within Troiden's (1989) model as the 'internalization' of an individual's sexual identity. Troiden (1989) then argues that same sex attracted people assume a lesbian or gay identity and commit to homosexuality as a way of life in the identity assumption and commitment stages, which follow people recognizing they are homosexual.

Once the sexual label has been acknowledged and internalized, sexual identities are then *externalized* through self-acceptance and commitment to their identity and lifestyle (Telford, 1997, p. 16).

The stage theory approach to understanding the construction of sexual identities has been subjected to considerable critical attention. While Troiden's (1989) model represents a theory within a constructionist paradigm, whereby individuals construct meanings for their sexual feelings and behaviors, it relies upon an essentialist view of homosexuality as either natural and/or innate rather than treating such a category as a construction, made meaningful through cultural practices and the actions of individuals in their everyday lives. In her review of the literature on homosexual identity development, Cass (1979) argues that too little attention has been given to what identity means. Cox & Gallois (1996) argue in relation to stage theory approaches that:

...theorists have gone no further than to suggest identity as being a self labeling process, without exploring what might be involved in that process (p. 14).

For example, stage theories for homosexual identity development fail to consider the ways in which sexuality is also given meaning by people's everyday actions, rather than solely by people committing to a particular identity label. Troiden's (1989) model limits

the meanings of sexuality to a label that someone 'has', rather than considering that sexuality is something that one "does", that it is made into an identity by activity rather than external imposition' (Harris, 1996).

The interactive theory of identity I discussed previously provides a framework for better theorizing the construction of homosexual identities in more complex ways compared to stage theories. People struggle with, resist, adopt and reproduce dominant constructions about sexuality by actively engaging with them, rather than being passive recipients of externally developed and imposed ideas. The interactive theory of identity also stresses the relationships between human agency and dominant meanings of the social world in the construction of identities. In particular the theory moves beyond simply considering that people have ideas of sexuality taught to them by agencies of society, as implied in Troiden's theory, to arguing that people are actively involved in reproducing and reshaping these ideas through their everyday actions.

Stage theories of homosexual identity development have also been criticized for not allowing differences of individual experience (Telford, 1997). For example, there is too much emphasis within these kinds of theories on people being clear about the meanings of their sexual feelings and behaviors internally, which can then be neatly and coherently explained externally as a sexual identity label. As Telford (1997) argues:

...commitment to a sexuality does not insinuate resolution of a sexual identity, or that an individual cannot recommit their sexuality (p. 24).

Further to this, within Troiden's model if an individual is unable to reach a resolved identity at the end of the stage process, then their sexuality is positioned as unresolved, and therefore problematic, which is not necessarily the case. In other words, the model is not sensitive to variation or fluid identities. In particular, the model relies on a uniformity of meaning between sexual attractions, behaviors and identities, rather than allowing for possible incoherencies, differences and changes between these. The discrete and compartmentalized phases of stage theories also incorrectly presume a uniformity of experience. Telford (1997) argues that the process of constructing a sexual identity is not as linear or sequential as proposed in stage theories.

Individuals will arrive at these points at different times in their histories and will on occasions...[reframe] to earlier stages in their "coming out" process (Crowhurst, 1993, p. 49).

Sexuality does not necessarily gradually unfold to a resolved identity for an individual as proposed in stage theories such as Troiden's. The development of sexual identities is far more complex, dependent on relationships with other people and interactions with the social world, than proposed within Troiden's model. Finally, stage theory models are dependent on the idea that events in childhood are either prototypical or even causally determinative for events in adulthood (Sumara & Davis, 1999). Queer theory, however, insists that identity is much more fluid and open to possibility and change on an on-going everyday basis, than a simple result of experiences when people are young (Jagose, 1996; Pallotta-Chiarolli, 1996a).

In this thesis I do not situate lesbian, gay and bisexual young people's construction of sexual identity within a stage theory of homosexual identity development such as Troiden's (1989) due to the limitations and problems of such models. Further, the interactive theory of identity is more useful in emphasizing the roles of and relationships between dominant ideas of sexuality and the everyday actions of people in the construction of sexual identities. I do however loosely and broadly argue that same sex attracted young people have some understanding of dominant meanings of sexuality, which they then respond to in the negotiation and construction of their own sexualities. While it could be argued that my approach follows Troiden's model of people internalizing meanings for sexuality before externalizing them through telling others, it is far less rigid, structured and sequential than Troiden's account. The process of people learning about meanings of sexuality and then negotiating and constructing their own meanings is on going, and does not conclude with a person disclosing that they are lesbian, gay or bisexual. The ways lesbian, gay and bisexual young people make their sexuality meaningful, is by not only adopting a sexual identity label, but also through actions in their everyday lives.

Goffman's theory on the management of a stigmatized aspect of identity

In this thesis I draw on Goffman's (1963) theory of identity development. Goffman (1963) argues that people experience various phases in relation to managing a stigmatized aspect of identity. Goffman (1963) describes a stigma as a characteristic that is deeply discrediting.

[When a] stranger is present before us, evidence can arise of him (*sic*) possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind – in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma... (pp. 2-3).

Goffman (1963) proposes that people with a stigmatized aspect of identity experience a common learning process.

Persons who have a particular stigma tend to have similar learning experiences regarding their plight, and similar changes in conception of self – a similar ‘moral career’ that is both cause and effect of commitment to a similar sequence of personal adjustments. One phase of this socialization process is that through which the stigmatized person learns and incorporates the standpoint of the normal [or dominant meanings constructed about the social world], acquiring thereby the identity beliefs of the wider society and a general idea of what it would be like to possess a particular stigma. Another phase is that through which he (*sic*) learns that he possesses a particular stigma and, this time in detail, the consequences of possessing it. He learns that he is disqualified according to the ‘normal’ point of view he has learnt (p. 32).

Following on from this, Goffman (1963) argues that people with a stigmatized aspect of identity learn to cope with the ways others respond and react to them as a person with a particular stigma. He then suggests that people experience shifts in participation among others with the particular stigma and those without it, and shifts in beliefs about the

nature of people with the stigmatized aspect of identity and those who do not share it (Plummer, 1984).

Some aspects of Goffman's model mirror the ideas of stage theories of sexual identity development such as Troiden (1989). For example Goffman's model is based on the idea that identity is developed within a linear and sequential process, and that people achieve a resolved identity at the end of the stages. Also, Goffman does not consider the ways in which people's everyday actions contribute towards giving meaning to dominant ideas about identity, rather than simply being a response to those ideas. Goffman's model is limited in terms of its usefulness for understanding lesbian, gay and bisexual young people's identity development for the same reasons I rejected Troiden.

However, some of the ideas in Goffman's approach are useful in identifying ways that same sex attracted young people might experience dominant meanings given to sexuality in the construction of their sexual identities. In particular, I draw on Goffman's work in identifying some ways heteronormativity, heterosexism, homophobia and biphobia shape and constrain the ways lesbian, gay and bisexual young people experience their sexuality. Goffman's ideas are also useful in illustrating how the everyday actions of young people contribute towards making meaningful the categories 'heterosexual', 'homosexual' and 'bisexual'. In particular, his work suggests how lesbian, gay and bisexual young people's activities can reproduce a stigma conventionally associated with 'homosexuality' and 'bisexuality' or reshape the ideas that to be homosexual or bisexual is immoral, unnatural

and deviant. I refer to these and other useful aspects of Goffman's (1963) theory at relevant points throughout the thesis.

Dominant meanings given to sexuality in the lives of same sex attracted young people

Most young people position their sexual emotions and relations in terms of being either heterosexually, homosexually or bisexually oriented. Research into the experiences of young people attracted to people of the same sex have identified their willingness to adopt and use terms such as 'gay', 'lesbian' or 'bisexual' to understand their sexual feelings and activities. For example, Hillier et al. (1998) showed in a survey of the health and well-being of seven hundred and fifty same sex attracted young people aged between 14 and 21 years that many of them chose these categories to label their sexual identity.¹⁵ An account from the research, provided by a 19 year old young man, illustrates the adoption of terms such as 'gay' to make sense of sexual attractions that involve someone of the same sex.

Quan wrote ... It's hard to pinpoint when I really started to believe I was gay. I remember when I was in about grade 4-5, I would watch 'Beyond 2000' for information on technological breakthroughs, etc. At night, I used to make believe

¹⁵ Forty five per cent of young people chose the categories 'gay/lesbian', thirty five per cent selected 'bisexual', nine per cent chose 'heterosexual', eight per cent indicated 'other' and the remaining four per cent said they were 'unsure'. The way the young people labeled their sexual identity did not necessarily correlate with their sexual attraction, with forty six per cent of the young people responding that they were exclusively same-sex attracted and a further forty six per cent also claiming to be attracted to both sexes. The apparent inconsistencies between the young people's sexual attraction and sexual identity suggest that not all young people fit neatly into dominant frameworks for understanding sexuality, which assume a coherence and stability in the relationship between 'sexual behavior', 'sexual attraction' and 'sexual identity'. This aside, the majority of young people involved in the survey reproduced dominant meanings constructed around sexuality by labeling themselves gay, lesbian or bisexual when they had same sex feelings and behaviors (Hillier et al., 1998).

that Simon Reeve (one of the presenters) was my father, snuggling up to him at night (like a baby) (Hillier et al., 1998, p. viii).

The willingness of young people to use this language to describe their sexuality attests to the dominance of these categories for constituting an understanding of our sexual emotions and relations. But while 'heterosexuality', 'homosexuality' and 'bisexuality' are constructed by cultural practices, as I discussed in chapter 2, they are also reproduced through the everyday activities of young people. For example, they are reproduced through same sex attracted young people identifying as lesbian, gay or bisexual.

Many young people learn that heterosexuality is 'normal' and that to be homosexual or bisexual is to be bad, dangerous or weak. The young people I interviewed described the various ways these discriminatory ideas around sexuality were reproduced within their everyday lives. Zoe, who was a 22-year-old lesbian, learnt from her family and school that she was expected to be in heterosexual relationships.

I was presented with the idea from the Bible College I attended, and from my family, that the only way to live is where you have a mother, father and children. So I always felt while I was growing up that I would get married to a guy and have kids. I had a fair idea that this is what my life should look far away in the future, especially from what other people expected of me (Zoe, interview, January 1998).

Kym was 16 years of age and a lesbian who understood her desire for other women in the terms of heterosexual union as these were presented as the only possible form of relationship, producing for her a clear sense that she was in the wrong body.

While I was at school I was surrounded by the idea that all relationships were about boys loving girls and that was it. So to be a man gave you the right to be in love with women. So as a man my feelings towards women would be accepted. I used to think that I would become a man through a sex change. The way I felt about women was a great big burden on my chest and the only way I thought I could be accepted for loving woman was by having a sex change (Kym, interview, July 1996).

Chris was a 24-year-old gay man. He recalled how he learnt that to be gay was not acceptable.

There is a big expectation and assumption when I was growing up that everyone is straight and to hate everything that isn't straight. With my mates it was totally a hetero thing, always talking about girls and conquests. And everything on the TV and at the movies is heterosexual, there's hardly any gay couples or heroes. When I was growing up gay people existed but they were not part of my family and friends. They lived, ate, and did whatever somewhere else. They weren't in our worlds and we didn't want them in our worlds. Being gay was a bit of a joke, something to ridicule. Being gay didn't make you a real man, calling someone gay was a put down. If you were labeled a poof no one would want to know you or be your friend. My schoolmates and family would always make jokes about gays and say that poofs are sick and that you should bash poofs, it was always negative things about gays, never positive. And then I realized that I'm gay. (Chris, interview, January 1998).

John was 18 years of age and identified as a bisexual man. While John was comfortable with his bisexual orientation, he believed that other people in his life were not.

I am bisexual. For me this means I find both some girls and guys attractive. I have had sex with both girls and guys. At school I have male and female friends who I have had sex with. But while it is ok to talk openly about the experiences with women, this never happens with the sex with guys. Even the male friends I have sex with, we never talk about it. You wouldn't because then people might think you're a fag. Even though I don't have a problem about my sexuality I don't want to be the target of abuse. The sex among the guys is kept very secret. I would also not announce my bisexuality because this would mean I have sex with men and would be the target of abuse. I just don't think people would understand or accept it at school (John, interview, July 1998).

While John's emotions and experiences were openly encouraged and affirmed by his peers when he was involved with young women, they were neither encouraged nor affirmed when he was involved with other young men.

Other same sex attracted young people have experienced discrimination in similar ways to the young people I interviewed, whereby heterosexuality is endorsed and homosexuality and bisexuality are stigmatized. Shale (1999) reports a gay man recalling in a letter to his family the detrimental ways in which he experienced the meanings his parents constructed around homosexuality for him and his brothers and sisters.

We've been taught ever since I can remember that gay men are interested in becoming women and lesbians wish they were men. Further, we are told that gays

are sexual deviants who indulge in child sex and other depraved activities. If those messages disgust *you*, think how they affected *me* as I went through high school with the same disgust and fear, knowing that for some unknown reason, I was physically attracted to men (p. 7).

Similarly, a young woman described how she experienced homophobic verbal assaults.

‘Dyke, lesbian, poofter, homo’. I have heard these words used among friends chiding with each other...It took me many years to realize that these words can describe me. I am still accepting that they do not describe a weakness in me and that the stereotypes associated with these words are not me’ (Shale, 1999, p. 89).

The everyday stories of people like Zoe, Kym, John and Chris, and many others cited in other Australian research, highlight some of the ways social practices give meaning to and organize sexual relations and emotions in heteronormative, heterosexist, homophobic and biphobic ways. Their stories highlight some of the ways in which;

...our understandings of the structure of intimate relations is typically mediated through dominant heterosexual and gender norms (Richardson, 1996, p. 5).

Their stories suggest that sexual relationships, actions, behaviors, desires, fantasies and needs are categorized as ‘heterosexual’, ‘homosexual’ or ‘bisexual’. So sexual acts and emotions involving people of the opposite sex are defined as heterosexual and those involving someone of the same sex are described as homosexual. Having sexual emotions and experiences with people of both sexes could be described as bisexual. The young people could, and did, define themselves as having a heterosexual, homosexual or bisexual sexual orientation by identifying how their sexual acts and emotions fitted in this

framework. And while the categories for understanding their sexual feelings and relations available to the young people are hegemonic, their use of these categories illustrates how these dominant ideas are reproduced by the activities of people living within these terms (Harris, 1996). The same can be said with regards to the cultural and social value attributed to heterosexuality, homosexuality and bisexuality in the young people's lives. There was a general expectation felt by those interviewed that they should be in or aspire to be in heterosexual relationships, supported by an all-pervasive cultural assumption, particularly on the part of other people in their lives, that they should have heterosexual desires. In other words, heterosexuality was privileged by the everyday actions of people around them, reproducing heterosexual hegemony. Further to this, the stories from same sex attracted young people shared in this thesis so far illustrate some of the ways in which homosexuality and bisexuality are subordinated and stigmatized through people's everyday actions which actively police non-heterosexual behaviors and beliefs, while at the same time promoting heterosexual ones (Telford, 1997). Understanding that their own sexual emotions and relationships are constructed as different to the mainstream, and what those around them expect, deeply affects some same sex attracted young people.

How same sex attracted young people feel about their sexuality

...by puberty, my nascent homosexual emotional makeup interacted with my burgeoning hormones to create the beginnings of a sexual implosion...I could no longer hide from this explicit desire...an undeniable and powerful attraction to other boys and men...with all this came an exquisite and inextricable sense of exhilaration as well as disgust. It was like getting on a plane for the first time,

being exhilarated by its ascent, gazing with wonder out of the window, seeing the clouds bob beneath you, but then suddenly realizing that you are on the wrong flight, going to a destination which terrifies you, surrounded by people who inwardly appall you. And you cannot get off. You are filled with a lurching panic. You are one of them (Sullivan, 1996, pp. 10-11).

This story of the experience of a same sex attracted young man discovering his sexuality illustrates how many young lesbians, gays and bisexuals feel different from heterosexual young people of the same gender (Cox & Gallois, 1996; Eliason, 1996; Epstein & Johnson, 1994; Troiden, 1988). Roberts (1996) studied the school experiences of gay men in Australia, reporting;

Regardless of their experiences at school, and regardless of the age at which they took on a label related to their sexual identity, all of the men in this study [24] perceived themselves as 'different' from their peers and recounted experiences illustrating their struggle to make sense of their feelings of 'being different' (p. 50).

Dempsey (1994) describes how young lesbians, gay men and bisexuals feel different because of the way the social expectations to be heterosexual and the stigma attached to homosexuality are expressed and experienced.

The negative attitudes attached to homosexuality challenge the adolescents' fragile self-concept of masculinity or femininity and can produce internalized homophobia, which may present itself as feelings of inferiority, being evil, lacking self worth and social value, guilt, shame, depression, self-defeating behaviors and self-destructiveness (Dempsey, 1994, p. 162).

Gibson (1989) adds that;

Homosexual and bisexual youth often internalize negative stereotypes and images of themselves. When people hear enough that they are sick, bad and wrong for being who they are, they begin to believe it (p. 12).

These claims are clarified by recent research in Australia. Brown (1996) surveyed 30 gay and bisexual young men in Western Australia about their sexuality and with a view to discovering the extent to which they were aware of and practised 'safe sex'. Brown reported that:

The majority (27/30) felt different before they realized they were gay... The most common feelings experienced during this time were depression, anxiety and confusion... The most difficult aspects of discovering their sexuality were the sense of isolation, no support and a fear of being found out... The process of discovering their sexuality, and dealing with community values impacted on relationships, ability to communicate and self-esteem (p. 3).

Hillier et al. (1998) researched the health and well-being of 750 same sex attracted young people in Australia, exploring how the young people felt about their sexuality.

Nearly one-third of respondents (32%) said they felt 'great' about their sexuality... [and] made positive statements about acceptance of sexuality by self and others (p. 31).

Fifty eight percent of the young people selected 'pretty good' (28%) and 'OK' (30%) categories. However, many of these young people experienced difficulties.

Only one-third of those who selected 'pretty good' and one-fifth of those who selected 'OK' felt that sexuality was unproblematic in their lives. Those who qualified their answer had come to terms to some extent with their sexuality, but had experienced isolation, confusion or concern about the negative societal and interpersonal consequences of identifying with a stigmatized sexuality (Hillier et al., 1998, p. 31).

The remaining ten percent of the young people said they felt 'pretty bad' (7%) and 'really bad' (3%) about their sexuality.

Of particular concern were the 16% of young people who wrote answers which indicated they felt mostly negative or were not really coping with their sexuality issues. For the most part, being treated badly combined with a sense of overwhelming isolation had led to these feelings (p. 31).

The work of Hillier et al. (1998) is encouraging from the point of view that many lesbian, gay and bisexual young people in Australia do not experience problems with how they feel about their sexuality, when dominant meanings constructed around homosexuality and bisexuality are far from being affirming and supportive. However, many of the young people in their sample, and in the research conducted by Brown (1996), could report having felt and experienced anxiety and fear associated with their sexuality often in relation to the disapproval of family, friends or 'the community'. These accounts illustrate that some lesbian, gay and bisexual young people experience heteronormative, heterosexist, homophobic and biphobic meanings of sexuality in detrimental ways.

The young people I interviewed described their experiences in environments that were not affirming or supportive towards their sexuality. The generalized disapproval of homosexuality, for example, which Chris encountered among his family and friends made it difficult for him to accept that he was gay.

When I figured out I was gay I knew no other gay people and that was hard. I just wanted to crawl into a hole. I was very alone. It was a huge shock. It was like a huge loss, like I wasn't the person I had always believed I was, as a heterosexual, and it took me a long time to get over this and accept that I was gay. I ended most of my relationships with straight friends after I figured out I was gay because I didn't accept it myself and I was really scared that they would find out and I would be humiliated and hated as we all used to treat gays really bad and really look down on them (Chris, interview, January 1998).

Zoe's reactions to her desire for other women were also shaped by the negative ideas she encountered about lesbians.

I used to think that you were only a lesbian if you had been abused, and that all lesbians were radical feminists who hated men. The church I was involved in believed that if you were gay you could attend one of their programs and become un-gay. So I didn't have very positive affirming ideas about being a lesbian. I would always look at anything about being gay in the media but with huge feelings of guilt. I would have erotic dreams about women and would wake up in shock thinking 'Oh my god'. I was really excited but also ashamed. I would say to myself that I better not have another one of those dreams as it made me feel like the worst sinner (Zoe, interview, January 1998).

Other young people in Australia have described similar experiences of disapproval and negativity around homosexuality and bisexuality, which affected the ways they felt about being attracted to people of the same sex. For example, Shale (1999) provides a young person's account of learning that they are 'gay'.

I always knew in some indefinable way that I was not like the other kids. I just knew. At the age of thirteen I could put a name to it. And I didn't like it. 'Oh my God, I'm gay! What am I going to do? How do I change? Its bad to be gay' (p. 28).

Taunting and name calling, and the fear of it, is something which can contribute to some same sex attracted young people feeling bad about being attracted to people of the same sex (Hillier et al., 1998). Roberts (1996) provides another account:

Well, from my point of view...and maybe because I felt vulnerable being gay...in terms of abuse even if it was just (you know) calling names and things...for me it seemed like the worst thing that you could possibly be. You know you could be...all sorts of things but if you were – if you were a poof, well then...there really wasn't much hope, you may as well have left the school at that point (you know) because there would be no point in going any further... And so there was a real sort of terror element, I guess for me... whether I was just really paranoid, I don't know, bit it certainly felt like that (p. 48).

Some young people deny their same sex emotions as a result of the stigma associated with homosexuality and bisexuality and the pressure to be heterosexual.

At school I didn't really like boys. I had strong feelings for women but I thought I had to make a choice. I was scared because everyone made fun of another girl who they suspected was a lesbian. So I followed through with my heterosexual relationships (McLean, 2000, p. 9).

A gay man interviewed by Roberts (1996) describes his personal struggle with having same sex attractions.

When I went to High School, that's when it all started coming out – the feelings got stronger and everything else – and I started questioning myself as to what's going on in my mind – what's happening to my body – why am I feeling this way, is it normal? What is it? ... And then I was strong looking at guys – but having no interest in female sex. So by the time I was say roughly about sixteen, I started becoming very aggro sort of thing, snappy, my nerves started to go on me, things like that – and consequently I had a nervous breakdown... I suppose it was the real me coming out... But I didn't want to admit it and I was fighting it, thinking that whatever is inside me, its not going to be released (pp. 54-55).

Other stories from lesbian, gay and bisexual people describe ways they avoided having to contemplate their sexuality.

So I threw myself into my schoolwork, into (more dubiously) plays, into creative writing, into science fiction. Other homosexuals I have subsequently met pursued other strategies: some...threw themselves into sports...Others withdrew into isolation and despair (Sullivan, 1996, p. 14).

It is important to recognize that not all young people feel negative about their same sex feelings. The experiences of John, a young bisexual man I interviewed, were somewhat different to that of Zoe and Chris.

I don't think I'm sick or evil or anything bad because I have sex with men and women. I think that it's really natural and think everyone else who has a problem with it has the problem. But I can't talk about or share or enjoy my sexual attraction and experiences with men as I do with women with my friends because anything that is gay is not accepted. So while I am in with the hetero crowd and feel quite comfortable being in there is also another as important part of my sexuality which would make me out of this crowd. Regardless of your experiences with women once you've had an experience with men people I go to school with would just see you as gay, or as some sort of weirdo. You'd be a fag and you'd be crucified (John, interview, July 1998).

While John was comfortable with his bisexuality, he was unable to share this with his peers due to the lack of acceptance of sexual activity involving people of the same sex. Actually, many young people don't necessarily have a problem with their same sex attractions or relationships, but experience negativity about homosexuality and bisexuality from others in their lives. The experience of a young female university student after she first kissed another young woman illustrates this point:

I remember the first time I kissed a woman. The elation I felt inside me at discovering something so new, so exciting about myself came crashing down when I realized that, unlike when I met a new man, I couldn't really talk about it to my predominantly female heterosexual friends. How could I tell anyone,

especially when everyone knew my last partner was male? Everyone would think I'd suddenly become a lesbian. But I hadn't. I could always join the Uni Gay Society, but I wasn't gay. And what if they laughed at me because I still liked men? I didn't belong anywhere. I didn't fit. I was a freak. (McLean, 2000, pp. 8-9).

Similarly, a gay man recounted negative experiences he had associated with his homosexuality, even though he did not personally have a problem with it, while he attended school in country New South Wales.

My last few years at school – they were absolute hell. You know people would write things on the board, and people would scream out and hit me, and call me [anti-gay] names, all that sort of business...I was quite happy [to acknowledge I was gay]. I was very unhappy that I was obliged to continue to endure the environment at school, and I was very suicidal at that stage (Roberts, 1996, pp. 48-49).

Following on from Harris (1996) who argues this point in relation to gender, these stories from young people illustrate how sexuality is something that precedes them at the same time it is made by them and those around them.

Subjects are not self-inventing, but nor are they completely determined by structural roles. This is the first point in an interactive theory of identity...it requires action in daily lives to make real, and consequently reproduce ideology (Harris, 1996, p. 13).

Many same sex attracted young people are limited and constrained regarding how they can think about and live out their sexuality due to the unfair disadvantage and subordination of homosexuality and bisexuality they experience, and the expectations and assumptions they encounter associated with the endorsement of heterosexuality in their everyday lives (Pallotta-Chiarolli, 1995; Young People's Health Reference Group, 1993). As the stories from Zoe, Chris, John and others demonstrate, many young lesbians, gay men and bisexuals are unable to explore and experience their sexuality as normal and natural due to the stigma associated with their sexuality. As Hillier et al. (1998) concluded in their study of the health 750 same sex attracted young people in Australia;

...overall, this research points to the absence of wide-spread public affirmation for homosexuality, as a practice or an identity, and many of the young people who contributed to this study were experiencing loneliness and isolation... overt abuse and discrimination in their daily lives (p. 71).

At the same time, the young people's stories I have referred to illustrate the ways in which they, and those around them, actively constitute sexual identities through their everyday actions. Goffman (1963) argues that people who possess a stigmatized identity tend to hold the same negative and discrediting beliefs about that aspect of their identity that others do. Goffman (1963) argues:

The standards the [stigmatized individual] has incorporated from the wider society equip him (*sic*) to be intimately alive to what others see as his failing, inevitably causing him, if only for moments, to agree that he does indeed fall short of what he really ought to be. Shame becomes a central possibility, arising

from the individual's perception of one of his own attributes as being a defiling thing to possess, and one he can readily see himself as not possessing (Goffman, 1963, p. 7).

Some same sex attracted young people do think about and act out homosexuality and bisexuality as something 'shameful'. In doing so they are involved in producing negative ideas around being same sex attracted. Some young people however do not feel shame or negative about their same sex emotions and relations and, in doing so, resist and reshape the heteronormativity, heterosexism, homophobia and biphobia they experience.

That some young people feel negative while others feel positive about their same sex feelings and relationships illustrates that they have an active role in their receipt of hegemonic sexuality. As Harris (1996) argues in relation to young people constructing gender identities;

Magazines, books and television programs contain hegemonic ideas of gender. These are 'read' often critically, to help people make sense of their lives. The crucial point is that when the hegemonic images are accepted or adopted this is because they contribute to self understanding in some sense, not because they are just enforced (p. 25).

In other words, there are pervasive hegemonic ideas of sexuality in young people's everyday lives. These ideas are not however 'enforced' on young people, 'they contribute to their self understanding' of their sexuality. Young people attracted to, and having relationships with, people of the same sex experience a range of feelings in response to these hegemonic ideas, from acceptance of their same sex feelings to denial, shame,

paranoia, vulnerability, and not wanting to accept them. The remainder of this chapter is concerned with how the meanings given to sexuality in young people's everyday lives disadvantage some same sex attracted young people.

How heterosexism, homophobia and biphobia limit some same sex attracted young people

To be known as a lesbian, gay or bisexual is often not accepted in everyday life, sometimes resulting in rejection from others and physical violence (Emslie, 1997; Equal Opportunity Commission Victoria, 1998; Police Lesbian and Gay Liaison Committee, 1997; Roberts, 1996; Victorian Gay and Lesbian Rights Lobby, 2000). Goffman (1963) points to the negative response a person possessing a stigmatized aspect of identity may experience in social situations.

In the various instances of stigma... similar features are found: an individual who might have been received easily in ordinary social intercourses possess a trait that can obtrude itself upon attention and turn those of us who he (*sic*) meets away from him, breaking the claim that his other attributes have on us. He possesses a stigma, an undesired differentness from what we had anticipated (Goffman, 1963, pp. 4-5).

Similar to the experiences of the young people I interviewed for this study, research in Australia has identified that the stigma of being lesbian, gay or bisexual can deny these young people the opportunities that heterosexual young people enjoy (Crowhurst & Seal, 1997; Hillier et al., 1998; Irwin et al., 1995; Laskey & Beavis, 1996; Mills, 1999;

Pallotta-Chiarolli, 1995; Stewart & Allen, 1997; Shale, 1999; Young People's Health Reference Group, 1993). Places such as workplaces, schools, universities, sporting clubs, families and churches offer a range of practical opportunities such as economic reward, learning, religious practices and physical activity. These places also offer opportunities for relations between people, personal esteem, social gratification and acceptance, and development of friendships. Furthermore, social settings can offer young people opportunities for experience, experimentation, affirmation, and relationships. The stigma of homosexuality and bisexuality often denies many of these opportunities to same sex attracted young people. This is demonstrated through an account provided by a 16 year old young gay man living in Victoria to the Victorian AIDS Council/Gay Men's Health Center (1992), where the only options he had to meet other gays was by joining a group for young gay men.

I was 15 years old and doing Year 10 at school and at the time I was going through a pretty hard time at school with friends and stuff. And I was feeling pretty low about myself. One day I said I've got to meet someone else like myself. I've got to meet other people because I was in this very isolated position going to an all boys school, my family, my parents didn't have any gay friends, I had no gay relatives that I knew of. And I just felt, Oh my God, I'm a freak or something, and I think that was doing a lot of damage to me. So I decided I had nothing to lose...and I got involved in a 'Young and Gay' discussion group (p. 14).

The ways in which young lesbians, gays and bisexuals come to understand their own sexuality is also impacted on by the discriminatory and prejudicial ways they encounter other people treating others who are not heterosexual.

Persons who have a particular stigma... learn to cope with the way others treat the kind of person he (*sic*) can be shown to be (p. 32).

One of the ways same sex attracted young people 'learn to cope with the way others treat the kind of person they can be shown to be' is by considering how they will talk about and present their sexual emotions and relations to others.

...the sheer work of establishing a gay or lesbian identity in forms that others will recognize is testimony to the pervasiveness of heterosexism (Epstein & Johnson, 1994, p. 199).

Many young people who are attracted to people of the same sex are in fact preoccupied with the constant construction and negotiation of their sexual identities in everyday life. Moreover, they need to consider how they are going to present and identify their sexuality in the prevailing frameworks which favor heterosexuality and which provide them with limited options. In other words, Zoe, John, Chris, Kym, like many other young people, had a choice to understand their sexuality and/or identify as heterosexual, which was generally accepted in their everyday lives, or homosexual or bisexual, which was generally not.

Central to the construction and negotiation of sexual identity, a number of questions need to be considered by same sex attracted young people when in social situations, including:

...to display or not to display; to tell or not to tell; to let on or not to let on; to conceal or disclose; to lie or not to lie; and in each case to whom, how, when, and where (Goffman, 1963, p. 42).

Some experience negative social and personal affects regardless of whether they choose to conceal or disclose that they have a homosexual or bisexual orientation due to the disadvantage, subordination, discrimination and stigmatization of homosexuality and bisexuality, and the association of such emotions and relations with immorality, the unnatural, abnormality, danger and disorder,

Conclusion

The recent development of an interactive theory of identity construction highlights how sexuality can be part of an ideology for structuring power relations, and made real and reproduced by the everyday activities of individual lives (Harris, 1996). In other words, heterosexuality, homosexuality and bisexuality are constructed in relation to one another, at the same time as heterosexuality being given higher value over other sexualities. However, it is not only social institutions and cultural practices which reproduce this inequality. As illustrated by the stories in this chapter, it is also the everyday actions of young people that reproduce these ideas. In the construction of meanings for their sexuality, lesbian, gay and bisexual young people actively engage with hegemonic ideas of sexuality, struggling with, resisting, adopting and reproducing them.

For example, Zoe, John, Chris and Kym constructed and negotiated their sexual identities by struggling with, opposing, resisting, adopting and reproducing the dominant meanings

given to sexuality. It was assumed and expected that they were heterosexual, and many of them struggled with this dominant idea when they came to understand that their sexual emotions and relations were otherwise. Further to this, the ideas that heterosexual emotions and relations are normal and natural and to be homosexual or bisexual is to be bad, dangerous and weak are at times adopted and reproduced by young people. As the experiences of young people I interviewed for this study and stories from others demonstrated, some do feel unnatural and ashamed about being same sex attracted and unwilling to accept their feelings. At other times young people would oppose and resist these dominant constructions, feeling comfortable with the idea of being homosexually or bisexually orientated.

Weeks (1986) makes the point:

Within the parameters of general cultural attitudes, each culture labels different practices as appropriate and inappropriate, moral or immoral, healthy or perverted. Western culture continues to define appropriate behavior in terms of a limited range of acceptable activities. Monogamous marriage between partners of roughly equal age but different genders remains the norm (though not, of course, necessarily the reality) and, despite many challenges, the accepted gateway to adulthood and sexual activity. Homosexuality on the other hand carries a heavy legacy of taboo (Weeks, 1986, p. 26).

Regardless of how young people feel about being attracted to people of the same sex, they cannot escape hegemonic ideas about sexuality. In particular, some young lesbians, gay men and bisexuals experience significant personal and social repercussions because

their sexuality is different to what is assumed or expected. In the next chapter of this study I explore further some of the experiences of same sex attracted young people in environments hostile to their sexual identity, in particular what happens when they identify as heterosexual, homosexual or bisexual.

Chapter 4: Experiences of concealment and disclosure

Introduction

Lesbian, gay and bisexual young people often need to consider if they are going to conceal their sexuality from others, or disclose it. This is not always easy given that heterosexuality is generally accepted and affirmed in their everyday lives while homosexuality and bisexuality are typically not. They often construct identities around their sexual relations and emotions by both accommodating and resisting expectations to be heterosexual and by managing the stigma associated with homosexuality and bisexuality (Harris, 1996).

Goffman (1963) argues that people who share a stigmatized aspect of identity often share similar experiences in relation to them. In particular, he argues that people learn and acquire the dominant identity beliefs regarding the aspect of identity. He adds that they come to understand that they possess a stigma and the consequences associated with this, and they also develop ways in which they will cope with others responses and reaction to them (Plummer, 1984). Following this, Goffman (1963) suggests:

The later phases of the stigmatized individual's moral career are to be found in shifts of participation among his (*sic*) own, and shifts in belief about the nature of his own group and that of normals (p. 38).¹⁶

In this chapter, I describe the experiences of young people who conceal their homosexuality or bisexuality, and others who disclose it. I explore a range of techniques

¹⁶ Not all same sex attracted young people experience some or any of the phases of Goffman's (1963) model regarding the 'moral career' of people with stigmatized identities. Nor do they necessarily experience aspects of it in the in order proposed by the model.

these young people adopt to construct and negotiate their sexual identities within the limited meanings of sexuality produced by religious, legal, political, social and cultural attitudes and practices in Australia.

I begin by exploring the techniques young people adopt to hide their sexuality and explore some of the effects of concealment on them. Finally I discuss experiences of some young people after they disclosed their homosexuality or bisexuality to other people, a process popularly known as 'coming out'. I do this in the context of a discussion of contemporary Australian research on discrimination and abuse experienced by lesbians, gays and bisexuals. As Epstein & Johnson (1994) suggest:

...the processes involved in 'coming out' or 'staying in' the closet say much about the ubiquity of heterosexism (p. 199)

This work is supported by stories from four young people, two young women who identified as lesbian, and two young men, one who identified as gay and one who identified as bisexual.

Concealing homosexuality

Some young people conform to, adopt and/or reproduce ideas of heterosexual hegemony, in particular the expectation and assumption that everyone is heterosexual, the belief that everyone ought to be heterosexual and the belief that to be heterosexual is better than being homosexual or bisexual, through actively concealing their homosexuality or bisexuality (Harris, 1996). Halley (1993) calls this the 'heterosexual bribe', arguing that there are:

...cultural rewards afforded those whose public performances of self are contained within that narrow band of behaviors considered proper to a heterosexual identity (Sumara & Davis, 1999, p. 192).

Young people often accommodate prejudicial and discriminatory meanings of sexuality by concealing their homosexual or bisexual orientation and pretending to be heterosexual.

Young people who conceal often need to control information about their sexual relations and emotions to prevent people from finding out. Zoe, Chris, John and Kym developed a range of strategies for this purpose, restricting their behavior by concealing or obliterating signs of their homosexuality or bisexuality and behaving as though they were heterosexual. Zoe explained how she did this by conforming to a certain feminine heterosexual look.

I used to get teased by guys at Bible College because I had short hair. They would say grow your hair long or people will think that you're a lesbian. So I grew my hair long (Zoe, interview, January 1998).

Another technique many young people employ to conceal their same sex relations and emotions is to behave as though they are heterosexual (Kourany, 1987; Troiden, 1988). Goffman (1963) describes this as learning to 'pass' as heterosexual. Sullivan (1996) illustrates the point.

The experience of growing up profoundly different in emotional and psychological makeup inevitably alters a person's self perception, tends to make him or her more wary and distant, more attuned to appearances and its foibles,

more self-conscious and perhaps more reflective...Many homosexual children, feeling distant from their peers, become experts at trying to figure out how to disguise their inner feelings, to pass. They notice signs and signals of social interaction, because they do not come instinctively. They develop skills early on that help them notice the inflections of a voice, the quirks of a particular movement, and the ways in which meaning can be conveyed in code. They have an ear for irony and for double meaning (pp. 198-199).

Uribe and Harbeck (1992) argue that the 'rewards for being 'normal' are so great that those that can pass for straight will' (p. 14). Once more Zoe offered her strategy to pass as heterosexual.

I would always say that I liked black men, as there were no black men in the country town I lived, so I was really safe to say this. I would be sending a message to people that I'm not a lesbian but also that I wasn't going to conform, as it was expected that you would marry and marry a white boy. I was so much in denial and was working so hard to keep everyone else in the dark about being a lesbian. I did this by not engaging any sexual side of myself. I would avoid talking about boys or crushes. I thought that it was better for everyone to ignore the sexual side of me and I would also pretend that it doesn't exist. Another time I remember I wore a dress one day and a guy in my class at Bible College came up and stood beside me and said 'I've just seen something I've never seen before'. And I asked 'What?'. And he said 'You in a dress'. That made me start wearing dresses more to try and adopt an accepted role of what a good Christian woman is and to stop people from suspecting that I might be a lesbian. So I also wouldn't be

as loud, or laugh as loud, and I would mask my intelligence. I would try and be submissive and not be intimidating or question why the women would do all the cleaning and the men all the laboring work at the Bible College (Zoe, interview, January 1998).

The strategy of passing as heterosexual is also an example of the way in which people's sexual and gendered behavior and practices contributes to the reproduction of heterosexual hegemony.

Pretending to be heterosexual is not always easy for young people, as they need to constantly monitor their behavior to ensure they are not likely to be identified as lesbian, gay or bisexual. As Uribe and Harbeck (1992) argue:

A major part of a youth hiding their sexuality is the ever present need to self monitor. Normally unconscious and automatic behaviors, especially those relating to gender, are brought to the forefront of conscious attention. Every successful act of deception and each moment of monitoring, which is unconscious for most heterosexuals, serves to reinforce the belief in one's difference and inferiority (p. 16).

Epstein and Johnson (1994) also argue that:

The feeling which many people experience of having an 'authentic' inner self and an 'inauthentic' public persona is enormously heightened by remaining in the closet (Epstein & Johnson, 1994, p. 200).

Chris remembered pretending to be heterosexual with his friends so they would not suspect he was gay.

When I first came to understand that I was gay I remember that I would invent conquests with women so it looked like I was just one of the boys. And when jokes were made about gays I would join in and laugh so no one would suspect. I did really hate doing this, I was lying to myself and to them. There have been times when I have had to watch every word that I spoke, and every thing that I did, to make sure that I didn't give any idea to anyone that I might be gay or that I might not be heterosexual. This meant that I would always be thinking about what I was going to say before I said anything, thinking that if I said something would anybody get an idea or interpret it that I was gay. I became quite quiet and isolated as a result of this (Chris, interview, January 1998).

John described how he felt when he saw anti-gay violence.

It's really weird because while I was having sex with some of the guys, the same guys would harass other kids for being gay. I don't even think the kids they harassed were even gay or bisexual. It was just the way if male kids appeared weaker or different it meant they were seen as gay. I didn't join in which the others didn't seem to mind. But that was the bad thing for me, was that I would be a silent bystander, not standing up against anti-gay stuff. I found this really tough, stressful. I feared bearing the brunt of it, the anti-gay verbal and physical abuse (John, interview, July 1998).

At times when Zoe, Chris, John and Kym concealed their sexuality they often had to laboriously govern and negotiate their actions to project a heterosexual facade and prevent their homosexuality or bisexuality becoming known. Other young people have reported similar experiences.

When jokes were made about 'queers' I had to laugh with the rest, and when talk was about woman I had to invent conquests of my own. I hated myself at such moments, but there seemed to be nothing else that I could do. My whole life became a lie (Wildeblood, 1959, p. 32).

What are unthinking routines for people who are not affected by what they feel to be a stigma of homosexuality or bisexuality become significant self management problems for same sex attracted young people who may feel the need to conceal their sexuality. Zoe described how she made up reasons to not be in heterosexual relationships, while also deflecting people from inquiring into her sexual orientation.

While I didn't want people to think that I was a lesbian, I also didn't want to be pushed into heterosexual relationships. When I went to Bible College, people would try and set me up with the boys. I would say that I'm not going to go out with any of the boys because the church group is too small. And the others accepted this. I felt very relieved that I had found an escape route (Zoe, interview, January 1998).

The young people I interviewed often had to consider when and how they needed to project behaviors that would ensure they passed as heterosexual and concealed their sexuality. Chris described how he had to constantly monitor his behavior and be organized in ways that would not reveal that he was gay.

I was very much in denial and didn't really understand what being gay meant for me and the easiest way for me to deal with being gay was to avoid it. I did this by working all the time, avoiding close relationships and watching what topics were

being spoken about when I was with people. So if anyone ever asked if I was in a relationship I would say that I wasn't and that I had too much work on for a relationship. When gays were brought up in the topic of conversation I would listen and not join in or laugh it off and change the subject. This used to happen anywhere and everywhere, at school, work and home, out with friends, its amazing how much people talk about it, I really noticed it when I was trying to hide being gay (Chris, interview, January 1998).

John promoted his heterosexual experiences while not talking about his same sex emotions or relations.

When with my friends I would make sure I would not look at guys for too long and would say all the right things about women I liked (John, interview, July 1998).

Young lesbians, gay men and bisexuals police themselves through a range of disciplinary practices, such as pretending to be heterosexual in their appearance and actions. They are similarly policed through other social practices that constrain them to hide their homosexuality or bisexuality.

Why concealment?

Young lesbians, gays and bisexuals restrict their 'normal' patterns of behavior in an attempt to pass as heterosexual for a number of reasons. They may fear rejection, or fear losing their economic security. There may be religious reasons, or may they feel they have to in order to avoid violence. Worst of all they may have a sense of shame about their sexuality. In their recent research on the experiences of discrimination and violence

among over 900 lesbian, gay, bisexual and transgender people in Victoria, the Victorian Gay and Lesbian Rights Lobby (2000) reported that more was written by participants in the section of the questionnaire related to invisibility of their sexuality than in any other, concluding from the responses that:

There is an ever-present issue of hiding one's sexuality for fear of censure and discrimination from others in the workplace, in public, at school and within the family (p. 25).¹⁷

Similarly, Hillier et al. (1998) reported that while only a third of the 750 same sex attracted young people they surveyed had been unfairly treated because of their sexuality, 'another third (33%) reported that discrimination was not possible because no one was aware of their sexuality' (Hillier et al, 1998, pp. 33-34). A story from a 19 year old young woman in Hillier et al. (1998) provides an example of the types of constraints these young people experience around being able to disclose.

The main reason that I still haven't come out to anyone even though I'm 19 is because I come from such a conservative ethnic family. My parents are Chinese and I don't think Australian counselors would really understand how difficult it is to be gay and come from an Asian background... I feel that coming out would not only hurt my parents, but because of the nature of our community, they would feel a great deal of shame as well (p. 55).

¹⁷ Research by Gay Men and Lesbians Against Discrimination (1994) found that there was a strong correlation between being open or 'out' about one's sexuality and the likelihood of experiencing discrimination or more overt abuse. People's fear that they will experience violence if they disclose their homosexuality or bisexuality is therefore not unsubstantiated.

The effects of concealing their sexual orientation on young lesbians, gay men and bisexuals have been reported as emotionally and socially crippling, damaging the young person's self esteem and causing immense stress (Brown, 1996; Emslie, 1998; Shale, 1999).

...remaining in the closet has profound consequences and tells us much about heterosexism too (Epstein & Johnson, 1994, p. 200).

The Victorian Gay and Lesbian Rights Lobby (2000) reported that the effects of self censorship on homosexuals and bisexuals included low self esteem, depression, and relationship breakdown and in some situations thinking about suicide. As a gay man wrote in the Lobby's survey:

A key issue always overlooked in surveys such as this is 'What do you do and how do you behave to avoid being seen as gay or lesbian or transgender' and so avoid discrimination. I've never been discriminated against, but I pay a high price for that (p. 26).

Goffman (1963) supports the idea that 'passing' as heterosexual can have a negative impact on people's emotional health.

The phenomenon of passing has always raised issues regarding the psychic state of the passer...it is assumed that he (*sic*) must necessarily pay a great psychological price, a very high level of anxiety, in living a life that can be collapsed at any moment. However this anxiety would not always be found (Goffman, 1963, p. 86).

Uribe and Harbeck (1992) and Telljohann et al. (1995) have also argued that lesbian, gay and bisexual young people who hide their sexuality experience damage to their self-

esteem and a distancing from family and peers. They also argue that some young people self-consciously attempt to avoid disclosure, which distorts almost all of their relationships and adds to their sense of isolation, sense of inferiority, and self-hatred (Brown, 1997). Goffman (1963) has described some further problems and consequences associated with passing. These include the pressure to elaborate a lie further and further to prevent a disclosure, not knowing how far information about lies associated with concealment have gone and becoming the subject of blackmail.

Chris described the impact of concealing his homosexuality and putting on a heterosexual facade as stressful and isolating. Zoe described how concealing affected her:

At places I am not out as a lesbian in I avoid talking about my personal life and I don't join in on partner chats. This makes me angry as I feel as though I am holding back from being who I am with these people. This really impacts on my confidence and how comfortable I am with the people who do not know I am a lesbian. I fear that they will not understand what it means to be a lesbian. I fear how they will react to knowing I am a lesbian and that they will reject me. I could not work in a place where people are not accepting of my sexuality due to these things (Zoe, interview, January 1998).

John has described his fear of his bisexuality becoming known because of the possible repercussions among his school peers, including being harassed, bashed, isolated, not liked, ostracized and being alone.

If I did announce myself as bisexual my male friends would no longer be my friends because people would think if you are a guy and you are friends with a

bisexual man you must be having sex with them or be gay or bisexual yourself (John, interview, July 1998).

John based his fear of losing his friends if he disclosed on the negative reactions of people in his school to people labeled 'gay'. Other lesbian, gay and bisexual young people share this feeling. Hillier et al. (1998) argued that there was plenty of evidence from the 750 same sex attracted young people they surveyed that these young people were not safe from concerns about abuse if anyone found out about their sexuality. The following comments from their research demonstrates the point.

I haven't told anybody at all. Rejection and homophobia is still rampant in the playground and in ordinary families. I don't know if anyone has guessed but I know I would lose most of my friends if I was to disclose it (p. 35).

Furthermore, concealing their homosexuality or bisexual orientation often alienates young people from their family and friends, which increases their sense of isolation. Uribe and Harbeck (1992) argue that same sex attracted young people often feel unable to disclose to their parents or peers because of their feared negative reactions to finding out.

While most members of minority groups, whether ethnic, national, religious, racial, or gender related, usually enjoy the support of and enculturation by other family and community members, the homosexual or bisexual young person is usually alone in the process of exploration and ideation. These youth quickly realize that mere expression of sexual confusion or same sex attraction can be grounds for intense parental and peer hostility and/or rejection (p. 13).

Goffman (1963) argues that control of identity information has a special bearing on relationships. Relationships usually mean people spend time together, and the more time an individual spends with another the more chance the other will acquire 'discrediting information'. Every relationship obliges the related person to exchange some intimate facts about self, as evidence of trust and mutual commitment. Intimate relations with others are often ratified in our society by mutual confessions of invisible failings (Goffman, 1963). However, the intimates of same sex attracted young people can become just the people who they are most concerned to conceal the fact that they have homosexual or bisexual relations and emotions. They have a choice in relationships to either admit their homosexual or bisexual orientation to the intimate other or feel guilty for not doing so. As argued by Uribe & Harbeck (1992):

The adolescent realizes that his or her membership in the approved group, whether it be a team, the church, the classroom, or the family, is based on a lie (p. 14).

Zoe found concealment affected her relationship with her mother.

Once my mum asked me 'I don't know whether you've been terribly abused, whether you're a schizophrenic, or you're a lesbian'. Well she had hit the nail on the head and I was really shocked and shit scared. I could admit to the other two but not that I was gay because I thought my whole world would collapse. I was really scared that I would lose my family and my faith if I came out. After this I became really paranoid that mum thought that I was a lesbian and that she was

scrutinizing my relationships with girls, so I was really weary of what I did around her (Zoe, interview, January 1998).

Similarly, Chris questioned the truth and honesty of relationships with people he concealed his homosexuality from.

After I came to realize I was gay it really made me question the relationships I had with friends. I felt as though none of these relationships were real, like I hadn't been telling them the truth at all about who I was and I had just been living a lie, with them part of that lie. It was a huge burden lying to all these people I cared about. And it was really stressful (Chris, interview, January 1998).

John also wanted to have school friends who accepted him and his sexuality.

It would be great if me and my school friends could just be open about who we are. I would love to have gone through school with people I could be this way with, to have friends at school who just didn't give a shit about people's sexuality when in public and with their friends (John, interview, July 1998).

Other young people have reported on the effects of concealing on significant relationships in their lives (Pallotta-Chiarolli, 1995).

The strain of deceiving my family and friends often became intolerable. It was necessary for me to watch every word I spoke, and every gesture that I made, in case I gave myself away (Wildeblood, 1959, p. 32).

Same sex attracted young people are not forced to 'stay in the closet'. In fact, young people demonstrate that they have an active role in their receipt of hegemonic ideas concerning sexuality through taking up 'heterosexual' labels and actions. These dominant

ideas are however heteronormative, heterosexist, homophobic and biphobic, and limit and constrain the ways some same sex attracted young people negotiate and construct their sexualities. Young people pretending to be heterosexual are an example of this. 'Passing' as heterosexual is not necessarily easy, as many experience having to conceal their homosexuality or bisexuality in negative ways. Hiding the 'authentic' nature of their sexuality also makes some young people question the genuineness of relationships in their lives. And while many lesbian, gay and bisexual young people are limited by heterosexually hegemonic ideas and 'pass' as heterosexual, at the same time they reproduce heteronormative, heterosexist, homophobic and biphobic ideas through constructing meanings for their sexuality that endorse heterosexuality and subordinate homosexuality and bisexuality.

Disclosing homosexuality or bisexuality

Many lesbian, gay and bisexual young people eventually disclose their sexuality to others. Hillier et al. (1998) reported that over 80% of the 750 same sex attracted young people they surveyed had disclosed their sexuality to at least one person. There are many reasons that can contribute to young people choosing to disclose. Goffman (1963) argues that when stigmatized individuals accept themselves and respect themselves they feel they no longer need to conceal their failing.

After laboriously learning to conceal, then, the individual may go on to unlearn this concealment. It is here that voluntary disclosure [happens] (pp. 101-102).

Hillier et al. (1998) however argued that young people who disclosed their sexuality to at least one person were no more likely to feel better about their sexuality or their lives than

young people who had not disclosed to anyone. Kym, who I interviewed for this study, said it is not simply an enhanced self-acceptance or self respect that leads to young people to disclose. Kym disclosed her homosexuality for the first time to end harassment by other young people who were questioning her sexuality.

When I was 12 I was going to a mainstream school and I got one earring in my right ear and no earring in the other. Even though I had never had a boyfriend, my friends at the time started asking me if I was a lesbian because I had this one earring. I would deny that I was a lesbian, which was really frustrating. Then they kept going on and on, asking me if I was a lesbian so I said 'yes I am'. There were lots of fights after this because some people would tease me about it and I would stick up for myself. Eventually I was expelled from that school for fighting too much (Kym, interview, July 1996).

Heterosexual hegemony affects same sex attracted young people who have disclosed their sexuality in a number of ways. In many circumstances, disclosing radically transforms their situation from that of an individual with information to manage to that of an individual in uneasy social situations to manage. Young people who disclose their homosexuality or bisexuality have a marked or stigmatized social identity (Goffman, 1963). They often have to learn to manage the tensions generated during social contacts due to the stigma associated with their sexuality (Goffman, 1963). Zoe described how she has learnt to respond to people who do not accept her because she is lesbian.

I really hate 'I love you but...' relationships, where I have come out and people say that they love me but not me being a lesbian. It should be that people love you full

stop, as this is who I am. After a while I don't hear the 'I love you', I just hear the 'buts'. Its like I have to then turn around and say 'I love you despite the fact that you can't accept me'. It just hurts so much. I can't wait for the unconditional 'I love you' so the relationship ends (Zoe, interview, January 1998).

Research in Australia has identified that some young lesbians, gays and bisexuals who have disclosed their sexuality experience prejudice, intimidation, violence, lack of acceptance, stereotypical reactions and discrimination. It is reported to have occurred in employment, education, health services and other places in their social worlds (Hee, 1997a; Human Rights and Equal Opportunity Commission, 1997; Pallotta-Chiarolli, 1995; Stewart, 1995; Victorian Gay and Lesbian Rights Lobby, 2000). Further to this, Australian research and government policies concerned with young people have reported that many young lesbians, gay men and bisexuals in Australia encounter isolation, alienation, physical and verbal abuse, substance abuse¹⁸, prostitution¹⁹, mental health

¹⁸ For example, Hillier et al. (1998) found that same sex attracted young people were far more likely to be using a number of illegal drugs than young people in the general population.

Eleven percent of participants stated they had injected drugs...Thirty percent of participants had used party drugs, such as speed, ecstasy and LSD (acid). Sixty-two per cent had smoked marijuana (pp. 3-4).

Similarly, Brown (1996) reported high levels of substance abuse among young gay and bisexual men, with half of the 30 people he surveyed regularly getting drunk and smoking cigarettes and marijuana and one third reporting to have used other illicit drugs. Barbeler (1992) concluded in her survey of young lesbians that;

The prevalence of alcohol and drug use in the lesbian community is largely unknown, but the sample seems to support the presumption that it is high, especially amongst younger members (p. 56).

Bennet (1995b) also reported from research into the lives of 440 same sex attracted young people in Sydney that over two thirds smoked cigarettes, over three quarters were regular drinkers of alcohol, with over one quarter drinking most days of the week, and one in six used 'heavy' drugs (such as heroin and morphine). These reported levels of substance use among same sex attracted young people are comparably higher compared to a recent survey of a general population of secondary school students, which reported only one per cent had injected drugs and that they were drinking less compared to young lesbians, gays and bisexuals (Lindsay et al., 1997).

¹⁹ For example, Bennett (1995b) reported that well over a quarter of the 440 lesbian, gay, bisexual and transgender young people in Sydney he had surveyed had been or were involved in prostitution. Also, Irwin

problems, suicide ideation, suicide attempts²⁰, and homelessness²¹ at disproportionately higher rates compared to heterosexual young people (Bennett, 1995b; Commonwealth Department of Health and Human Services, 1995a; Commonwealth Department of Health and Human Services, 1995b; House of Representatives Standing Committee on Community Affairs, 1995; Laskey & Beavis, 1996; Young People's Health Reference Group, 1993, pp. 63-65). For example, research in Australia has explored lesbian, gay and bisexual young people's experiences of discrimination and violence on the basis of their sexuality. The most significant research to be conducted in Australia on the experiences of same sex attracted young people, by Hillier et al. (1998), reported on the health and well-being of 750 same sex attracted young people. The survey asked about unfair treatment and any verbal and physical abuse suffered by participants because of their sexuality.

Nearly one-third of participants believed they had been unfairly treated or discriminated against because of their sexuality...46% of participants overall stated they had been verbally abused. Thirteen percent of participants had been physically abused (p. 2).

et al. (1995) reported that two thirds of the homeless lesbian and gay young people they surveyed had been involved in prostitution.

²⁰ For example, Brown (1996) reported that half of the 30 young gay and bisexual men he surveyed had tried to kill themselves. Brown (1996) also found that 5 in 6 of the young men interviewed had experienced suicidal thoughts. Also, Nicholas & Howard (1998) used a matched sample of 57 gay and 54 heterosexual young men in Sydney to compare levels of depression, suicide ideation and suicide attempts. They reported that gay youth are 3.7 times more likely to attempt suicide, concluding that suicide attempts among young gay men is well above the rates for other young people. Barbeler (1992) also reported high rates of severe depression, suicidal ideation and attempts among the young lesbians in Sydney.

²¹ For example, Hillier et al. (1997) reported that same sex attracted youth are over-represented in populations of homeless youth, with 14% of the 840 young homeless people they surveyed reporting same sex sexual behavior. Bennett (1995b) also found that over 10% of the 440 young lesbians, gays, bisexual and transgender young people he surveyed in Sydney reported they were not living with their families and not paying any rent, which are significant indicators of homelessness. Barbeler (1992) also reported that 25% of the young people she surveyed had left their parents home. Other research into youth homelessness in Australia estimates that there are 5000 to 6250 homeless gay and lesbian young people at any one time (Irwin et al., 1995).

Their descriptions of what was said ranged from single word remarks and insults to threats of violence. The most common form of verbal abuse consisted of name calling, for example, 'poofter', 'dyke' and 'faggot', 65% of young people reporting unfair treatment experienced this form of verbal abuse. Two word insults were also a common form of verbal abuse, with 31% of young people reporting unfair treatment having experienced this, and 'lezzo trash', 'queer bitch', and 'cock sucker' were typical examples. 7% of the young people reporting unfair treatment experienced threats of violence, which were the most severe form of verbal abuse (Hillier et al., 1999).

Regarding the nature of physical violence they experienced:

Young people described a range of violent attacks from single incidents, for example, 'Got my arm broken', to systematic abuse, such as, 'I had rocks thrown at me every day on my way home from school, and on one occasion I had my head split open by one, and was then hit and kicked' (Hillier et al., 1999, p. 64).

The young people reported that the violence had occurred in schools, streets, social and sporting events, work, church, on public transport, and within the family.

Twenty out of the thirty young people Brown (1996) surveyed, in research on the sexuality issues and 'risk taking' behavior amongst young gay and bisexual men in Western Australian reported they had been discriminated against and harassed on the basis of their sexuality. Bennett (1995b) also reported high levels of discrimination and abuse among the 440 lesbian, gay, bisexual and transgender young people surveyed in a study based in Sydney. Over 50% of the young people indicated they had been 'hassled' in some way on the basis of their homosexuality or bisexuality, including assaults and

conflict with family members (Bennett, 1995b). The report from Gay Men and Lesbians Against Discrimination (1994) into the experiences of discrimination and violence against 1000 lesbians and gay men in Victoria concluded that younger respondents were more likely to describe experiences of discrimination than older lesbians and gay men. It was suggested that this could partly be due to the greater willingness of younger people to be open about their sexuality, thereby making themselves more vulnerable to discrimination or harassment.

Stories from young people provide illustrations of the statistical data from these surveys.

A young person I interviewed for this study, Kym, made the point:

Some straights I go to school with play a game called 'spot the gay' along Brunswick Street. This makes me feel disgusted because I hate the thought of walking down the street and someone saying 'look there's a dyke' and just stereotyping me (Kym, interview, July 1996).

A gay man interviewed by Roberts (1996) graphically described his experience.

Like we had one instance where one guy was actually strung up on a flagpole stark naked because they definitely knew he was gay...Like you can imagine in a school of one thousand kids -- to be put up on a bloody flagpole stark naked...and they're screaming out 'Poofter, Poofter' (p. 48).

Other same sex attracted young people have described incidents of harassment and abuse that have been inflicted upon them.

The ultimate humiliation was in my final year of school when a few guys decided to declare my sexuality to the world by spray painting the local shopping center

with my supposed sexual habits and the fact that I was gay... it has taken me two years since school finished to begin rebuilding my life again (Hillier et al., 1999).

Despite the detrimental experiences of some of these young people after they have disclosed their homosexuality or bisexuality, there is often little support offered to them from agencies that work with young people (Crowhurst & Emslie, 2000; Seal, 1996; Stewart & Allen, 1997). As a story from a gay man in a Victorian Gay and Lesbian Rights Lobby (2000) report illustrates:

Throughout high school I was severely bullied by other students and teachers. I was identified as a 'fucking poofster' and verbally and physically assaulted everyday for years which included threats with knives and severe bashings. This misery had a severe effect on my school work and led to constant thoughts of suicide and a suicide attempt. In all that time, I had no assistance from the school authorities. Several teachers actively participated in the abuse and the school view was that it was all my own fault (p. 48).

Same sex attracted young people surveyed by Hillier et al. (1998) reported that they rarely use professionals (doctors, youth workers, student welfare coordinators, teachers, counselors) to talk to about issues around their sexuality.

However, when consulted these people were found to be, on the whole, supportive (Hillier et al., 1998, pp. 55-56).

The stigma of homosexuality and bisexuality makes choosing to disclose stressful for some young people. Kym explained that she attempts to find out how other people will respond to her homosexuality before she discloses it to avoid negative reactions.

I'm very careful about who I choose as friends because I don't know their response to me being gay. I have to suss them out, put them through tests. Straight people don't have to do this as it is just accepted to be heterosexual. But it isn't just accepted to be gay. Gays do get treated badly, some of my friends have been bashed because they are gay or lesbian. To test people I will watch them. I might be standing back and talking to someone else but listening very carefully to what the person I am sussing out says. I will look at how they look at other people, like two men holding hands walking down the street, and I will listen to what they say. Or I will say to them 'Isn't two men or two women holding hands really cute', and listen to the response I get. I see how broad minded people are and if they are then that means I might tell them I'm gay. If they are negative towards gays and lesbians then I know straight away that this is someone that you do not tell your life story to and you do not come out to (Kym, interview, July 1996).

John reasoned that his sister was someone who would not react negatively to him disclosing his bisexuality by overhearing her talk positively with her friends about gays and lesbians.

My parents are pretty religious, and don't have positive views on gays. But I heard my older sister one night with her friends talking about gays and lesbians and Mardi Gras and how much they thought it was ok and how they knew this person and that person who was gay or lesbian and they didn't care. I just wanted to talk

to someone about being bisexual so I thought she would be ok and she was, so now I have someone I can talk to about this stuff. I still don't think I could bring a guy home and say to mum and dad that this is my partner, I could only bring a girl home for this still (John, interview, July 1998).

The stigma of homosexuality and bisexuality often requires young lesbians, gay men and bisexuals to be secretive about their same sex relations and emotions to some people (for example to their family, spouse, friends) while systematically exposing themselves to others (for example other lesbian, gay and bisexual people) (Goffman, 1963). Epstein & Johnson (1994) argue that the decision about whether to be out or not is made at several levels.

There is a general decision to be made about whether to live in or out of the closet...In addition, there are decisions to be made on a continuous, day-to-day basis – often several times a day (p. 199).

As young people may disclose their homosexuality or bisexuality to some people and conceal it from others they often have different social identities for different social settings. This can create particular problems for some, as Zoe described:

I am out in some places and not in others. I have to be very conscious that I am not out in some places because I forget. There is one friend at uni I am not yet out to and every time I am with her I have to pull myself up in my head - thinking 'no you can't say this, or you can't do that'. I am not out to her because I feel that she will disapprove of me being a lesbian as she is a Christian (Zoe, interview, January 1998).

John found the different experiences he encountered with his male peers frustrating. The experiences however clearly articulated what could and could not be discussed at certain times and on certain occasions.

When I am alone with my male friends and having sex sometimes we talk about being gay and bisexual and have great chats. But once were back in a group everyone acts totally hetero and nothing else (John, interview, July 1998).

It would not be fair, however, to leave the impression that managing a social identity is always a difficult or negative experience. For example, some young people find that the fear of disclosing their sexuality was worse than the reactions of other people when they did disclose it (Hillier et al., 1998). Although many young people do report experiences of discrimination and violence after disclosing, many also report that they felt better once they no longer had to conceal (Schiemann, 1994; Borhek, 1988). Hillier et al. (1998) report that young people who had disclosed and received support did feel better about their sexuality than those who did not. Zoe explained;

I am out at work and it's great. As I am accepted and supported I feel more comfortable to make decisions. Being out has totally decreased my anxiety. I can focus on work rather than on keeping my sexuality a secret. I don't have to be on guard all the time. I don't have to hide my sexuality as well as do my work, which takes a lot of energy (Zoe, interview, January 1998).

Chris also reported that disclosing his homosexuality has been good for him. He no longer has to always conform to the oppressive expectations of heterosexual hegemony,

such as pretending to be heterosexual. Instead, Chris could now be known as gay in these social situations.

Coming out really changed everything. It was good personally because I no longer had to hide all the time. But it really made me think about when I was in the closet what motivated me, and what was the basis of my relationships. It also really made me think about what's important because all that used to be important was making sure that no one thought that I was gay, and now I don't have to do this (Chris, interview, January 1998).

Disclosing his bisexuality was opening new social opportunities for John.

Since I began speaking to my sister I have started going to gay nightclubs with her and her friends and am meeting guys my age who don't see being gay or bisexual as something bad or something to hide (John, interview, July 1998).

Conclusion

The heteronormative, heterosexist, homophobic and biphobic ideas of sexuality constructed by social practices in Zoe, Chris, John and Kym's everyday lives limited their capacity to make sense of their sexuality. Each had a choice to understand and identify their sexuality as heterosexual, homosexual or bisexual. However this was not necessarily an easy decision as Zoe, Chris, John and Kym were generally expected and assumed to be heterosexually oriented.

Research into the experiences of same sex attracted young people suggests that there is constant negotiation involved in managing sexuality in their everyday lives.

People 'create' their own identity by positioning themselves within the terms made available by the social order. This involves personal work of making real and meaningful the terms in which one lives (Harris, 1996, p. 26).

Like Zoe, Chris, John, and Kym, the ways in which many same sex attracted young people do their sexuality includes conforming to, resigning, sustaining, adopting, using, forming, altering, adapting, contesting, resisting and rejecting the reproduction of heterosexual hegemony. These are all strategies lesbian, gay and bisexual young people use to create their own sexual identity, in so far as they are constructed responses that could be otherwise (Harris, 1996).

Zoe, Chris, John and Kym struggled with tensions emerging from having a homosexual or bisexual orientation. This included a preoccupation with decisions regarding whether they were going to hide their homosexuality or bisexuality or 'come out'. While the young people's adoption of heterosexual facades could be viewed as contradictory, they often felt pressured to conform to a heterosexual ideal. Choosing to oppose and resist what was expected and assumed of them and identify as lesbian, gay or bisexual was not always an easy decision for Zoe, Chris, John and Kym. It often involved carefully selecting the people they would disclose to.

A lot of research suggests that like Zoe, Chris, John and Kym, many young people experience negative social and personal repercussions regardless of whether they chose to conceal or disclose their homosexual or bisexual orientation because of the ways sexualities are produced and reproduced within a heterosexually hegemonic context.

Even in the process of coming out to oneself there is no free or neutral space in which heterosexism is not active (Epstein & Johnson, 1994, p. 200).

Same sex attracted young people are not always victims however. For Zoe, Chris, John and Kym, coming out as lesbian, gay or bisexual affirmed the legitimacy and validity of their relations and emotions. The next chapter offers a detailed exploration of some same sex attracted young people's experiences of discrimination and abuse in a particular social setting, namely workplaces.

Chapter 5: Same sex attracted young workers' experiences of discrimination and abuse

Introduction

Accounts by young lesbians, gay men and bisexuals of their experiences in Australian workplaces illustrate how these young people experience heterosexual hegemony. Although there has been some re-evaluation of the privileged status of heterosexuality since the 1970s, such that homosexuality and bisexuality have in some quarters been culturally valorized, heterosexism, homophobia and biphobia continue in some workplace within Australia (Emslie, 1998; Irwin, 1999; Victorian Gay and Lesbian Rights Lobby, 2000).

In this chapter I argue that many young lesbian, gay and bisexual workers experience discrimination and abuse in their paid jobs. I begin by discussing contemporary Australian research, which reports on the discrimination experienced by same sex attracted people while at work. I then examine the experiences of some of these young people while at work. This is illustrated by stories told by three young workers and a vocational counselor.

Heterosexism and Australian workplaces

Understanding the experiences of same sex attracted young people while at work is particularly difficult because not much research has been done on the subject. A number of studies have examined the experiences of lesbian, gay and bisexual workers, however

the research has not focused on young lesbian, gay and bisexual people (Anti-Discrimination Board of NSW, 1982; Gay and Lesbian Rights Lobby, 1994; Gay and Lesbian Rights Lobby, 1992; Gay and Lesbian Rights Lobby, 1990; Gay Men and Lesbian Against Discrimination, 1994; Irwin, 1999; Victorian Gay and Lesbian Rights Lobby, 2000).

The Victorian Gay and Lesbian Rights Lobby (2000) report *Enough is Enough*, surveyed 929 people from lesbian, gay, bisexual and transgender communities in Victoria.

40% of all participants [believed they] had experienced discrimination related to their employment (Victorian Gay and Lesbian Rights Lobby, 2000, p. 41).²²

Workplace based harassment was the most commonly reported employment related issue, followed by being pressured out of a job and breach of confidentiality. Reports of physical abuse in the workplace ranged from sexual harassment, such as (male to male) bottom pinching, to threats with knives, bashings and rapes. Much of this had not been dealt with by management even when reported to them. One account from this research illustrates the kind of discrimination experienced by same sex attracted workers.

A fellow employee attempted to rape me 'to change my mind about being a lesbian'. [He said] 'all you need is a good fuck. I complained and at first management handled it really poorly. I left, made a formal complaint and received financial compensation (Victorian Gay and Lesbian Rights Lobby, 2000, p. 9).

²² The report did not identify particular industries or areas of employment in which discrimination or abuse was a particular problem, and other fields of employment in which it was not.

Some people who participated in the study reported the need to keep their sexuality hidden for fear of discrimination should it become known. This was particularly the case for workers working with children and those working in organizations run by religious groups. The Victorian Gay and Lesbian Rights Lobby (2000) reported on the high emotional costs associated with this, resulting in some people leaving their employment, as the following example illustrates.

The strong taboo against gay educators being out means that teachers are frequently forced to resign and their sexuality is forced back into the closet. This was particularly the case for me as a secondary teacher (Victorian Gay and Lesbian Rights Lobby, 2000, p. 44).

Other studies into same sex attracted workers support these findings, however no systematic research into the experiences of lesbian, gay and bisexual workers with children and young people has been conducted within Australia (Emslie & Crowhurst, 2001).

Irwin (1999) explored the workplace experiences of 900 lesbians, gay men and transgender people across Australia. The research reported that 59% of participants believed they had experienced harassment or prejudicial treatment on the basis of homosexuality or gender identity.

The homophobic behavior reported... included sexual and physical assault, verbal harassment and abuse, destruction of property, ridicule, belittling, and homophobic jokes...Prejudicial treatment in the workplace included unfair

rosters, unreasonable work expectations, sabotaging and undermining of work and restrictions to career (Irwin, 1999, p. 6).

In this research study 29% of participants reported being asked 'inappropriate', 'aggressive' or 'unwelcome' questions relating to their sexual orientation while at work, while 22% of the people had experienced unwanted disclosure of their homosexuality, bisexuality or transgender identity (Irwin, 1999). Twenty per cent of participants also reported that they had been denied workplace entitlements due to their sexuality, particularly in relation to superannuation and compassionate leave (Irwin, 1999).

Irwin (1999) reported that discrimination directed at lesbian, gay and bisexual people was common to 'all industries, occupations and organizations' (p. 66). However, she reported that discrimination was more prevalent within large business organizations, within the manufacturing, mining, construction, retail and wholesale industries and among those who worked as police, security officers, defense personnel, tradespersons, unskilled workers, sales and marketing personnel and educators.

There was also much more likelihood of experiencing discrimination in particular types of organizations which traditionally opposed homosexuality, such as some church based organizations or the defense forces (Irwin, 1999, p. 66).

People employed in the hospitality and leisure areas, and as research or project officers or as administrators were less likely to experience discrimination. Further to this, people who worked in 'gay and lesbian friendly' workplaces reported these as 'positive' places to work (p.67). Irwin (1999) also argued that particular social climates contributed towards prejudicial attitudes about homosexuality.

For example, some participants reported that the Woods Royal Commission [into pedophilia within New South Wales] had the effect of increasing fears about homosexuality and pedophilia...This seemed to have an effect on teachers or those who worked with children (p. 66).

As with the findings from the Victorian Gay and Lesbian Rights Lobby study (2000), Irwin (1999) reported that some of the participants had chosen not to work with children as they considered the risk of being accused of pedophilia was too high.

Irwin (1999) also researched the effects of discrimination on the workers, reporting that many participants had commented that working in a negative environment had profound consequences for their overall health and well-being.

Some reported that their experiences of illness, increased anxiety, depression and the loss of confidence were directly related to negative treatment in their workplaces (p. 67).

Over 76% of those who experienced some form of homophobic treatment while at work reported an increase in stress and anxiety as a result, and 60% reported becoming depressed as a result of prejudicial treatment on the basis of their sexuality. Further to this, 45% of those who had experienced discrimination reported becoming ill as a result, and homophobic harassment and prejudicial treatment while at work had contributed to 19% of aggrieved participants contemplating suicide (Irwin, 1999).

The Gay Men and Lesbians Against Discrimination (GLAD) (1994) report dealt with heterosexism and homophobia experienced by same sex attracted workers in Victoria.

The authors found that:

...45% of lesbians and 45% of the gay men reported they had experienced some form of workplace discrimination or harassment, including job loss, because of their sexuality (Gay Men and Lesbians Against Discrimination, 1994, p.5).²³

According to the report, younger lesbians, gays and bisexuals, between the ages of 20 to 39 years, were more likely to experience discrimination at work, where one in six respondents felt they had lost or been forced out of a job because of their sexuality. Many claimed being denied promotion, higher duties and overtime on the basis of their sexuality (Gay Men and Lesbians Against Discrimination, 1994). The Victorian Gay and Lesbian Rights Lobby (2000) reflected on the 1994 report, arguing that within Victoria:

Reports of discrimination in relation to employment had remained constant when compared with the 1994 results... There is evidence in the qualitative data that despite the 1995 changes to the [Victorian Equal Opportunity] Act [whereby discrimination on the basis of lawful sexual activity was prohibited], many workplaces did not have policies in place which protected [lesbian, gay and bisexual] employees from homophobic bullying (p. 22).

The GLAD Report also highlighted heterosexism in work benefits programs. Superannuation can generally not be directed to a same sex partner in the event of death, nor can other benefits be taken up by same sex couples, for instance cheap home loans or

²³ The report did not identify the particular industries or occupations in which discrimination or abuse was a problem or those in which it was not.

membership in work-based health societies (Gay Men and Lesbians Against Discrimination, 1994; See also: Irwin, 1999; Victorian Gay and Lesbian Rights Lobby, 2000).

However it is worth noting that other research suggests that lesbian, gay and bisexual workers are not disadvantaged in the workplace. The Australian Gay and Lesbian Tourism Association for example reported that:

...58% of gay Australians earn more than \$30,000 annually, the national average [of wage earners making more than \$30,000 per annum] being 15.1% (*Herald-Sun*, 6.7.96, p.16).

These figures suggest that lesbian, gay and bisexual people in the workforce often receive higher salaries compared to others. This does not however necessarily apply to young same sex attracted people, because young people by reason of their age are unlikely to be earning more than \$30,000 annually. Furthermore, focusing on dollar outcomes as a measure of privilege or disadvantage trivializes and ignores the personal, social and economic costs of heterosexual hegemony for young workers who are not heterosexual (Pope, 1995).

The research on the experiences of lesbian, gay and bisexual workers confirms that discrimination and abuse occurs in some Australian workplaces. The research reported so far highlights many of the difficulties and problems which same sex attracted workers may experience while at work. It suggests that disclosing a non-heterosexual identity while at work can result in violence, bias and discrimination. People have been asked to

resign following such disclosures. They have also been fired and given warnings after detection of their sexual orientation. Work has also been denied. Furthermore being lesbian, gay or bisexual reportedly results in discrimination that restricts choice of work options and career advancement. Some also fear discrimination if their employer learns of their homosexual or bisexual identity.

Contemporary Australian research into the discrimination experienced by same sex attracted people in the workforce however fails to explore if young lesbian, gay and bisexual workers have different experiences compared to other lesbian, gay and bisexual workers. In particular, we need to establish if being young and homosexual or bisexual produces different experiences for young same sex attracted workers.

Young lesbian, gay and bisexual workers

As I argued in earlier chapters, the development of a person's sexuality and identity is often different for same sex attracted young people compared to other young people due to the stigma associated with homosexuality and bisexuality. Without denying that young heterosexuals may experience difficulties relating to their sexual development, young heterosexuals generally have opportunities to affirm and celebrate their sexual identity and relationships. Homosexual and bisexual relationships and activities generally do not receive the same level of cultural and social acceptance and affirmation as heterosexuality. Furthermore, while heterosexuality is generally represented as normal, natural, moral and legitimate by legal, political, religious, scientific and cultural institutions and practices within families, peer groups, workplaces, schools and other

social settings, homosexuality and bisexuality are often associated with danger, disorder, immorality and the unnatural (Connell, 1995; Emslie, 1996; Morgan, 1996).

Discrimination against homosexuals and bisexuals results in many young same sex attracted people becoming both fearful and likely to deny their sexuality, personally and socially. They often feel ostracized by their own families and peers, and frequently experience a sense of isolation (Dempsey, 1994). As their sexual orientation and identity are not affirmed, some of the young people develop an unsatisfying and unsatisfactory sense of their own identity and their place in the world. These experiences of not being heterosexual are then taken to workplaces in which heteronormativity, heterosexism, homophobia and biphobia may occur, where young people attracted to people of the same sex encounter further fear, denial, stigma and isolation. An awareness of the personal processes involved in lesbian, gay and bisexual identity formation, the impact of social stigma on the young person, and the social and psychological adjustment required to being 'different' can inform our understanding of the experiences of young lesbian, gay and bisexual workers (Pope, 1995; Prince, 1995).

Workplaces are social settings where relations between people are important. As social settings, workplaces offer opportunities not only for economic reward but also for personal esteem, social gratification and acceptance and development of friendships. For young people who are experiencing an important period of sexual development, work can offer opportunities for social experiences, experimentation, affirmation and relationships.

The discrimination and abuse that occurs in some workplaces generally deny these opportunities to young people attracted to people of the same sex.

The Australian surveys describe the discrimination and hostility often experienced by lesbians, gays and bisexuals in the workforce. While not specifically discussing young lesbian, gay and bisexual workers, their experiences are included in the reports. Isolation, homophobia, biphobia, intolerance, combined with negative views of oneself affect many. The stigma of being homosexual or bisexual can affect young people's opportunities to develop a career, positive social relations in their workplaces, and an affirming identity from their work. The following stories explore how heteronormativity, heterosexism, homophobia and biphobia, which occurs in some workplaces, affect the lives of some young workers.

The factory hand

Jason is 20 years of age and works as a factory hand in the automotive industry. He identifies as gay, but has not disclosed his homosexuality to any work colleagues. Jason insists he is not even considering disclosing his sexuality to any one because he is unsure himself of what it actually means to be gay. As he explains:

I don't feel too comfortable about being gay so I don't want to put myself into a situation where I know I will feel really uncomfortable [by coming out] (Jason, interview, August 1996).

Jason claims that he has not experienced any hostility about being gay because no one knows about his homosexuality. This does not however mean that his sexuality does not create problems for him in the workplace or that he has not been discriminated against without him knowing it. It means for example not entering into discussions about his personal life. He also avoids certain other topics of discussion, and is very careful about what he discusses. Talk about close relationships for example is out of bounds. Jason admits this can be stressful, but fears the alternative - the disclosure of his homosexuality. Jason explains:

If I came out now, or people hassled me about it by continually asking me about personal things, I would definitely quit. I would not be able to handle the possible negative reaction from people knowing I am gay (Jason, interview, August 1996).

Jason's isolation, caused by the stigma associated with homosexuality, is reinforced by his belief that there is no one else like him or in his position in the workplace. Jason subsequently does not have the social opportunities which work offers many heterosexual young people, such as a place to make friends and feel comfortable and supported by co-workers.

The 'taken for granted' privileged position of heterosexuality in the workplace was also identified by Jason.

Heterosexuals get to talk about their personal lives openly and be accepted for what they say (Jason, interview, August 1996).

Jason feels he would be laughed at or ignored by work colleagues if he spoke to them about his sexual experiences or of life with a same sex partner. These fears are based on

the reactions he has observed of fellow workers toward another openly gay co-worker. As Jason explains:

There is this older guy who is gay and everyone knows he is gay. People are nice to his face, but make fun of him behind his back. For example, whenever there is anything about poofers in the paper they say 'here's one for Larry'. Or if they tell a poofter joke, which isn't pleasant for gays, they put in his name (Jason, interview, August 1996).

Jason's fear of homophobia keeps him from disclosing his homosexuality at work. The discomfort and stress experienced by homosexuals and bisexuals who hide their sexuality has also been associated with a range of health concerns (Dempsey, 1994; Savin-Williams, 1994).

Jason is not sure about how his situation could be made better. He thinks that if his co-workers and employer know his homosexuality he would be ridiculed in a similar way to the openly gay employee in the factory, but he considers this is inevitable for any lesbian, gay or bisexual employee. Furthermore, Jason feels that changes in Equal Employment Opportunity laws would not affect his situation. He concedes however that making it illegal to discriminate against homosexuals and bisexuals may have positive outcomes.

Changing laws would not mean that I would come out and feel fine about who I am. But it is probably important for the long-term so the situation does change and young people do not have to end up like me (Jason, interview, August 1996).

The attendant care worker

Julie is 24 years of age and works as an attendant care worker. Julie identifies as bisexual but 'passes' as heterosexual while at work.

I play the hetero game at work. I have a boyfriend and can join in on the personal and intimate chat. Not to say that I don't like having a boyfriend, but I also have feelings for women and I know that they would not be accepted at work (Julie, interview, September 1996).

Julie claims that passing as heterosexual gets her 'inside the working circle'. She believes that an important aspect to her work colleagues accepting her as a fellow worker and friend in the workplace was being sure that she was heterosexually orientated. For Julie this had involved going on blind dates with men, organized by work colleagues. Julie believes that 'being in' contributes significantly to getting promotion, permanent work and overtime in her field. Homosexuals and bisexuals are on the outside (Julie, interview, September 1996).

Julie claims that the people she works with say they are understanding and accepting of homosexuality and bisexuality, but that in reality they are not. She explains that she can tell they are not accepting by the way they talk to and about openly gay men and lesbians.

It's like for gays and lesbians that their sexuality comes before their job performance. Being out would mean that I am not the same as them. It would be understood that as I am not heterosexual, my beliefs and attitudes are different so the way I work would be different (Julie, interview, September 1996).

The stigma attached to being homosexual or bisexual in Julie's workplace is evident in this blatant instance of homophobia, while the response was encouraging.

There was a big office do and people were talking about the fashion industry. One of the office secretaries said 'Thank God we don't have any of those dykes in the office'. There was a lesbian employee who confronted her about it which was good (Julie, interview, September 1996).

Fear of not being accepted, and being alone and isolated at work, stops Julie from disclosing her sexuality. Julie was asked if she was a lesbian or bisexual when she started working at her current workplace, but she denied it.

This made me feel shit. I would like to say that I am bisexual but then I would not be accepted in the working circle. I would be on the outside (Julie, interview, September 1996).

Julie considers that disclosing her sexuality would result in her no longer being involved in personal and social conversations with people at work, but would instead be the topic of conversation. She also believes that invitations to out of work functions would cease. Furthermore, Julie claims that as a bisexual she is likely to be ostracized and stigmatized by both heterosexual and homosexual employees.

If I came out the people I work with wouldn't treat me the same or look at me the same. They would think I'm a freak - 'she can't decide what she is' (Julie, interview, September 1996).

Julie maintains that changes in attitudes and beliefs are required for her to be open about, and be accepted for, her bisexuality.

People and society need to accept people as people. And there needs to be an understanding that liking people of the same sex does not change a person's ability to do their job (Julie, interview, September 1996).

Julie feels, however, that while the idea of the 'happy monogamous heterosexual family' is promoted as the ideal union of people by senior management in her workplace, little will change for her.

The receptionist

Sarah is 19 years of age, works as a receptionist and identifies as lesbian but does not talk about being a lesbian at work.

I work in a big office with lots of older men who treat me as their little receptionist girl. I'd say that they all assume I am heterosexual because many of them make comments that assume I am hetero. Like if I have a boyfriend he is a lucky guy. I just smile and agree on the outside while on the inside I'm cringing (Sarah, interview, July 1997).

Sarah claims that she has never been asked if she has a partner but explains that based on previous experiences in the workplace she would pretend to be heterosexual.

In a previous job I had been in for about six months I told someone I was a lesbian. I thought it would be ok because I thought these people were my friends. We were getting along really well, having lots of fun at work but also talking

about problems in our lives. After telling them I was a lesbian things became bad at work. The fun for me stopped. The news that I was a lesbian must have got around because how people treated me changed. People stopped being nice to me and stopped talking to me when in the past they had. Some of the people at work became rude and demanding about work things. I quickly became alone at work and the whole experience tore me up inside so I left. I didn't want to stay there and let the situation get worse or make me feel worse about myself (Sarah, interview, July 1997).

Sarah acknowledged that she could have done something about her unfair treatment, however felt she did not have the emotional strength to respond because of the negative effect of the experience on her confidence and esteem.

It made me feel so bad about myself and my abilities that I just wanted to get out. I didn't want to work there any more with such horrible people so I didn't see the point in staying there to change them (Sarah, interview, July 1997).

This negative workplace experience has made Sarah wary of announcing that she is a lesbian in the workplace.

I fear what happened in the last workplace happening again. Where I became really comfortable and feel that the people I am working with are really friendly and just won't care about me being a lesbian (Sarah, interview, July 1997).

At this stage, Sarah pretends to be a heterosexual in her current job.

At school I always pretended to be heterosexual so I know how to do it. I hate doing this however because it means people don't know you or like you for who

you are, but what they think you are. It's stressful too because I have to be aware of what I say and do, so I don't give it away that I am a lesbian (Sarah, interview, July 1997).

Sarah is now more confident about what would need to happen for her to disclose her sexuality in the workplace.

Before I tell someone I'm a lesbian when at work I would need to have sussed out how they might react to lesbian and gay people. Until I had sussed this out I would not come out. I might make up a story like, say that a sister of mine has a friend who they have known for years and this friend told her she is a lesbian, and listen to what they say about it (Sarah, interview, July 1997).

Another strategy Sarah thought she could use to find out how people may react to her being a lesbian would be to see how others react to someone else in the workplace announcing that they are lesbian, gay or bisexual. If the reaction were positive then she would feel less inhibited in disclosing.

The vocational counselor

Scott is a case manager and vocational counselor for the Commonwealth Department of Employment, Education, Training and Youth Affairs (DEETYA). Scott's role includes preparing long-term and 'at-risk' unemployed young people for work. Scott has worked with 7 young lesbians, gays and bisexuals intensively during this period, out of approximately 350 young people. Scott suspects that many more same sex attracted young people do not disclose their sexual identity

I classify young lesbians, gays and bisexuals who have not been unemployed for more than 12 months 'at risk' because they will be entering a hostile workplace where they are marginalized and 'at risk' of long term unemployment (Scott, interview, August 1996).

However, lesbians, gays and bisexuals are not identified in DEETYA policy and are not the target of specific programs.

According to Scott the needs of young lesbians, gay men and bisexuals are different to other young people entering workplaces.

Many young lesbians, gays and bisexuals lack a sense of self worth and importance. They often feel that they will not be given a chance or will experience discrimination because of their gay identity. These self-defeating attitudes have generally been established by experiences that have not affirmed their identity (Scott, interview, August 1996).

How young people attracted to people of the same sex feel about their sexuality can impact on how they relate to others and how they evaluate their experiences in workplaces. Feeling negative about being same sex attracted can result in young people blaming their homosexual or bisexual orientation on workplace experiences that have nothing to do with their sexuality. For example, thinking they have performed poorly at work because they are lesbian, gay or bisexual, rather than not knowing how to do the job properly. Or young people might blame their sexuality for unproductive relationships with work colleagues, rather than on other people's problems with homosexuality or bisexuality. Scott explains "that to have confidence in their personal, social and

productive abilities in workplaces, many young lesbians, gays and bisexuals need to feel comfortable about their sexuality" (Scott, interview, August 1996).

Young lesbians, gay and bisexual people often find themselves isolated in the work context, lacking support both in and out of work because they do not want to risk anyone knowing about their sexuality. Hiding their sexuality can result in health problems for some of these young people. These young people can suffer stress, drug and alcohol abuse, dietary problems, and in some cases suicide attempts from having to hide and deny their sexuality (Scott, interview, August 1996; See also: Bennett, 1995a; Bennett, 1995b; Irwin et al., 1995; Victorian AIDS Council & Action Center, 1994). To overcome the isolation and hostility some young lesbians, gays and bisexuals experience at work, they develop 'strategies of survival' in workplaces. These strategies can include a network of social support, and developing social skills to respond to discrimination. Another survival strategy used by some is to aim for careers and work in 'lesbian, gay and bisexual friendly' industries to avoid isolation, and gain experience in being comfortable about being lesbian, gay or bisexual in a supportive work environment (Scott, interview, August 1996).

Part of Scott's job as a vocational counselor is to develop the skills of the young person to help them adjust to the discriminatory realities of workplaces.

I do not do anything by making young lesbians, gay men and bisexuals think that the world is any different than a difficult place. It is my role to develop the skills

and professional positive identity of the person to survive (Scott, interview, August 1996).

Scott's work in assisting young lesbians, gays and bisexuals has been successful; all of the young people have obtained employment. This work Scott does is, however, uncommon and 'officially' unrecognized by DEETYA. Scott believes that young lesbians, gays and bisexuals need to be recognized in DEETYA policies and programs if the Department is to offer more appropriate services to this section of the population. Changes in legislation and workplace practices, which discriminate, are also important for alleviating the heterosexism, homophobia and biphobia that occurs in some workplaces (Scott, interview, August 1996).

Stories such as these provide insights into the experiences of being a young lesbian, gay or bisexual worker. They also highlight possible issues for further research, and areas where action is required. The stories confirm that many young workers who are not heterosexual are isolated and often feel a need to hide their sexuality to remain employed. The effects of isolation and hiding their sexuality while at work can be emotionally and psychologically stressful. The stigma associated with homosexuality and bisexuality disadvantages some young workers from experiencing some of the benefits which work can offer. This includes the development of a future career path, making friends, and opportunities to feel good about who you are.

The stories also point out that same sex attracted young people may enter the workforce expecting discrimination or hostility, as they have learnt and experienced the stigma associated with homosexuality and bisexuality in other social settings. This fear can make them wary of developing close working relationships with coworkers and disadvantages them even before they begin to work. To improve the opportunity for all young people to feel comfortable when entering workplaces, heteronormative, heterosexist, homophobic and biphobic practices in other settings need to be challenged.

The stories also illustrate the ways same sex attracted young people are actively engaged with heterosexual hegemony in the construction and negotiation of their sexual identities. The young people interviewed for this study reproduced hegemonic ideas about sexuality while at work. For example, they pretended to be heterosexual and concealed their same sex emotions and relations in their workplaces. In effect, they reinforced the privilege of heterosexuality and subordination and stigmatization of homosexuality and bisexuality through their everyday actions. This was not necessarily easy for the young people. Regardless of how they felt about their sexuality, the young people who shared their experiences reported that the process of constructing and negotiating their sexual identities was often stressful, unaffirming and isolating.

Conclusion

Young lesbian, gay and bisexual workers in Australia are disadvantaged by prejudice and unfair treatment in the workplace. Workplace related relationships, practices and processes often privilege heterosexuality while ignoring, censoring and condemning

homosexuality and bisexuality. Heterosexual young people's relationships and sexual experiences are generally considered normal and encouraged by co-workers. Young lesbian, gay and bisexual workers often need to hide, deny and manage where, when and how often their sexuality will be displayed while at work for fear of disclosure, discrimination and hostility. They are often isolated in their employment, experiencing poor working relationships, because of the stigma associated with their sexuality.

Young people attracted to people of the same sex who have disclosed their sexuality at work have been fired, forced to resign, given warnings, and encountered physical, verbal and emotional hostility and harassment. They have been denied work, promotions, higher duties and over time. Young people in same sex relationships also have limited or no access to work benefits schemes available to heterosexuals. Equal opportunity laws in Australia fail to recognize homosexuality and bisexuality in the way heterosexuality is legitimated, disadvantaging some workers.

The report on research into the experiences of young people presented in this study illustrate the relationships between how sexuality is constructed and the lived experiences of lesbian, gay and bisexual young people. In considering responses to these issues my focus will now shift from considering the everyday actions of individuals to examining policy representations and responses. Harris (1996) suggests in relation to gender:

The extent to which individuals can make interventions at the level of social practice is limited – although some can and do. However the main arena for

agency within the gender system is instead at the level of everyday practice (p. 59).

Similarly for sexuality, people primarily exercise agency at the level of everyday practice, rather than intervening at the level of social practice.²⁴ I have considered the ways in which same sex attracted people accommodate, struggle with, and resist dominant ideas about sexuality through their everyday actions. I will now explore the ways in which policy concerned with young people's health, as a social practice, also accepts, opposes and reshapes heterosexual hegemony.

Government youth policies are an aspect of the social world that intervenes into the lives of young people. The importance of adequate and appropriate representations of lesbians, gays and bisexuals in policies concerning them is recommended in many of the research reports mentioned so far in this study (Hillier et al., 1998; Victorian Gay and Lesbian Rights Lobby, 2000). The recommendation has been made for policy change and policy development to be utilized as a strategy for addressing issues affecting same sex attracted young people. In the following chapter I review and critique representations of lesbians, gays and bisexuals in youth health policy in Australia. I also investigate and examine official policy responses to their identified concerns.

²⁴ An example of individuals intervening at the level of social practice in the area of sexuality is the activity of Tasmanian Gay and Lesbian Rights Activists, who took their case to overturn Tasmania's anti-homosexual laws to the United Nations Human Rights Committee (Morris, 1995; Willett, 2000).

Chapter 6: Young lesbians, gays and bisexuals in youth health policy

Introduction

Both the understandings of and the policies designed to address young people's health needs in Australia have become more complex and specialized during the 1990s. This has been characterized firstly, by increased attention to young people's health needs by a range of professionals and others involved in researching, defining and prescribing health care treatments or preventative programs (Commonwealth Department of Human Services and Health, 1995a; Child, Adolescent and Family Health Service, 1992). Secondly, the interest in the health of young people has coincided with a revival of the older idea that young people are at a particularly vulnerable and 'risky' phase in the 'life cycle'. Their health needs are therefore believed to be different to other people's health issues, requiring specific interventions in everything from mental health, through health education and prevention, to access to health services. Finally, governments have tried to identify and respond to the needs of different groups of young people in youth specific health policies and programs. Particular experiences of health have been identified among various categories of young people based on race, gender, disability, and ethnicity, as well as circumstances such as homelessness, unemployment, family break up or the experience of mental health, in particular suicide (Commonwealth Department of Human Services and Health, 1995a; Kenny & Job, 1995).

In this larger policy process, relationships between sexuality and young people's health have begun to be taken seriously by public health policy makers in Australia. The policy

makers, driven by concerns about HIV/AIDS, have largely focused on sex-education, sexual activity and sexually transmitted diseases (Boss & assoc, 1995). In this context, the health needs of same sex attracted young people, in terms of youth health policy and programs, have only been recently identified and again largely confined to HIV/AIDS and sexually transmissible diseases (*National AIDS Bulletin*).²⁵

An awareness of the relationships between sexuality and young people's health, in addition to the risk and treatment of illness associated with sexual activity, has been long acknowledged anecdotally and, more recently, 'officially' recognized by government policy (Stewart, 1995). In particular, various health issues for lesbian, gay and bisexual young people have been mentioned in health policies relating to issues other than the prevention of sexually transmissible infections. The Commonwealth Department of Human Services and Health (1995a) has also identified these issues in their national health policy for children and young people, as well as youth suicide policy (Commonwealth Department of Human Services and Health, 1995b), and youth homelessness policy (House of Representatives Standing Committee on Community Affairs, 1995).

²⁵ Historically there has been a tendency on the part of policy studies to overlook sexuality in mainstream policy making processes. This is evident for example in standard texts such as *Youth in Australia: Policy, Administration and Politics*. Irving, Maunders & Sherington (1995) described and analyzed the development of youth policy in Australia since World War II. Their analysis fails to consider the possible relationships between young people's sexuality and the development of youth policy. Nonetheless, there has been a 'hidden' history of service provision for young lesbians, gay men and bisexuals in Australia. Services have been predominantly based at AIDS Councils and Family Planning organizations in each state with a focus on HIV prevention among young same sex attracted men. Other activities that have however occurred beyond this narrow scope, include the provision of support and social groups and the development of self help resources for lesbian, gay and bisexual young people (Australian Lesbian and Gay Archives, 1997; Bennett, 1995b; Brown, 1998; Clayton, 1990; Emslie, 2000; Emslie & Crowhurst, 2001; Family Planning Victoria, 1994; Hee, 1997b; Jaynes, 2000; Victorian AIDS Council/Gay Men's Health Center, 1992; Youth Affairs Council of WA, 1992; see also: 'Victorian Gay and Lesbian Youth Resource Directory at : www.geocities.com/ssay_vic and 'Who Do I Tell' at www.afao.org.au/gayguys).

In this chapter I investigate the representations of young gay men, and to a lesser extent young lesbians and bisexuals, in youth health policies that are not concerned with sex education, HIV/AIDS and sexually transmissible infections. As Letts (1999) argues, 'language is a powerful tool that can convey both explicit and implicit meanings'. In this chapter I carefully examine the 'types of language being used and the ways in which it is used' to expose and disentangle the heteronormative, heterosexist, homophobic and biphobic nature of youth health policy (Letts, 1999). Here I analyze portrayals of same sex attracted young people in suicide, homelessness and other youth health discourses in Australia. I also examine how the various policies identify relationships between sexual orientation and identity and young people's health. The strategies proposed to address the concerns raised are outlined. I then raise a number of problems associated with the responses advocated. In particular, I argue that the stories of lesbian, gay and bisexual young people are generally either ignored or marginalized by the disciplinary frameworks that currently constitute categories deserving of attention and warranting policy and program response. In conclusion I raise a number of important questions concerning the development of youth policy and programs.

Youth Suicide Policy

Youth suicide in Australia has recently become an issue of contemporary national concern (Commonwealth Department of Human Services and Health, 1995c). After many years of government inquiries and a considerable body of academic research on how to best define, explain and respond to suicide among young people, governments have accepted advice from the researchers (dominated by doctors, psychiatrists and

psychologists) that mental illness best explains youth suicide. As a result, governments have decided the problem requires both generic and specific targeted interventions to combat it (Commonwealth Department of Human Services and Health, 1995c; Taylor, 1994). Leaving aside the adequacy of explanations based on assumptions about mental health for an understanding of youth suicide, other issues may be as important or more important. In this period of intense political and social concern about youth suicide, the impact of heteronormativity, heterosexism, homophobia and biphobia on some young people has received at best limited recognition.²⁶

²⁶ This analysis fits into a framework that suggests social factors, such as heterosexism and homophobia, are causally related to youth suicide as they constrain young people to take their own lives. Bessant & Watts (1998) argue that understanding suicide in this way is based upon a number of problematic assumptions and dubious explanations about the nature of suicide. They question the commonly held belief that 'official youth suicide rates represent accurately a tangible social fact that in turn is structurally and/or causally linked to other social-structural factors' (p. 3). They argue that official suicide statistics are problematically based on the assumption that suicide as a behavior or event is unequivocal or unmistakable, in so much as it is both definable and objectively measurable. They suggest that the youth suicide rate is not an accurate measure of youth suicides, but a social artifact that merely reflects administrative classification processes and coronial and community attitudes that are subject to change over time. More importantly, Bessant & Watts (1998) argue that the 'youth suicide rate is too rare a phenomenon to be regarded a social phenomenon amenable to sociological investigation'.

Indeed given its relative rarity there is little point in pursuing the idea that [youth suicide] is somehow to be read as a social indicator of other social facts (p. 17).

They point to the limits of what we can know about suicide both in particular cases and in its generality; an idea shared by Penley-Miller (1993) who came to the conclusion after exploring coronial reports on youth suicide cases that:

The first and major problem with all of the files I sampled is a very human one: it is nigh on impossible to really know why someone has taken their own life (p. 7).

Bessant & Watts (1998) are particularly critical of the causal relationships that have been constructed around suicide and mental illness or unemployment. In addition, they argue that searching for cause based explanations for youth suicide takes away from understanding suicide as a 'rational action':

...in the sense that there is both an intent present in suicides as well as the -hypothetical - possibility that the person could offer reasons or statements of motive and intent to 'explain' their action (p. 25).

The public health framework that has become the accepted and official way of understanding youth suicide in Australia positions youth suicide as an objectively measurable and socially significant fact that can be causally linked to other social factors enabling predictive 'risk factors' to be identified and preventative programs concerning these to be developed (Silburn, 1999). While I do not necessarily agree with the public health framework, what I am trying to establish is that some young lesbians, gay men and bisexuals have thought about and attempted suicide as a result of the negative ways homosexuality and bisexuality have been constructed in their everyday lives. In other words, I argue, with the limitations and assumptions associated with this approach aside, that heteronormativity, heterosexism, homophobia and biphobia are social factors that constrain the lives of some young people to want to try and kill themselves. Following on from this, I assess whether or not representations of same sex attracted young people in government policy

Establishing whether there is a relationship between sexuality and youth suicide in Australia, and what it might be, is particularly difficult as homosexual and bisexual young people are yet to be the target or focus of systematic and careful research. Phenomenographic research using stories told by young lesbians, gay men and bisexuals is not common and most studies on youth suicide in Australia have not considered the relevance of inequality between sexualities (Australian Institute of Family Studies, 1998). The limited studies that have been done, as well as anecdotal evidence on the experiences of same sex attracted young people however suggest that there is a higher prevalence of suicidal ideation and attempts among young people who are not heterosexual compared to young people in general. More importantly, the accounts of suicidal behavior among young lesbians, gay men and bisexuals suggest that there is a connection between discrimination and abuse based on sexual identity and orientation and suicide among young people who are same sex attracted (Brown, 1998; Brown, 1996; Costigan, 1996; Fordham, 1998; Hillier & Walsh, 1999; Mason, 1989; MacDonald & Cooper, 1998; Nicholas and Howard, 1998; Penley-Miller, 1993; Taylor, 1994). For example, as early as 1989, a report *Youth Suicide in Australia: Prevention Strategies* suggested a high prevalence of suicide ideation and attempts among same sex attracted young people (Mason, 1989).

...one interviewer working in the field estimated that 25% of homosexuals exhibit suicidal behavior at some stage in their life (Mason, 1989, p. 150).

It was argued in the report that suicide attempts among same sex attracted people was the result of prejudice and mistreatment on the basis of sexuality and recommended

are adequate and include moves to disrupt hegemonic ideas about sexuality, which I argue are causally linked to some of these young people being suicidal.

addressing homophobia within the community and among state bodies and welfare services to prevent suicide among lesbians, gays and bisexuals (Mason, 1989).

More recently, a study on suicide ideation and attempts among young gay men, under 27 years of age, in Western Australia reported that half of the 30 respondents had tried to kill themselves (Brown, 1996). Brown (1996) also found that 5 in 6 of the young gay men interviewed had experienced suicidal thoughts.²⁷ The figures from other Australian studies on young gay men and suicide indicate that suicide thoughts and behaviors among young same sex attracted people are well above the rates for other young people. Nicholas & Howard (1998) conducted research into depression, suicide ideation and suicide attempts among 57 gay and 54 heterosexually self identified young men 18 to 24 years of age in Sydney. They reported that gay youth are 3.7 times more likely to attempt suicide.

... gay youth reported that over their lifetime they experienced significantly higher levels of suicidal ideation and more: frequent thoughts of suicide; intrusive thoughts of suicide; frequent thoughts of how they would kill themselves (Nicholas & Howard, 1998, p. 29).

Other Australian research has illustrated that some same sex attracted young people experience suicide ideation and attempt suicide. For example, Hillier & Walsh (1999)

²⁷ Limitations and assumptions associated with 'official' suicide statistics aside, the rate of suicide among young gay men argued by Brown can be compared to youth suicide statistics for young people in general. It has been suggested that for young people in general, with every death from suicide, there are 100 times as many attempted suicides (White, 1997, p. 32). The suicide rate for Australian young men in 1995 was 25 per 100,000 (Suicide Prevention Task Force, 1997, p. 14). The rate for attempted suicide among young men in Australia could therefore be estimated at 2.5%. Compared to figures for attempted suicide among lesbian, gay and bisexual young people, the rate for this section of the population is comparatively higher.

reported on research into the health and well-being of 750 same sex attracted young people in Australia in which participants had the opportunity to submit autobiographical stories. It is important to note that participants were not asked specific questions regarding suicide attempts or ideation in the study.

Twenty-six young people volunteered they had thought of, or attempted suicide as a result of the problems they were having in relation to their sexuality – many more described depression, unhappiness, loneliness and alienation (Hillier & Walsh, 1999, p. 25).

Another example is provided by Penley-Miller (1993), who reported on the lack of research into suicide among same sex attracted young people in South Australia. He examined the records of the State Coroner's Office of South Australia (in the 15 to 25 year age group) that related to completed suicides. Following this investigation he concluded that:

...agency statistics and coroner's reports seldom reflect how suicidal behavior is related to sexual orientation or identity issues (p. 3).

Instead, Penley-Miller collected anecdotal accounts of suicide attempts and ideation among young lesbians, gays and bisexuals to argue for a high prevalence of suicidal related behavior among same sex attracted young people. The Gay and Lesbian Counseling Service, a free and confidential telephone counseling service for lesbian, gay, bisexual and transgender people operating in Adelaide, reported that approximately four hundred calls each year come from young people. The service has listed talk of suicide as

one of the major presenting problems for the young people (Penley-Miller, 1993). A worker based at the Second-Story Health service in Adelaide also claimed:

During the three week course I took for young gay and bisexual men, of the ten to twelve young guys doing it there was only one who hadn't even thought of suicide (Penley-Miller, 1993, p. 11).

Similarly, a participant of a support group for young lesbian and bisexual women based in Adelaide reported:

Suicide came up as a topic among young woman dealing with coming out, myself included. There were a few women who considered it as a really serious option...most of us had been through times of dealing with [feelings of suicide], sometimes repeatedly (Penley-Miller, 1993, p. 11).

Often reports on the incidence of suicide ideation and attempts among same sex attracted young people have identified environments that are hostile to their sexuality, and their experiences with these, as major factors sometimes leading these young people to contemplate and/or try to commit suicide. Hillier and Walsh (1999) argue that suicide among lesbian, gay and bisexual young people is 'precipitated more by the cultural constructions of sexual difference as transgressive, rather than the individual's sexual preference per se' (Martin & Hetrick, 1988; Savin-William, 1990).

Rather than talking in terms of the pathological individual who tends towards suicide, we may need to think in terms of a pathological environment which creates a suicidal climate (Hillier and Walsh, 1999, p. 24).

Similarly, MacDonald and Cooper (1998), reporting on a study that explored the reasons which young gay men in Perth gave for suicide ideation and attempts, argued:

Traditionally, suicide has been viewed as some form of mental illness or personality disorder. However, the experiences reported by [the young people involved in the study] revealed a range of interrelated social factors that led them to consider suicide... (p. 25).

MacDonald and Cooper (1998) suggest that the prevalence of homophobic attitudes and lack of support are important factors associated with suicide among young gay men.

A link between prejudice and unfair treatment and suicide has been established by listening to the stories and experiences of lesbian, gay and bisexual young people. In Australia, in spite of the research I have discussed, drawing a link between suicidal ideation and attempts, and discrimination and abuse based on sexuality has been considered by some researchers and practitioners as unreliable and not warranting a response in 'official' accounts. For example, the Commonwealth Department of Human Services and Health's (1995c) background monograph on youth suicide in Australia is arguably one of the most important reports on youth suicide, yet it failed to mention young lesbians, gay men and bisexuals or sexual orientation or identity. The monograph listed the 'numerous and complex' causes and risk factors for suicide among young people, including:

- * 'identified high risk groups', for example young people with 'mental illness', 'psychiatric illness', and 'depressive illnesses';

- * 'a consistently higher rate of suicide' among 'young males living in rural and remote areas'; and,
- * 'factors associated with a greater risk of suicide', 'unemployment', 'family and other interpersonal problems', 'physical and/or sexual abuse', 'homelessness', and 'a history of substance abuse'.

When sexuality is 'missing' from youth health policy, such as in the case of the Commonwealth Department of Human Services and Health's (1995c) background monograph on youth suicide in Australia, it is heteronormative in the sense that it keeps in place the presumed norm, heterosexuality (Letts, 1999).

... missing as in uncharted, unexplored, undiscovered, lost, disappeared, repressed, unspeakable/unthinkable, overlooked, and finally, depleted. The heteronormativity in this case is manifested in the silence around issues of the sexuality of [young people]...The end result is that issues of sexuality remain invisible (Letts, 1999, p. 104).

Young lesbians, gay men and bisexuals did get mentioned in the accompanying document *Here for Life: A national plan for youth in distress*. 'Gay and lesbian young people' were represented as:

alienated from mainstream society [which] are hardest to reach with health promotion and prevention activities [therefore requiring]...programs in suicide prevention and mental health support to young people who are marginalized, homeless or seriously disaffected (Commonwealth Department of Human Services, 1995b, p. 10).

This account simplistically constructs lesbian and gay young people as excluded 'deviants' from a metaphoric 'mainstream society'. Drawing on functionalist sociology, the policy suggests that gay and lesbian young people require reintegration into a functionally integrated society (via 'pilot programs' in 'suicide prevention and mental health support') to prevent suicide (Commonwealth Department of Human Services, 1995b). While this response may improve lesbian, gay and bisexual young people's access to mental health services, it fails to address many reasons for same sex attracted young people contemplating and attempting suicide. There is no consideration given to the possible problems associated with 'mainstream society', and how same sex attracted young people's experiences of these problems may cause them to think about and try to kill themselves. In particular, the question needs to be asked: alienated, marginalized, and seriously disaffected from what and by whom?

Young gays and lesbians were also identified as a 'high risk group', vulnerable to suicide at higher than average rates, in the Victorian Government's response to suicide prevention (Victorian Suicide Prevention Taskforce, 1997). The report suggested that:

Risk is believed to be particularly high for adolescent gays at the time of acknowledging their sexual orientation, and exacerbated by being subject to community violence, loss of friendship or family rejection (p. 40).

While there was official recognition of the possible link between same sex attracted young people experiencing discrimination and abuse and thinking about and attempting suicide, there was no mention of addressing heteronormativity, heterosexism, homophobia or biphobia, or providing specific services to same sex attracted young

people, among the reports eighty six recommendations for action (Victorian Suicide Prevention Taskforce, 1997).

The Victorian Government's response to the suicide prevention taskforce report did however suggest that the Department of Education develop:

...policies and strategies concerning overcoming violence, victimization and harassment, racism and homophobia to increase a sense of belonging and security for students (Victorian Department of Treasury and Finance, 1997, p. 17).

The recommendation was a change from other proposals to prevent suicide among same sex attracted young people, which have been directed at improving their access to support services. However, dealing with the relationship between addressing homophobia and preventing suicide was limited to school environments. While this is important, there has been a failure to address other ways in which homosexuality and bisexuality are constructed negatively in the everyday lives of young people. For example, there have been no discussions about ways to prevent 'community violence' and 'family rejection' associated with homophobia and heterosexism, which were identified as 'risk' factors for suicide among 'adolescent gays' in the Victorian Suicide Prevention Taskforce's Report (Victorian Suicide Prevention Taskforce, 1997). Furthermore, there have been no plans for addressing the inequalities between heterosexuality, homosexuality and bisexuality. The recognition of, and responses to, discrimination and abuse as social factors contributing to some lesbian, gay and bisexual young people contemplating and attempting suicide are uncommon and limited within policy approaches to the problem in Australia.

National Health Policy For Children and Young People

The national health policy for children and young people, released in 1995, was the first official policy document in Australia to place children and young people's health in a national framework. The policy recognized that:

...the health of children and young people is influenced by a broad range of family, social, educational, environmental, economic, religious, cultural and biological factors (Commonwealth Department of Human Services and Health, 1995a, p. 2).

The health concerns of children and young people were categorized according to age groups within the policy. 'Adolescence' and 'late teens and early adulthood' were described as times when young people were establishing a 'meaningful identity' in sexual terms and 'often develop concerns about sexuality' (Commonwealth Department of Human Services and Health, 1995a). Furthermore, during 'late teens and early adulthood':

Gay and lesbian young people are particularly vulnerable to feelings of isolation and lack of self worth. Many become victims of verbal and physical abuse (Commonwealth Department of Human Services and Health, 1995a, p.21).

In response to these concerns the policy claimed that young people needed to have access to appropriate health care regardless of sexual orientation, and for:

...specific provisions to enhance the accessibility, affordability and appropriateness of health care for those young Australians experiencing ongoing

poor health status, and/or disadvantage due to...sexual orientation
(Commonwealth Department of Human Services and Health, 1995a, p.34).

While these responses may increase young lesbians', gay men's and bisexuals' access to responsive and appropriate health services, they fail to explore possible relationships between the 'broad range of factors' and the 'concerns about sexuality' experienced by some young people. They neglect, for example, asking; how do family, social, educational, environmental, economic, religious, cultural and biological factors influence the health of some young people who are lesbian, gay or bisexual?

Youth Homelessness Policy

Research into the experience of homeless people has identified that they are more likely to have poor health (National Health and Medical Research Council, 1992). This research generally concludes that homelessness is associated with a range of health issues including psychological and emotional problems, poor nutrition, poor physical and dental hygiene, and frequent use and abuse of drugs. For example, the most significant research into the experiences of homeless young people in Australia, the Human Rights and Equal Opportunity Commission (1989) *Report on the National Inquiry into Homeless Children: Our Homeless Children*, reported:

...the lifestyle of the homeless involves a plethora of risks to life and health. These include: malnutrition and diet related illnesses; skin and respiratory infections from exposure and the lack of adequate accommodation; unwanted pregnancies, venereal diseases and AIDS from prostitution; drug and alcohol addictions (and the risk of death from overdoses and of AIDS from sharing of

needles); behavioral disorders, the causes of which may lie in the isolation, alienation and rejection of the homeless; psychiatric illnesses; depression and attempted suicide (Human Rights and Equal Opportunity Commission, 1989, p. 235).

More recently, the Center for the Study of Sexually Transmissible Diseases interviewed 843 homeless young people in Victoria and Queensland during 1997. The authors reported that over half of the young people felt depressed at least some of the time. Over one half were worried about not having enough healthy food, more than a third were concerned about skin and dental problems and a fifth had respiratory ailments. Many of the young people expressed ongoing problems with generalized tiredness, lethargy and headaches. There was a high level of exposure to, and incidence of, sexually transmissible diseases with 11% of the young people reporting having had one STD. There were also high levels of drug use among the young people.

One quarter of the study participants were, at least, 'sometimes', injecting drugs (Hillier, Matthews & Dempsey, 1997, p. 3).

The Commonwealth Government recently 'officially' recognized a relationship between sexual identity and sexual orientation and homelessness. "2010", the only accommodation service specifically for young people who are lesbian, gay or bisexual in Australia, estimated in 1995 that between 5000 and 6250 lesbian, gay and bisexual young people are homeless at any one time in Australia (House of Representatives Standing Committee on Community Affairs, 1995). Hillier et al. (1997) also reported that same sex attracted young people are over-represented among homeless youth, with 14% of the 843

homeless young people they surveyed claiming to have had sex only with same sex partners or partners of both sexes.²⁸ Overseas studies have estimated that in major urban centers over 30% of homeless youth are gay or lesbian:

...and that 1 in 4 young gays leave home as a result of conflict with their parents about their sexuality (House of Representatives Standing Committee on Community Affairs, 1995, p. 352).

The House of Representatives Standing Committee on Community Affairs' (1995) investigation of youth homelessness in Australia reported that many young gays and lesbians experience homelessness due to conflicts with their parents, friends and peers about their sexuality, conflicts that were themselves often the result of misinformation and anxiety about homosexuality. Furthermore, their experiences of homelessness, and associated health concerns, can be exacerbated by discrimination and abuse in welfare and support services and by a lack of adequate and appropriate alternative accommodation. The Report also claimed that Australian governments currently provide few resources for young homeless gay men and lesbians (House of Representatives Standing Committee on Community Affairs, 1995).

²⁸ Chamberlain (1999) reported that there were 105,300 homeless people across Australia on the night of the Australian Bureau of Statistic's population census during 1996. This included people staying temporarily with other households, people living in impoverished dwellings, such as tents and sleeping out, people staying in boarding houses, and people living in services funded through the Australian Governments' response to homelessness, the Supported Accommodation and Assistance Program. Chamberlain (1999) added that 37,000 people who fitted the categories of homelessness on the census night reported they were aged 12 to 24 years of age. If 5000 of these homeless young people were lesbian, gay or bisexual, as estimated by "2010", then 13.5 % of homeless young people would be same sex attracted. This estimated percentage is close to the 14% reported by Hillier et al. (1997) in their work of homeless youth and is well below overseas estimates, which claim 30% of homeless youth are gay or lesbian.

Among the recommended interventions to improve the situation for young homeless gays and lesbians the report recommended: the establishment of specialist accommodation services for gay and lesbian young people, strategies to address young gay men and lesbians safety in accommodation services, and training for accommodation, adolescent mediation and family therapy services staff to enable them to work more effectively on issues relating to the sexuality of young people (House of Representatives Standing Committee on Community Affairs, 1995). Again these initiatives, if implemented, could improve the situation for lesbian, gay and bisexual young people who are, or 'at-risk' of being, homeless. The recommendations however fail to offer strategies that respond to many of the issues reportedly leading to young lesbians, gay men and bisexual's homelessness. For example, why is there misinformation about homosexuality? And, why do some young lesbians, gay men and bisexual people become the target of abuse and harassment?

Problems associated with the current policy responses

In the 'official' accounts there is a relationship between heteronormativity, heterosexism, homophobia and biphobia and health. In the context of the youth policies I have discussed, young lesbians, gay men and bisexuals are more vulnerable to isolation, harassment, abuse, homelessness, and suicide. The interventions advocated within government policies and reports concentrate on improving these young people's access to responsive health services. The usefulness and effectiveness of this policy response is limited in a number of ways.

The primary policy response to same sex attracted young people's health concerns is limited because it assumes that improving access to responsive health services will result in improved health outcomes. Yet it is questionable whether increased access to services by itself results in improved health. As reported by Naidoo & Wills (1994):

...while there is evidence of variations in the quality and quantity of care available to people in different social groups...differences in health status are not wholly attributable to variations in the amount and type of (medical) care received (p. 40).

Improving young lesbian, gay and bisexual peoples' access to responsive and appropriate health services will not necessarily improve the health of this section of the population.²⁹

Increasing lesbian, gay and bisexual young people's access to culturally appropriate health services is also limited in its usefulness and effectiveness because it relies upon young people accepting a lesbian, gay or bisexual identity. The policy response may therefore assist young people who identify themselves as lesbian, gay or bisexual. However, other young people who may be experiencing isolation, harassment, abuse, homelessness, and suicide as a result of heteronormativity, heterosexism, homophobia or biphobia, but do not identify as lesbian, gay or bisexual are not necessarily encompassed or recognized by such interventions.

²⁹ I do not disregard the valuable work of practitioners who work with same sex attracted young people. Health services that target young lesbians, gays and bisexuals report improvements to the health of the young people who use them (Brown, 1998; Emslie, 2000; Family Planning Victoria, 1999; Victorian AIDS Council/Gay Men's Health Center, 1999). While such interventions have been in place however, young people have continued to be harassed, bashed, isolated, homeless and suicidal on the basis of their homosexuality or bisexuality.

We know that some young people who have sexual relations with people of the same sex do not identify as gay, lesbian or bisexual. Some conceal their sexuality. As discussed earlier in this study, reasons for concealment include fear of rejection and fear of losing their economic security, religious reasons, and a desire to avoid violence. Additionally, many young people who have not 'come out' have a sense of shame about their homosexuality or bisexuality (Hillier et al., 1998; Brown, 1997). Young people who have sexual relations with people of the same sex but do not identify as lesbian, gay or bisexual may therefore be reluctant to access health services targeted at young lesbians, gay men and bisexuals, as using them may require disclosing their sexuality. Improving young lesbians, gay men and bisexuals' access to responsive health services will not necessarily assist these young people.

We also need to ask who exactly is being represented when policy makers refer to lesbian, gay and bisexual young people. Many of these policies construct young people who are lesbian, gay or bisexual as a homogeneous population group.

This discourse assumes that individuals who share the same homosexual preference in a homophobic society share a common experience, outlook and set of values and interests (Seidman, 1993, p. 120).

The different experiences of same sex attracted young people based on identity markers such as class, race, ethnicity and physical disability challenge the dominant 'gay' identity, which is generally centered on prosperous white men as the representative homosexual (Seidman, 1993; Duggan, 1994; Pallotta-Chiarolli & Skrbis, 1995). There is

a need for youth health policies to reflect a broad range of experiences of lesbian, gay and bisexual young people so particular experiences and needs are not excluded.

Reproducing marginalization

A further criticism of representations of lesbian, gay and bisexual young people in health policies is that they often fail to open up new ways of understanding sexuality. Dominant ideas about understanding sexual feelings, behaviors and relationships as either heterosexual, homosexual or bisexual are reinforced with the focus on 'gay', 'lesbian' or 'bisexual' young people. I have argued that such categorizations contribute to a sexual hierarchy in which heterosexuality is privileged and homosexuality and bisexuality are subordinated and stigmatized. Further to this, some writers have argued that the labels gay and lesbian have become as oppressive as heterosexuality due to their restrictive and proscriptive nature (Pallotta-Chiarolli, 1996a; Richardson, 1996). Policy could therefore work towards interrupting and resisting the imperative to sexual categorization (Duggan, 1994).³⁰

The inclusion of lesbian, gay and bisexual subjectivities in youth health policies does contribute towards disrupting the cultural dominance of heterosexuality as it questions commonly held expectations and assumptions that everyone is heterosexual, as well as

³⁰ Sumara and Davis (1999) ask a number of important questions regarding this, for example:

What would happen if sex and sexuality were not understood as discrete actions of particular male and/or female identities but, rather, as sets of social relations that produce physical, emotional and psychic pleasure? And what if one's identification with one form of attraction/desire over another were understood to co-evolve with the constantly shifting relations that comprise all aspects of human subjectivity, including those experiences we have come to call sex? (p. 196).

Although these questions do not relate specifically to the development of youth health policy, they do suggest ways for understanding human sexuality that are not preoccupied with whom we have sex. More work is needed to explore the ways in such ideas could be incorporated in policy to work towards interrupting and reshaping hegemonic ideas around sexuality.

challenging homophobia and biphobia. As Sumara and Davis (1999) argue, the “coming out of the closet” literature demonstrates that:

...there *are* identities other than those structured by opposite-sex desire that successfully exist, that contribute to the on-going production of knowledge, and that do not depend upon particular body acts and particular forms of social organization for their existence (p. 193).

Furthermore, 'coming out' has also been described, particularly by gay liberationists, as enabling lesbians, gay men and bisexuals to affirm the validity and legitimacy of their sexuality, whether this about their desires, fantasies, needs or their sexual acts (Weeks, 1986).

Categorizations and self-labeling, that is the process of working out a social identity, may control, restrict and inhibit...but at the same time it provides...comfort, security and assuredness (Weeks, 1986, p. 78).

Interventions aimed towards improving lesbian, gay and bisexual young people's access to responsive health services are affirming of lesbian, gay and bisexual identities, but are limited in their challenge to heterosexual hegemony.

Queer theorists argue that positing a lesbian, gay or bisexual identity actually reinforces the privileged position of heterosexuality and confirms the subordinate position of homosexuality and bisexuality (Morgan, 1996; Seidman, 1993).

Viewed from the postmodern 1990's many writers now regard such struggles over lesbian (and gay) identity as just another example of 'identity politics',

reinforcing an essentialism which does little to threaten the *sexual status quo* (Richardson, 1996, p. 4).

Current youth health policy strategies that focus on improving same sex attracted young people's access to health services, are also 'framed within a political language of inclusion', which promote an assimilationist view that perpetuates rather than ends the dominance of heterosexuality (Richardson, 1996).

In assimilating lesbians and gay men, the dominant discourse of understanding familial forms is hardly undermined (Richardson, 1996, p. 4).

Katz (1996) argues that all lesbian and gay activism can win is tolerance for a supposedly fixed minority called 'lesbian' and 'gay'. What the politics of gay liberation cannot do is change the notion that heterosexuality is natural and normal for the vast majority of people and shift social, cultural and political practices based on that assumption (Sumara & Davis, 1999).

Duggan (1994) suggests that the project for ending the discrimination and violence against people who have sexual emotions and relations with people of the same sex should be more concerned with destabilizing heteronormativity and attacking the natural and preferred status of heterosexuality than naturalizing and solidifying lesbian, gay and bisexual identities. In other words, it is important for policy concerned with young people's health to move beyond ensuring that lesbian, gay and bisexual young people have access to health services, to 'a position of interrogating the very basis of heterosexuality's normality and naturalness' (Martino, 1999, p. 147).

Usually heterosexuality is the silent term – unspoken and unremarked – when sexualities are spoken of (Martino, 1999, p. 197).

Currently heterosexuality is the ‘silent term’ in policy concerned with young people’s health in Australia. Epstein & Johnson (1994) suggest a way to interrupt this silence.

To understand a system of inequality it is important to examine the discourses that capture its dominant group. The study of men is vital for gender analysis as the study of the ruling class and elites are vital for class analysis...we wish to make ‘heterosexuality’ the problematic term of our analysis (pp. 197-202).

In other words, youth health policies could make ‘heterosexuality’ the problematic term of their analysis. For example, Butler (1990) argues that heterosexuality, along with lesbian and gay identities, are produced within heterosexual hegemony.

That is to say, far from being a natural expression of gender and sexuality, heterosexuality is always in the process of being produced...Heterosexuality is itself always in the process of being constructed...through repeated performances that imitate its own idealizations and norms and thereby produce the effect of being natural (Richardson, 1996, p. 5).

Youth health policies could include recommendations to explore the social practices that unfairly endorse heterosexuality as normal and natural and then recommend a project for disrupting these.

Jagose (1996) however argues that ‘in the late twentieth century both heterosexuality and, to a lesser extent, homosexuality have been thoroughly naturalized’.

It is particularly hard to denaturalize something like sexuality, whose very claim to naturalization is intimately connected with an individual sense of self, with the way in which each of us imagines our own sexuality to be primary, elemental and private (Jagose, 1996, p. 17).

While I support a project to contextualize and historicize sexual identity labels, rather than assume that they are purely descriptive terms, I also do not want to minimize the significance of terms such as lesbian, gay and bisexual in regards to legible, strategic and politically palatable action to addressing inequality and discrimination experienced by people who are, or perceived to be, not heterosexual (Jagose, 1996).

This is where my thesis becomes both complex and complicated. For while I argue that certain programs that aim to address inequality experienced by same sex attracted people may also reproduce heteronormativity and heterosexism, I do not believe that such approaches are either useless or unnecessary and should therefore not be implemented. The multiplicity of social practices that privilege heterosexuality and subordinate homosexuality and bisexuality require a multiplicity of responses. Harris (1996) argues in relation to gender:

...gender is both a practice and a structure that benefits some and disadvantages others, and goes on everywhere. Consequently, strategies for change need to tackle both the subjectiveness and the system of gender – both of these produce one another (p. 6).

Borrowing from Harris's argument, various approaches are needed to disrupt the 'subjectiveness and the system' of sexuality. For example, strategies could target

language, institutional practices or everyday encounters that are heteronormative, heterosexist, homophobic and biphobic. Current responses to issues affecting same sex attracted young people outlined in youth health policies fit into this framework. However, as I have argued previously, they are limited and are not enough.

Contemporary youth health policies do not take into account the multiple and complex ways in which the inequality between sexualities experienced by same sex attracted young people can be understood. The privileging of heterosexuality and the subordination of other sexualities occurs in covert and obvious ways, such as through homophobia, as well as in subtle ways, through heteronormative and heterosexist practices. Policies associated with young people's health could develop multiple responses to address the disadvantage and inequality experienced by same sex attracted young people, including more sophisticated responses than improving access to responsive health services. In particular, there is an absence of strategies to disrupt and end heterosexism and heteronormativity. Policy interventions only go so far as to consider addressing homophobia. The negative ways in which some same sex attracted young people experience and understand their sexuality is however not only the result of homophobia. Youth health policy needs to include approaches that address the different ways cultural practices support heterosexuality and subordinate other sexualities. For example, policy could work towards exposing the myriad of ways in which state apparatuses promote, encourage, and produce 'special rights' for heterosexuality (Duggan , 1994).

Duggan (1994) suggests that a useful project for disrupting the dominance of heterosexuality could be to trace out the specific ways the state is involved in promoting heterosexuality. This could be used to outline the ways in which heterosexuality is endorsed through state activity by specifying the unfair preferences that operate in each area. Katz (1996) argues that dominant ideas regarding sexuality can be reshaped by:

...human beings making their own different arrangements of reproduction and production of sex differences and eroticism, their own history of pleasure and happiness (p. 190)

Government policy could also endorse such activity and understandings through ending the unfair preference given to heterosexuality within such policy (see also: Sullivan, 1996).

Strategies however need to be both credible and politically palatable to the historical place in which they are situated (Duggan, 1994). So while I argue for policy that recommends mapping out the unfair preference given to heterosexuality by various state, religious and cultural groups in Australia, such an approach is radical, and possibly not legible to the current policy making climate. Whereas, for example, a strategy which aims to identify how heterosexism and homophobia affect the health of lesbian, gay, bisexual and heterosexual young people is likely to be more viable at this point in time. I believe that work would be needed to convince those involved in producing youth health policies that if such a recommendation only focused on same sex attracted young people and not heterosexual young people it would fail to recognize that everyone is vulnerable to heterosexist treatment and homophobic violence, regardless of their sexuality. This type

of strategy moves beyond current calls for improved access to health services for lesbian, gay and bisexual young people, while at the same time making the representations of lesbian, gay, bisexual and heterosexual young people more complex in youth health policy. There are also limits associated with this idea, as it, unavoidably, reinforces heterosexually hegemonic ideas for understanding sexual feelings and relations in terms of the dominant categories 'heterosexual', 'homosexual' and 'bisexual'. However, the recommended inclusion of heterosexuality in the frame of reference limits the minoritising discourse associated with only referring to homosexuality and bisexuality. It also begins the work of problematising heterosexuality. I believe that this approach also contributes towards an investigation into unfair heterosexual privilege being recommended in youth health policies. Borrowing from the work of Martino (1999), approaches based on identity politics, despite their limits, could actually be a platform for moving towards strategies that disrupt heteronormativity.

While acknowledging the limits of such critical practices, I want to argue that this approach may well serve as a threshold for undertaking further critical work for getting students to interrogate the naturalization and normalization of compulsory heterosexuality (Martino, 1999, p. 142).

Bringing gender into the frame

As I have previously argued, sexualities and gender are relationally constructed (Connell, 1992; Clatterbough, 1990). In other words, heterosexist, homophobic and biphobic violence is predicated not only on people failing assumptions and expectations relating to

sexuality but also on gender (Telford, 1997). Epstein & Johnson (1994) argue for example:

There are differences between the ways in which men and women are positioned within homophobic discourses. Anti-lesbianism, within heterosexual masculinities, is almost always framed within a more general misogyny (p. 203).

The relations between 'sexuality' and 'gender' necessarily complicate the project of 'bringing heterosexuality into question and challenging its privileged status' (Richardson, 1996). For example, inequality between men and women means that 'for women, being heterosexual is by no means a situation of unproblematic privilege' (Richardson, 1996).

An investigation into the relationships between sexualities and genders and how such relationships contribute to inequalities between and among sexualities could be included in policy responses to disrupt heteronormativity and end heterosexism, homophobia and biphobia. Connell (1992) proposes that locating and then providing pertinent and adequate support for the construction of alternative masculinities are important initiatives (Mac an Ghail, 1994). Support for alternative constructions of femininities should also be included in such a project.

...expanding acceptable definitions of categories like "boy" and "girl" that are so polarized may create more viable spaces for children to exist and more acceptance of those children who currently construct themselves outside of the narrow ranges of what is currently acceptable (Letts, 1999, p. 106).

Effeminate gay young men and masculine lesbian young women are examples of young people 'who currently construct themselves outside of the narrow ranges of what is

currently acceptable'. Policies need to be provided that will work towards creating more viable spaces and acceptance for these young people to exist. Katz (1996) agrees, suggesting that the rigid notions of gender that underlie sexual identity categories need to be destabilized to interrupt heterosexual hegemony. Harris (1996) goes further and argues for the elimination of the binary concept of gender as a meaningful categorization of people. Similar to the elimination of sexual categorizations, theoretically this is valuable but currently less legible and politically palatable compared to other strategies.³¹

The limits which are inherent within current interventions aimed at addressing issues affecting same sex attracted young people illustrate how those involved in making policies are also involved in producing and reproducing dominant ideas about sexuality and gender. As Duggan (1994) argues, heteronormativity is embedded in a wide range of state policies, institutions and practices. For example, constructions of sexuality in youth health policies assume that people explain their sexual emotions and relations as heterosexual, homosexual or bisexual. Youth health policies also operate on the belief that to be heterosexual is better than being homosexual or bisexual. As Connell (1992) claims:

³¹ Wyn (1986) also suggests that strategies that aim to disrupt heterosexual hegemony need to consider the interdependent and dynamic ways many factors co-exist in individuals lives which contribute to the construction and expression of sexual identities, such as ethnicity, class and physical ability (Richardson, 1996). As Epstein & Johnson (1994) argue:

...the way in which the heterosexual presumption affects people's lives varies according to the gender relationships involved, the ways in which particular situations are racialized and a wide range of other contingent factors (p. 203).

A complete discussion of the relationships between sexuality and race, ethnicity, class and physical ability is beyond the scope of this thesis. These are however important and relevant issues for the work of interrupting heteronormativity and reshaping heterosexual hegemony (For a discussion on the relationships between sexualities and ethnicities in Australia see: Jackson & Sullivan, 1998; Pallotta-Chiarolli, 1996b).

... the state... is a masculine institution... public politics on almost any definition is (heterosexual) men's politics (pp. 73-204).

The people, processes and institutions involved in constructing youth health policies are not removed from the normative sexual order and normative gender order, and are involved in making and remaking of meanings of sexualities and genders.

However it is not only the social and political difficulties of challenging historically dominant cultural constructions around sexuality and gender which explain the absence of such recommendations within youth health policies. Dominant interests of those who inform, develop and implement policy also constrain the introduction of strategies to change heterosexual hegemony. Further analysis of youth suicide policy illustrates the point.

Marginalizing the marginalized

In framing youth suicide as a policy problem, researchers and opinion makers have identified 'mental illness' as the major 'causal factor', leading to calls for improved mental health services to 'combat' youth suicide in Australia. The Commonwealth Department of Human Services and Health (1995c) listed mental health problems as a major immediate cause and underlying risk factor for young people killing themselves, basing the claim on research such as that from Kosky and Goldney (1994) which argued:

...recent studies have demonstrated convincingly that at least 90 per cent of those (young) who commit [suicide] have evidence of psychiatric illness before their

death and that depressive illnesses in particular are implicated (Commonwealth Department of Human Services and Health, 1995c, p. 28).

The 1995-96 Federal budget announced \$13 million funding for youth suicide prevention over four years. Almost half of this funding, \$6 million, included an allocation from existing National Mental Health Strategy funds:

...reflecting the importance of helping young people with a mental illness who are at risk of suicide (Commonwealth Department of Human Services and Health, 1995b, p. 1)

State governments have also met this request for resources for mental health services. For example, in 1996 the Victorian government released an \$8m package of initiatives to reduce youth suicide. The majority of initiatives focus directly on developing mental health services, including:

...identifying high risk groups and individuals and bringing them to the attention of the Directors of Clinical Services of all regional Adult Psychiatry Services, CAMHS (Child and Adolescent Mental Health Services), and mental health services for young people (Center for Social Health, 1996, p. 3; see also Health and Community Services, 1995).

Bessant & Watts (1998) argue that while it is plain that mental health problems, for example serious depression, seem to be associated with some suicides, assuming that all or most suicides have their origin in some state of illness or some condition or state of chemical imbalance in the brain is not warranted. Mental health concerns have not

emerged as the prevailing causal factor of youth suicide necessarily by accident. As Sibley argues:

Knowledge which gains legitimacy often maintains its status to the exclusion of conflicting ideas...there is a tendency for dominant groups in the professions to exclude ideas which threaten their position (Sibley, 1995, pp. 115-133).

Modern psychological and psychiatric disciplines favor a 'mental health paradigm' and psychologists and psychiatrists have significantly informed discourse on youth suicide (Health and Community Services, 1995; Commonwealth Department of Human Services and Health, 1995c). Furthermore, fields such as psychology, psychiatry, social work, teaching, and even youth work, favor approaches focused on the individual, such as counseling and case management. Suicide prevention activities concerned with helping young people with mental illness are primarily focused on the individual. Watkins nearly half a century ago (1957), questioned such approaches.

...it is such an individualism that denies that social factors of any kind are relevant, and that an individual's psychological make-up is 'God-given', because nothing else will explain that make-up, or else it proceeds by claiming that all large-scale social characteristics are nothing more nor less than a result of, or the reflection of, individual characteristics (Watkins, 1957, p. 119).

Initiatives focused on responding to young people's mental health problems may prevent young people from killing themselves. Further to this, addressing mental health issues experienced by young lesbians, gays and bisexuals may reduce suicide ideation and attempts among this section of our population. Retrospectively, while homosexuality and

bisexuality are not mental illnesses, being lesbian, gay or bisexual could lead to mental health problems because of environments hostile to their sexuality (Erwin, 1993). I believe that much of the current youth suicide discourse is not making this important distinction. This could be a legacy of psychological and psychiatric discourses and practices, which for a long time both diagnosed and treated homosexuals and bisexuals as 'mentally ill', requiring psychological and/or psychiatric treatment. 'Homosexuality' was listed as a mental illness in the *Diagnostic and Statistical Manual of Psychiatric Disorders* up until 1973 (Bayer, 1987).

The emphases on 'mental health' discounts young lesbians, gays and bisexuals' rational explanations of why they have tried to and, in some cases, have taken their own lives. The mental health discourse does nothing to disrupt or eradicate the inequality between sexualities that is central to same sex attracted young peoples' experience. Remafedi (1994) argues that suicide among lesbian, gay and bisexual young people:

...challenges the psychiatric paradigm that suicide is uniformly related to prior mental illness...social factors may be relatively more important than intrapsychic variables in explaining attempted suicide in gay and bisexual youth (Remafedi, 1994, p.10).

Furthermore, Bayer (1987) reported that psychological and psychiatric discourses have continually failed to acknowledge and accept lesbians, gay men and bisexuals and have systematically classified them as problematic and as having a deviant status. The problems for same sex attracted young people may require quite alternative approaches to those that psychological or psychiatric disciplines are able to offer. Approaches which

may be more effective in validating the stories of young lesbians, gays and bisexuals may include: collective action, participant observation, group work, grass-roots activism and advocacy among other strategies that aim to interrupt heterosexual hegemony (Sibley, 1995; Mason, 1989).

The marginalization of young lesbians, gays and bisexuals from youth suicide discourses and inquiries is representative of the broader subordination of lesbians, gays and bisexuals from legal, religious and scientific discourses and social practices in Australia (Morgan, 1996). Policy regarding youth suicide is constructed in a heterosexually hegemonic social context. And as this social context marginalizes lesbians, gays and bisexuals so too has the policy. Sibley (1995) suggests that:

...social knowledge is potent when it touches on visions of a moral order...dangerous knowledge embodies values which call into question the moral basis of dominant models of society (p. 131).

The normative sexual order in Australia, as constructed by law, religion, politics and science and many of the everyday activities of individuals, privileges heterosexuality. All 'other' sexualities signify danger, disorder, immorality and the unnatural (Morgan, 1996). Young lesbians, gays and bisexuals accounts of their brush with suicide in this sense are an example of 'dangerous' knowledge.

The policy-making process could potentially legitimate the stories of young lesbians, gays and bisexuals by providing them a basis equivalent to heterosexuals for telling their story, or alternatively it calls for arguing that there is no center ground and hence no

privileged sexuality. Giving this power to these ideas risks threatening and destabilizing or even overturning the normative sexual order (Sibley, 1995). Challenging hegemonic ideas about sexuality is yet to be seen in recent youth suicide policy or programs. While the sexuality of same sex attracted young people is considered different and inferior to heterosexuality, in that it is not legitimized equally by law, religion and science, the stories of young lesbians, gays and bisexuals will always be oppressed, erased and excluded by these discourses and subsequently marginalized and ignored in youth suicide policy and responses.

Conclusion

In this chapter I have explored the link between a variety of policy based and disciplinary discourses which position homosexuality and bisexuality as deviant from some heterosexual normative order and the inadequacies of representations of young lesbian, gay and bisexual people in some youth health policies. I have argued a case for looking at representations of same sex attracted young people in youth health policies that acknowledges issues of systemic power, the reproduction of this through policy and the possibilities for change.

Interventions recommended in government policy concerned with responding to concerns of same sex attracted young people focus on improving their access to responsive health services. These services may offer relevant and useful support for young lesbians, gay men and bisexuals around their psychosocial health needs. This approach is however limited in addressing issues for these young people. In particular, youth health policies

fail to offer strategies to challenge the cultural dominance of heterosexuality, or to eliminate the destructive homophobia and heterosexism, pervading many social forms that oppresses homosexuality and bisexuality and which some young people who are not heterosexual experience negatively.

Duggan (1994) argues that any strategy to address discrimination and violence directed at people who have sexual feelings and relationships with people of the same sex needs legibility and political palatability. Approaches need to be strategic, achievable and relevant to the location in which they are being proposed and implemented. In Australia we should not avoid identity based lesbian and gay activism altogether as a result of the critical insights of queer theory. However:

...queer theory can take us beyond the rhetoric's of liberal gay rights (Duggan, 1994, p. 5)

It is appropriate and timely for youth health policy in Australia to begin actively working towards ending heterosexism and then interrupting heteronormativity.

Paralleling Letts (1999) critique of elementary-school science in England as heteronormative, my critique of youth health policy is not an 'antiheterosexuality stance'.

I am not advocating that we deny [heterosexuality] as an option for children, nor am I trying to deliver a message, either overtly or covertly, that heterosexuality is a bad thing. Instead what I am doing is taking a stand against hegemonic heterosexuality, that is, the version of heterosexuality that essentializes,

naturalizes, and obscures its own presence – causing it to be taken for granted (Letts, 1999, p. 98).

Also borrowing from Letts (1999) work, the critique being leveled is not about people involved in producing youth health policies being bad or negligent.

Rather, the focus here is on the institutional production and maintenance of structures that perpetuate heteronormativity, mostly unbeknownst to those involved in its perpetuation (Letts, 1999, p. 98).

This does not however absolve people involved in producing youth health policies from working to disrupt heteronormativity.

...but it does shift the focus from trying to locate and change the "bad" or heterosexist people to a stance that presumes that each of us might unknowingly be perpetuating the heteronormativity (Letts, 1999, p. 99).

In this chapter I have examined how individuals involved in making youth policies are embedded in hegemonic heterosexuality as the policy that is constructed reproduces normative sexual and gender orders, which marginalizes homosexuality and bisexuality.

Further to this, the way in which responses to the issues for same sex attracted young people are being constructed also misrepresent and ignore the stories of young lesbians, gays and bisexuals because the disciplinary frameworks in which the responses are orchestrated are unable to deal with them.

...people's relationships with others are too often conditioned by fear and that fear, anxiety, nervousness also affect attitudes to knowledge...practitioners need to transgress disciplinary and personal boundaries and...come much closer to the

people whose problems provide the primary justification for the existence of the subject (Sibley, 1995, pp. 183-185).

People involved in producing policies concerned with the health of young people should work outside their, often narrow, disciplinary frameworks to perceive, interrupt and represent the inequality experienced by same sex attracted young people. Working with people in different ways, which are not necessarily focused on individual gays, lesbians and bisexuals, are needed to develop responses which promote social justice through interrupting heteronormative activities and eliminating the destructive heterosexism, homophobia and biphobia that pervades many social forms (Richardson, 1999; Sumara & Davis, 1999).

Conclusion

In this thesis I have argued that all of the forms that human sexuality takes are constructed within social practices, relations and beliefs. As part of that process we produce and reproduce categories that people use to explain their sexual feelings, desires and activities. At the center of these constitutive categories are three core categories, 'heterosexual', 'homosexual' and 'bisexual'. These are valued differently; heterosexuality is privileged and homosexuality and bisexuality are subordinated and stigmatized. These hegemonic ideas about 'normal' heterosexuality and 'abnormal' homosexuality and bisexuality help to produce and reproduce expectations and assumptions that all young people are or ought to be heterosexual and that to be heterosexual is better than being homosexual or bisexual.

There is a stigma generally attached to not being heterosexual. The young people I interviewed for this study came to understand that their sexual emotions and behaviors were different to what was assumed or expected because they were homosexually or bisexually orientated. Same sex attracted young people often experience heteronormativity, heterosexism, homophobia and biphobia negatively and detrimentally, with significant personal and social repercussions. This includes stress, alienation, isolation, prejudice, violence, suicide ideation and attempts and homelessness. The stories and experiences reported in this study illustrate that same sex attracted young people are often disadvantaged in a heterosexually hegemonic social world regardless of whether they identify as heterosexual, homosexual or bisexual.

I have reported that official recognition of such issues affecting these young people has led to moves to include them in Federal and State Government policy. Responses recommended concentrate on improving young lesbians, gays and bisexuals access to responsive health services. This intervention alone is inadequate for addressing their issues however, because it does not do enough to challenge dominant ideas and practices about heterosexuality, masculinity and femininity, and the subordination and marginalization of homosexuality and bisexuality.

Policies concerned with young peoples' health should include proactive and preventative, rather than reactive, responses to the relationships between sexual orientation and identity and health. Youth health policies should work towards;

...ending the stigma of sexual difference and the imposition of compulsory heterosexuality, and reconstructing (sexualities) on the basis on reciprocity rather than hierarchy. As a condition for this, it means overcoming the socially produced ignorance that makes sexuality an arena of fear and a vector of disease (Connell, 1995, pp. 229-230).

To achieve successful outcomes, youth health policies need to contain plans to prevent young lesbians, gay men and bisexuals being harassed, bashed, isolated, homeless, and becoming suicidal. The policies could advocate for an investigation into the effects of powerful gender and sexual norms, and the impacts of constructed meanings and discourses (concerning genders, sexuality and health) on the health of same sex attracted young people. After identified via the research, policies could recommend action for

social and cultural change to disrupt and eliminate heteronormativity, heterosexism, homophobia and biphobia.

To further break the patterns of heterosexual privilege, youth health policies could recommend that homosexuality and bisexuality be recognized legally and culturally equal to heterosexuality. Youth health policies could also demand an end to all forms of discrimination against people on the basis of sexual orientation and gender identity.

As well as recommending research into the experiences of same sex attracted young people, the results of which would highlight the effects of heterosexual hegemony on their lives, youth health policies could advocate for research into the homophobia, biphobia, heterosexism and heteronormativity within various institutions, including governments, religious organizations and professions. Policies concerned with the health of young people could also recommend research be conducted on young heterosexual people, to identify where they get their negative ideas about lesbians, gays and bisexuals. Results of the research may contribute towards identifying people, processes and institutions that produce and reproduce heterosexually hegemonic ideas about sexuality and gender.

As well as suggesting more accessible and responsive health services, youth health policies could involve programs that encourage greater respect for diversity (ie. community education campaigns). Youth health policies could also recommend strategies that identify and encourage diverse meanings and possibilities of sexuality and masculine

and feminine genders. For example, the policies could advocate strategies to support heterosexual men to work against violence, learn to take on more care giving roles, and help to create less competitive, non-hierarchical organizations (Browne, 1991). Policy makers could develop plans that challenge and advocate alternatives to masculine and feminine gender roles, stereotypes of masculinity and femininity and gender ideals for men and women. Policy should support the construction and representation of alternative and divergent sexualities and genders (Orkin, 1992).

Further ideas which could be advocated within youth health policies to change institutions and practices that limit homosexuality and bisexuality include counseling services within schools to provide support for young people who are identified as homophobic or biphobic. Young lesbians, gay men and bisexuals might also be asked about the sorts of representations of masculinity and femininity they believe should receive equal visibility within the media and formal education system. These ideas could be advocated within youth health policies.

Consideration also need to be given to the needs and experiences of young people who have sexual relations and/or emotions involving people of the same sex, but who do not identify as lesbian, gay or bisexual. As I have discussed in this thesis, there are many reasons for young people who have sexual emotions or relations involving people of the same sex, not adopting a lesbian, gay or bisexual identity. It cannot be assumed that references to young lesbians, gays or bisexuals include all same sex attracted young people. Specifically, when young lesbians, gays or bisexuals are mentioned in youth

health policies, young people who self-identify as lesbian, gay or bisexual are being referred to. Furthermore, all young people who identify as lesbian, gay or bisexual do not necessarily share the same experience and meanings of sexuality. Seidman (1993) argues that gay people of color challenge the dominant gay identity discourse.

This discourse assumes that individuals who share the same homosexual preference in a homophobic society share a common experience, outlook and set of values and interests (Seidman, 1993, p. 120).

The different experiences of same sex attracted young people based on identity markers such as class, race and disability need to be considered in policies and programs concerned with lesbian, gay and bisexual young people. There is a need for youth health policies to reflect a broad range of experiences of young people with different sexual and gender identities (Pallotta-Chiarolli, 1996c).

A number of rational strategies could also be advocated in youth health policies to counter heteronormativity, heterosexism, homophobia and biphobia in social settings, including workplaces and schools. Many same sex attracted young people could be assisted by providing them with resources that help them accept their sexuality, respond to the homophobia, biphobia and hostility they encounter, and manage the stigma attached to being homosexual or bisexual. Further, networks of social support could be developed for young lesbians, gays and bisexuals inside and outside of social settings in which they are located. Offering same sex attracted young people experiences in 'lesbian, gay and bisexual friendly' spaces, for example schools, workplaces and, youth sector

settings, would also assist in combating isolation, and may provide some of these young people with affirming experiences.

Moreover, 'lesbian, gay and bisexual friendly' work, educational, familial and social environments would also assist same sex attracted young people in the their careers, educational aspirations and health and well-being. Affirmative action policies that are sensitive to the issues of sexual identity and the provision of education and training about homosexuality and bisexuality issues may contribute to the development of these environments. Laws and policies that prohibit discrimination on the basis of sexuality in educational institutions, workplaces and youth sector settings (for example, equal opportunity and anti-discrimination legislation) would also assist young homosexuals and bisexuals in this regard.

APPENDIX 1

INFORMATION SHEET



Royal Melbourne
Institute of Technology
City campus
GPO Box 2476V
Melbourne Victoria 3001
Australia
Telephone +61 3 9662 0611
Facsimile +61 3 9663 2764

THE HEALTH OF YOUNG GAY, LESBIAN, BISEXUAL AND TRANSGENDER YOUNG PEOPLE

INFORMATION SHEET

My name is Michael Emslie. I am a postgraduate research student with the Royal Melbourne Institute of Technology Social Science and Social Work Department. I am looking at the non-HIV/AIDS health needs of gay, lesbian, bisexual and transgender (GLBT) young people. This information sheet outlines the project and how you can be involved. It also explains a number of things you should think about before you choose to participate.

It is important that you read this information sheet to understand what the project is about before you decide to be involved. If you do not understand anything written here I would be pleased to explain it to you or please ask someone else to explain it to you. You can keep this information sheet.

The aim of the research is to find out if GLBT young people, 18 to 25 years of age, have health concerns different to other young people. If they do experience different health issues, then I will be looking into why this is so. Finally, I hope to consider how the health of GLBT young people can be improved. Your ideas, stories and experiences on any of these topics are welcome.

I am interested in learning about your health and related experiences. If you choose to be involved in the project you can participate in one or both of the following ways.

1. An individual interview. This will involve setting a time with me and meeting to talk about your health as a GLBT young person. The interview time will be negotiated. The interview will consist of open ended questions to encourage participants to talk about their experiences and perceptions.
2. Writing a personal story. This is where you write a story of your health issues as a GLBT young person. This is something you can do on your own. You can contact me and I can send you a copy of the sort of issues I would be interested in you writing about. I would also provide you details of where to send your story.

If you are involved in the project I do not want to know your name. A false name will be made for you to ensure confidentiality. Your involvement in the project is voluntary. You will not be paid for your involvement. You can withdraw your involvement in the project at any time. The information you provide will be used for my Master thesis, which is a report on the research. The work I am doing may also be published in books or journals. I will be pleased to make copies of these available to you if this occurs.

Involvement in this project may mean talking about personal issues. If you are involved and you find that you disclose information which you later wish you had not, you will be given the opportunity to tell me that you would prefer not to have the information used.

Before you are involved in the project it is important that you understand what your participation involves. If you do not understand something I will be pleased to answer your questions. Before you are involved you will also need to complete a consent form.

Any queries about your participation in this project can also be directed to the Secretary, RMIT Human Research Ethics Committee, RMIT, 124 LaTrobe Street, Melbourne 3000. The telephone number is (03) 9660 1745.

If you are interested in being involved please call me on (BH) 9803 5108 or (AH) 9499 5893. You can call just to talk about the project or ask any questions you may have. I look forward to hearing from you.

MIC EMSLIE

Any queries or complaints about your participation in this project may be directed to the Secretary, RMIT Human Research Ethics Committee, RMIT, 124 LaTrobe Street, Melbourne 3000. The telephone number is (03) 9660 1745.

APPENDIX 2

INDIVIDUAL INTERVIEW SCHEDULE

THE HEALTH OF YOUNG GAY, LESBIAN AND BISEXUAL PEOPLE

INDIVIDUAL INTERVIEW SCHEDULE

Date of interview:

Pseudonym:

PERSONAL INFORMATION

Age

Sex

Country of birth

Cultural identity

Suburb

Who do you live with?

How did you come to hear about the research?

SEXUAL IDENTITY

How do you identify yourself (gay, lesbian, queer, bisexual, unsure)?

What does being _____ mean to you?

While growing up, what did you learn or hear about being _____ from other people? What about at:

- at school
- from family
- among friends
- from religion
- from workmates

What other ideas did you learn about what it meant to be _____ ?

CONCEALING SEXUALITY

Can you remember times you have concealed that you are _____ ?

- at school
- within family
- among friends
- at work
- in other places

What happened?

How did concealing that you are _____ make you feel?

Why did you feel you could not disclose that you are _____ ?

Did it matter that you could not disclose that you are _____ in this situation?

What do you think might have happened if you did disclose that you are _____ ?

DISCLOSING SEXUALITY

Can you remember times you have disclosed that you are _____ ?

- at school
- within family
- among friends
- at work
- in other places

What happened?

How did disclosing that you are _____ make you feel?

What influenced your decision to be able to disclose that you are _____ ?

Did it matter that you could disclose that you are _____ in this situation?

Were there any repercussions to disclosing that you are _____ ?

OTHER

Anything else you would like to say?

Any questions?

APPENDIX 3

CONSENT FORM



RESEARCH PROJECT INVOLVING HUMAN SUBJECTS

FACULTY/SCHOOL/DEPARTMENT OF SOCIAL SCIENCE

Prescribed Consent Form

For Persons Participating In Research Projects

Name of participant: _____

Project Title: THE NON-HIV/AIDS HEALTH NEEDS OF YOUNG GAY
MEN AND LESBIANS IN VICTORIA, AUSTRALIA.

Name of investigator(s): MICHAEL EMSLIE.

1. I consent to participate in the above project, the particulars of which - including details of tests or procedures - have been explained to me and are appended hereto.
2. I authorise the investigator or his or her assistant to use with me the tests or procedures referred to under (1) above.
3. I acknowledge that:
 - (a) the possible effects of the tests or procedures have been explained to me to my satisfaction;
 - (b) I have been informed that I am free to withdraw from the project at any time and to withdraw any unprocessed data previously supplied;
 - (c) The project is for the purpose of research and/or teaching and not for treatment;
 - (d) I have been informed that the confidentiality of the information I provide will be safeguarded.

2.

Signature: _____ Date: _____
(Participant)

Signature: _____ Date: _____
(Witness)

Where participant is under 18 years of age:

I consent to the participation of _____ in the
above project.

Signature: _____ Date: _____
(Signature of parent or guardian)

Signature: _____ Date: _____
(Witness to consent)

Any queries or complaints about your participation in this project may be directed to the Secretary, Human Research Ethics Committee, RMIT, 124 LaTrobe Street, Melbourne 3000. The telephone number is (03) 660 2554.

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