

Gay and Lesbian Issues and Psychology Review

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Gay and Lesbian Issues and Psychology Review

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The Review is a peer-reviewed publication that is available online through the Australian Psychological Society website. Its remit is to encourage research that challenges the stereotypes and assumptions of pathology that have often inhaled to research on lesbians and gay men (amongst others). The aim of the Review is thus to facilitate discussion over the direction of lesbian and gay psychology in Australia, and to provide a forum within which academics, practitioners and lay people may publish.

The Review is open to a broad range of material, and especially welcomes research, commentary and reviews that critically evaluate the status quo in regards to lesbian and gay issues. The Review also seeks papers that redress the imbalance that has thus far focused on the issues facing white lesbians and gay men, to the exclusion of other sexual and racial groups.

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Gay and Lesbian Issues and Psychology Review

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GUEST EDITORIAL: DIVERSITY WITHIN DIVERSITY: HEALTH IN DIFFERENCE 5 CONFERENCE

SUE DYSON & CHRISTOPHER FOX

This special issue of *Gay and Lesbian Issues and Psychology Review* arose from the *Health In Difference 5* (HID5) Conference held in Melbourne early in 2005. *Health in Difference* is held biennially, and 2005 marked the fifth conference and the tenth year. The conference takes place in different cities around Australia each time, and in 2005 the host city was Melbourne. HID is a conference that brings together people from diverse fields to confer over a three day period, including practitioners, researchers and individuals with a personal interest. The theme of the Melbourne conference was 'Separate and Together' in recognition of the diversity within gay, lesbian, bisexual and transgender (GLBT) communities. The theme also acknowledged the ways that GLBT communities sometimes work together for a common goal, and at others in separate groups around specific issues; and recognised the benefit of each of these modes of action. The conference plenaries did not feature keynote speakers but offered innovative audiovisual and spoken presentations that engaged with 'Separate and Together' in historical and contemporary ways. The first day of the conference was a 'youth day'; many young people were sponsored to participate and the youth day focused on issues of significance to younger GLBT people. Time was also allocated during the conference to hear about issues concerning ageing in our communities and intergenerational dialogue was encouraged throughout. There were also many creative and informative papers presented by Indigenous, bisexual and transgender participants.

A unique inclusion in the HID5 program was the final plenary, which brought together all the participants in a 'Global Café', a facilitated process that allowed participants to share their thoughts, ideas and learnings from the preceding events, workshops and fora. This provided a time to reflect and consider the various viewpoints and to identify the implications of these for individuals and their

organisations. Here we detail some of the major points expressed at the Global Café.

One of the highlights was the integration of diversity throughout the conference. The voices of bisexual, transgendered, young and older people are often subjugated within GLBT events and their inclusion enabled connections to be made within and between groups. The power of hearing these voices created recognition that there are many diverse ways of 'doing' and 'being' gay, lesbian, bisexual and transgendered. We saw how this can challenge heteronormative processes in ways that are important for GLBT people and also for the broader community. Connections were made between personal experiences, research findings and theoretical paradigms. An example of this can be found in Julie Peter's paper, which gives an account of her personal experience of not 'fitting' the gender to which she was originally assigned. Julie's story is not only inspiring, but provides an example of how by simply living her life she has challenged the binary constructions of gender in ways that are important for everyone. The high profile given to subjugated groups throughout the conference program also raised awareness about the need for greater inclusion; for example intersex people and people with disabilities were not visible at the conference and it is our hope that this will be addressed at HID6.

The conference showcased the similarities and differences in the ways that individuals have experienced sexual diversity across the generations. This was highlighted in a plenary titled *Conversations Across the Generations: GLBTI people talk about their lives*. This session presented a series of dialogues between men and women ranging in age from 14 to 70 years, about being and doing gay and lesbian then and now. Participants indicated that hearing these narratives not only enabled them to acknowledge the contribution of those who have gone before, but gave them an appreciation of the similarities and differences for people who are coming-out today, regardless of their age.

This acknowledgement of intergenerational contributions provided a sense of achievement, of change and moving forward in a world that today is a very different than it was for those who came out in the 1930s and 40s. This process contributed to a conversation that continued throughout the conference about fear of difference not only coming from outside but also occurring within sexually diverse communities, and the need to tackle prejudice within, as well as in the broader community. Another result of this intergenerational dialogue was a sense of responsibility to be inclusive, to address the issues of sub-groups in the community while maintaining a commitment to struggle and work together. This includes supporting young people, caring for the aged (particularly those who are currently excluded), and gathering and sharing information for the benefit of all, focusing on strengths rather than deficits in our lives, our practice and our research.

The Victorian Minister for Health, The Honourable Bronwyn Pike, opened the conference and spoke of the work of the Victorian Government's Ministerial Advisory Committee (MAC) on Health. At the Global Café conference participants called for other state-based MACs to conference and network; for those states and territories without MACs to establish such bodies to ensure a national focus on eliminating homophobia, heterosexism and heteronormativity, and to promote the health and well-being of sexually diverse communities. There was a general sense of hope for the future by the end of the conference, and participants committed to take their learnings back to policy makers in their own states and territories for action.

As editors of this special HID5 edition of *GLIP Review* we were given responsibility for selecting four conference papers to be peer reviewed and published from the more than seventy presented

at the conference. With such a limited choice, it was impossible to represent the diversity of papers, so our selection leaves out many worthy contributions. Stephen Scott and Ben Bavington's practice based account reflects on some ways of thinking about the provision of youth services, and then discusses the issues for GLBT young people within this framework. They highlight the possibilities and pitfalls for working with young GLBT people and go on to discuss their work in peer based programs, particularly ACONs long running "Fun and Esteem" project for young gay men. Mary Heath's paper on bisexuality highlights the seldom heard experience of sexuality that is not dichotomous – neither gay nor lesbian, homo nor heterosexual, nor straight man or woman. She illuminates the lack of space in GLBT communities for bisexual people, despite the token inclusion of the 'silent B'. William Leonard draws attention in his paper to the way queer theory created a framework for the Victorian GLBTI MAC to work outside of the traditional dichotomous construction of sexuality and facilitated its work within a population health policy and program area. Julie Peters personal account of coming to understand the range of behaviours that are acceptable for women and men provides insight into how gender is not only an internal process but is policed externally in subtle yet compelling ways. Her story about fitting in as a woman makes riveting reading and enhances our understanding of gender on all levels. We hope that you find these papers and their viewpoints as informative, challenging and interesting as we have.

We are grateful to everyone who was involved in HID5 for their work and for their contributions to the conference, and to this edition of *GLIP Review*. We are also grateful to those who gave their time to review the articles, and to La Trobe University's Australian Research Centre in Sex, Health and Society for making it possible for us to act as guest editors.



BEYOND CRISIS: EXPLORING MODELS OF SERVICE DELIVERY FOR YOUNG QUEERS

STEPHEN SCOTT & BEN BAVINTON

Abstract

This article invites providers of services to GLBT youth to reflexively critique models, values and practices operating within their services. We describe three models of service delivery to GLBT youth and the conceptualisations of GLBT youth that accompany each of them. We consider consequences of the application of these models and potential problems associated with them. It is concluded that effective service delivery to young GLBTs views them as inherently capable and provides opportunities for them to demonstrate this capacity.

Dedicated services for gay, lesbian, bisexual and transgender (GLBT) youth have operated in Australia's largest cities for more than two decades. During this time services available to GLBT youth have grown in number and have become available in suburban, regional and rural areas alongside a diversification of their mode of service delivery. GLBT youth services have been provided through counselling, individual case management, group work, peer education, training programs, cultural production activities and other programs to respond to this group's needs. The foci of many of these services have been equally diverse and have included accommodation assistance, mental health/emotional wellbeing, HIV prevention, sexual health, social connectedness, and drug use, or a mixture of these.

Despite this breadth, these services, like many generalist youth services, tend to work from particular conceptualisations of 'young people' as a group. These conceptualisations inevitably have effects on the way that the organisation perceives itself and its relationship to the young person, thus leading to particular models of service provision that tend to be analogous to each conceptualisation.

In the first conceptualisation, the young person is viewed as a victim requiring intervention from others for their own protection, and views the worker or organisation as an intervening agent

in the young person's life. This conceptualisation may indeed be necessary to move the young person beyond an initial moment of crisis. Given the potential seriousness of the crises faced by GLBT youth including violence, homelessness, drug use and mental or emotional distress, decisions need to be made quickly, and sometimes such decision-making is beyond the capability of the young person at that time. Thus, the common model of service delivery accompanying this view of young people could be described as 'crisis intervention', encapsulating programs aiming to alleviate immediate harm caused by accommodation displacement, family rejection or dysfunctional alcohol and drug use. These activities seek rapid change and are interventionist in nature. Counselling and individual case management are their most common manifestation.

The second conceptualisation views the young person as an unskilled amateur who requires the development of skills and knowledge with the worker and/or organisation as a source of expertise. The young person's function is to learn while the organisation and its staff supply the process by which this learning occurs. Thus, the analogous model of service provision could be termed 'personal development'. Such programs aim to build personal skills and develop leadership qualities. They often have a medium-term focus with new potential being cultivated over weeks or a few months. This approach normally takes the form of training programs or skills development courses.

The third conceptualisation of young people views the young person in a very different way. Here, the young person is viewed as an experienced, capable individual with the capacity to provide support to others and make a contribution to their community. In this view, the worker and organisation are viewed as facilitators of this contribution, and recognise that there are many routes to community participation, which may or may not involve the organisation in question. Consequently, the third model of service provision may be described as 'community development'. These programs seek to harness social capital, promote

participation and facilitate individuals' contribution to their community. This approach frequently takes the form of peer education and volunteer participation.

Each of these conceptualisations of young people and models of service delivery have strengths and weaknesses. In some cases, it is entirely appropriate and necessary to view young people in each of these ways. The key point is that particular understandings of young people lead to particular models of working with young people, just as the conventions of a particular model will encourage the continuation of a particular conceptualisation. This situation is made more complex given that the three models are not mutually exclusive and should be considered a continuum rather than three discrete categories. Two or more of these models may be simultaneously active within services though perhaps not consciously so. No particular model is more or less important, but each model is appropriate to distinct circumstances for young people. However, having stated this, it is important to recognise that effective work with youth would allow an individual to engage with a service at an appropriate point for them in the continuum formed by these three categories, and would provide the means for them to move along the continuum. In so doing, the young person's skills would expand, their responsibilities grow and their contribution increase as they were supported to develop personally over time. In our view, the most effective means to facilitate this process of movement is one which includes the community development model as the destination of this movement, rather than the sole provision of crisis intervention services or personal development activities.

This discussion is not confined to the realm of the linguistic or the discursive. These models and conceptualisations, although theoretical, do have very real implications for practice. Most workers probably do not spend much time considering the implications of their view of 'young people', but this does not mean that such ideological values do not have effects on practice. Workers are faced with opportunities – particular moments in day-to-day practice – where choices can be made. We can choose between viewing young people as victims (and making decisions based around such a view) or viewing them as capable, experienced individuals. At the epicentre of this choice lies

practicality and expediency versus fostering real youth participation and empowerment. For practical reasons, projects cannot be empowering all the time, and there are certainly times when attempting to create completely youth-led initiatives may be inappropriate. However, even in circumstances where it would be appropriate, running youth-led projects may be impossible due to constraints on time, finances, and the energy of the worker.

Despite the fact that we can not always be doing empowering and youth-led programs, it is important that we have a clear rationale for practice. Additionally, it is important to acknowledge when this compromise between practicality and participation has occurred. We should attempt to be involving young people in controlling programs as much as possible. Being aware of this compromise and when it happens means paying greater attention to those times where we might choose to retain control even though handing control over to young people might have no adverse effects on budget, timing or worker energy levels. This may then encourage us to choose the route leading to greater youth participation, control and determination.

To this point, we have discussed various conceptualisations of young people and models of service provision that, while active in the GLBT youth sector, are not confined merely to queer youth services. These theoretical models are relevant to all youth services, however, there are particular ways that they are related to and complicated by GLBT identities.

Viewing young people as chaotic and crisis-prone is common in the generalist and GLBT-specific youth sectors. However, there are particular consequences for young GLBTs when the term 'crisis' is misapplied. A 'crisis' normally refers to an acute and immediate problem that interferes with the fulfilment of basic needs necessary for a person's wellbeing (such as mental stability, the provision of food and shelter and the preservation of physical safety). It is questionable though, whether coming out or being young and queer itself constitutes a crisis. Indeed being GLBT, even more so in the contemporary context, does not innately limit one's capacity to maintain wellbeing – rather it is the homophobia that young GLBT may contend with that generates these difficulties. Yet some crisis programs seek to provide services to

young people with no other issues besides simply being GLBT, thus inevitably, though perhaps unintentionally, framing their queerness as a crisis and potentially even legitimising this mischaracterisation of GLBT identity, instead of the experience of homophobia, as the real predicament. In a true crisis situation, service providers should be careful to locate the focus appropriately: queerness itself does not constitute a crisis, although the negative effects of *homophobia* certainly might.

Apart from its disempowering tendency to reinforce the very homophobia that is in fact the epicentre of the problem, the misapplication of the term 'crisis' can have several immediate and detrimental effects to the young person and to the service. First, it can encourage workers and organisations to ignore existing skills and capacities that the young person may have. Many projects that claim to build personal capacity seek to alleviate a presumed absence of skills and knowledge amongst their participants. Consequently, capacity development activities are often delivered top-down from services to individuals, rather than seeking the sharing of knowledge and skills horizontally across groups in a peer-educational sense. A particular permutation of this in the GLBT context is when the young person's credibility as a potential peer educator is ignored or dismissed because they have only recently 'come out'. As many GLBT youth services are staffed by (frequently not young) GLBTs, a common pattern is that these staff (and older GLBTs in general) are positioned as the locus of knowledge valuable to young GLBTs by virtue of the credibility assigned to them commensurate to the time that has lapsed since their coming out. This is particularly problematic not only because of the increasingly young age of coming out for many GLBTs (in some cases long before contact with a GLBT youth service is made), but also because it incorrectly assumes a static temporal experience of coming out somehow unaffected by the colossal social change that has occurred in relation to public attitudes towards GLBT issues and the concomitant changes that have taken place within GLBT communities during recent times. It is important that services recognise that while this experiential knowledge remains useful for young GLBTs to reflect upon, the current experience of coming out and being young and queer generated by these rapid shifts can only ever be most readily understood by those people experiencing this now – namely

young GLBTs themselves. The optimal arrangement is an appropriately balanced combination of the experiences and knowledge of both older and younger GLBTs.

Second, describing an individual's life as a crisis can promote the notion that the person should remain in crisis in order to continue to receive service delivery, particularly if this is in fact the only service being provided. However, crisis is not an ongoing state. It is situational, rather than psychological. Representing GLBT identity (its realisation, its actioning) as being a crisis is not reflective of contemporary experience, and further, this is most certainly the reverse perception that services should intimate to young GLBTs. Related to this is the question of how continued participation in the service is read – as 'success' or as 'failure'? It is problematic when young people are encouraged to stay a part of a service where there is no opportunity for moving along the continuum mentioned previously. Giving young people opportunities to become increasingly involved in the operation of the service relies on the willingness of the worker to trust the young people and this subsequently relies on viewing young people as capable rather than chaotic. If a young person continues to be involved in a service in precisely the same capacity as when they first became involved, this probably is not a 'success', and this should be acknowledged. An important aspect of this question is in *how* the young person uses the service, particularly in the long-term. Are they being involved in a way that encourages their personal development and increases their skills?

Another consequence of viewing young GLBT people as chaotic and crisis-prone occurs when the worker develops processes involved in a program and directs participants into these processes with very little decision-making by the young people. The worker then declares that this is a case of youth-driven participation when clearly this is *not* the case. Having young people involved in projects where all decisions have been determined by workers does not constitute a youth-led initiative. Another facet of this problem is that workers risk declaring what they think to be in the best interests of young GLBTs without consulting them. This becomes particularly worrisome when workers blame young people for not supporting their programs, when there have been no young

people involved in driving the programs' content, process or structure.

By contrast, viewing young people as capable and striving for the community development model of service provision provide a way around some of the above problems. However, this is not to say that this approach is completely unproblematic.

Peer-based activities require a considerable relinquishing of control on the part of the service and its workers. They must have faith in participants to organise themselves effectively, to develop and abide by a certain set of rules and to remain committed to the process of the activities. It also requires the service and worker/s to encourage and support the participants to manage and resolve conflict themselves. In the GLBT context, this can be additionally challenging when issues of gender difference and gender identity, friction between hegemonic and subordinated gay and lesbian identities, the politics of bisexual inclusion or other community issues are also being played out.

Further, it must be understood that placing young GLBTs in positions of responsibility and self-determination requires sometimes rigorous support from workers. The leadership potential of young GLBTs can be ignored due to the worker's unwillingness to engage in real capacity development with them or lack of understanding as to what training and support might benefit them. This is particularly ironic when the worker is engaging in supposed capacity development with the young person, but then is unwilling to trust that those capacities have been developed enough to allow the young person any real control over the direction of the program. A question we must ask ourselves is: if we cannot trust the young people in our programs to be more actively and responsibly involved, then what are *we* doing wrong?

This is a critical issue in terms of young GLBTs having confidence to confront and challenge homophobia. Capacity development fulfils its greatest potential when its learning is practically

applied, not only in the context of specific volunteer duties for example, but also in terms of its contribution to personal resilience. Linking to a broader and more long term strategy, it is also pivotal in terms of sustaining GLBT community infrastructure. The survival and regeneration of GLBT communities require the ongoing involvement of new leaders bringing original perspectives and novel ways of working to the community. It is not merely through learning but also through the demonstration of new learning that confidence, leadership and resilience is developed. This subsequent phase requires trust to be shown in individuals and indispensably, a trust in the process of capacity development they have experienced.

Service provision that seeks to comprehend the contemporary experience of being young and queer must recognise the mobility between positions on the continuum described here if they are to be effective. Programs that totalise the reality of GLBT youth as an essential state of perpetual crisis through the provision of crisis intervention services only, or undermine the leadership potential of young GLBTs by developing capacity but providing no mechanism for its application, risk becoming or remaining defective. Providing relevant and meaningful services begins with greater reflection of the conceptualisation of young GLBTs in a service's programs, its relationship to issues of trust and control and eventually its implications for GLBT identity and consequences for GLBT communities.

Author note

Stephen Scott and Ben Bavinton work in ACON's Community Development Unit which includes the Fun and Esteem Project, Australia's longest running peer education project for young gay and bisexual men. Fun and Esteem provides HIV and other health education, personal skills development and social networking for gay/bisexual men aged 26 and under in the greater Sydney metropolitan area. youth@acon.org.au



PRONOUNCING THE SILENT 'B' (IN GLBTTIQ)

MARY HEATH

Abstract

The available evidence suggests that both self-identifying bisexuals and people with bisexual desire or experience are more numerous than many researchers and service providers have assumed. However, the assumption that bisexuals can pass as heterosexual and exercise heterosexual privilege has produced profound silence about the violence, discrimination and illness people who identify as bisexual experience. This paper brings together evidence which suggests self-identified bisexuals experience violence, discrimination and illness at similar or greater rates to self-identified lesbians and gay men. It goes on to argue that declining to pronounce the silent 'B' in 'GLBTTIQ' has costs which extend well beyond further marginalising bisexual people. The continuing silencing and exclusion of bisexuality also risks producing poor research and limiting the richness of the wider queer community.

Introduction

What do I mean, 'the silent B'? Despite the token inclusion of bisexual people in the names of some mixed queer organisations and services, many demonstrate little active inclusion of bisexual people: even when the 'B' is there, it is passed over in silence. So I mean people who say 'gay, lesbian, bisexual' and proceed to talk as though all of us are gay or lesbian. Places for gays, lesbians and bisexuals where anyone mentioning a relationship with someone of another gender is made unwelcome. 'GLBT' services that know nothing about bisexual people and cheerfully provide services to bisexuals only if they are able and willing to pass as gay or lesbian.

I am not suggesting this is the worst or the only silence. The T, T and especially the I in GLBTTIQ¹ are often silent or pronounced in a stumbling way. It is just the silence I am trying to open into a conversation here.

¹ Gay, lesbian, bisexual, transgender, transsexual, intersex and queer.

Where are the bisexuals?

When you have sex with en, you are straight, and when you have sex with women, you are a lesbian. As a bisexual woman, this is what I hear... Your sexuality comes in compartments, like Tupperware; your heart has two chambers and you cannot feel with both; your soul is like Berlin before the wall came down (Christina, 1995).

Bisexuality, like any sexuality, can be defined through *experience*, *desire* and/or *self-identification* (Dobinson, 2003). The *Sex in Australia* survey found that 1.6% of Australian men identify as gay/homosexual and 0.8% of women as lesbian/homosexual. It also found that 0.9% of men and 1.4% of women identify as bisexual. In contrast, 8.6% of men and 15.1% of women reported attraction and/or sexual experience with partners of both sexes (Smith et al., 2003). Self-identity and sexual behaviours have only a partial relationship (Smith et al., 2003). For example, somewhere between 82% (J. Bailey, et al., 2003) and 90% (Rust, 1995) of lesbians and 97% of bisexual women have a history of sex with men (J. Bailey et al., 2003). Studies which consider bisexual identification in young people show significant numbers identifying as bisexual for a range of reasons. They parallel studies of adults in suggesting limited congruence between attractions, behaviours and identification (Hillier et al., 2005).

This evidence suggests that both self-identifying bisexuals and people with bisexual desire or experience are more numerous than many researchers and service providers have assumed. However, the assumption that bisexuals can pass as heterosexual and exercise heterosexual privilege has produced profound silence about the violence, discrimination and illness people who identify as bisexual experience. The persistent failure to pronounce B appears to be based on equally persistent assumptions. Bisexuality is a transitional phase. Self-identifying bisexuals are 'either *really* homosexual or *really* heterosexual' (Firestein, 1996) or, as a recent controversial *New York Times* article put it: 'Straight, Gay or Lying' (Carey, 2005). Despite

the actual or potential availability of heterosexual privilege, evidence suggests self-identifying bisexuals have considerable experiences of violence, discrimination and ill-health. This paper considers the evidence for this claim, focusing on the available information about the experiences of people who identify themselves as bisexual.

Violence

Australian research shows high numbers of lesbians and gay men experience abuse, threats and violence on the grounds of their sexuality (Schwartzkoff et al., 2003). However, we have little dependable information about violence against people who identify as bisexual. Data is collected only incidentally in surveys advertised and circulated in gay and/or lesbian venues which may not welcome bisexuals.

For example, recent research for the Attorney General's Department of NSW is exactly what it says it is: 'a report on homophobic hostilities and violence against gay men and lesbians in New South Wales' (Schwartzkoff et al., 2003). Only gay men and lesbians were sampled. Responses from bisexuals who participated despite its title and the absence of publicity to bisexual organisations were included. Six percent of respondents self-identified as bisexual (Schwartzkoff et al., 2003). Similarly, a major Victorian report collected seven percent bisexual respondents (Victorian Gay and Lesbian Rights Lobby, 2000). These figures significantly under represent the proportion of bisexuals in the population and consequently mislead readers.

Bisexual respondents to the NSW study reported lifetime rates of experiences of abuse, harassment or violence similar to those reported by gay men and higher than those reported by lesbians. Bisexual respondents reported impacts of 'anti gay/anti lesbian abuse or violence' on their behaviour, emotional states, health and friendships above the reported responses of both the lesbian and gay male respondents on 10 of 13 measures (Schwartzkoff et al., 2003, p. 51).

Sex in Australia found that gay men were more than four times as likely to report being forced or frightened into sexual activity as heterosexual men. Bisexual men reported

sexual coercion at even higher rates. Lesbians were much more likely to report being forced or frightened into sex than heterosexual women (35.3% compared with 20.9%). Almost one in every two bisexual women reported experiencing sexual coercion (de Visser, et al., 2003).

Discrimination

The state of knowledge in this area is 'fragmentary' (Herek, 2002). One US study, using a national probability sample, tested heterosexual people's attitudes to a range of ethnic and religious groups, 'homosexual' people and 'people who have AIDS'. 'Respondents' attitudes toward bisexual men and women were more negative than all other groups except injecting drug users' (Herek, 2002).

Another study found that bisexuals were less acceptable to heterosexuals than either lesbians or gay men. 38% found lesbians unacceptable and 43% found gay men unacceptable, 50% found bisexual women unacceptable and 61% found bisexual men unacceptable. These findings were particularly pronounced in heterosexual men, who "rated bisexual men as very unacceptable, but were more tolerant... of bisexuality in women" (Eliason, 1997, p. 324). Several male respondents wrote unsolicited comments about possible threesomes with a female bisexual partner (Eliason, 1997). Undoubtedly this is a form of 'acceptability', but one many bisexual women do not find flattering.

Experiences of discrimination may explain bisexuals' apparent unwillingness to disclose their sexuality. A recent English study found lesbians and gay men were more likely 'to be open about their sexuality' to family, friends, workmates and health professionals than bisexuals (King et al., 2003). Disclosure is more likely to result in well-being, as well as being necessary to allow access to the resilience benefits of group affiliation (Meyer, 2003). However, bisexual people lack a visible community to identify with (Schilder et al., 2001). There is no 'bisexual community' to parallel the gay and lesbian communities, which draw their substance from multiple organisations, services and friendship networks. In comparison there are very few

bisexual organisations Australia-wide and no bi-specific services.

Health and illness

Australian research suggests bisexual people experience poorer mental health than the general population. A community survey showed bisexual self-identification was "associated with worse mental health than heterosexual orientation on a range of measures of psychological distress, with the homosexual group falling between the other two" (Jorm et al., 2002, p. 425). Bisexual participants reported more childhood adversity, current adverse life events, financial difficulties and less support than the heterosexuals.

In spite of these findings, as gay and lesbian issues have begun to reach Australian health policy machinery, bisexual people have been almost completely excluded. The Victorian Ministerial Advisory Committee on Gay and Lesbian Health (MACGLH), for example, notes the lack of research on the sexual health needs of 'bisexually active' people, but its reports propose nothing to rectify this absence (MACGLH, 2002, p. 26). The primary recommendation of its Action Plan is a well-being policy and research unit which would "focus on gay and lesbian health but address bisexual, trans and intersex health issues in so far as they overlap with those of gay men and lesbians" (MACGLH, 2003, p. 149).

However, bisexual people may face *distinct* issues. One example is the lack of recognition and acceptance of bisexuality not only within mainstream society, but also within gay and lesbian communities. If participation in community is a key index of physical and mental health (Bailey, Gurevich, & Mathieson, 2000) and a crucial buffer against the stressful effects of homophobia (Meyer, 2003), bisexual people are at *particular* risk.

The lack of welcome bisexual people often experience within gay and lesbian communities as well as the general community is inadequately understood by health providers, who are consequently unable 'to assess distress, anxiety, relationships or risk appropriately' (Dobinson, 2003). This should be cause for specific concern, rather than the

comprehensive silence found within existing research and service delivery.

Can't we all be SSAY, WSW and MSM together?

Research often proceeds as if collapsing data about bisexual and homosexual respondents and analysing data "as if all the participants are homosexual" is appropriate (Firestein, 1996, p. 271). Any participant who has had a same-sex encounter is classified as gay or lesbian. After this vanishing trick, the research conveys the impression that there are no bisexual people or bisexual-specific issues. If bisexuality is mentioned, "the theoretical implication[s] simply go unremarked" (Eadie, 1993, p. 148).

Studies of 'men who have sex with men' (MSM), in particular, discuss bisexual men as "risk factors without ... appreciation of the context of their basic health concerns, experiences or beliefs" (Schilder et al., 1999: 120). Similarly, as a subcategory of 'women who have sex with women' (WSW), bisexual women appear as vectors of disease or threatening, defective lesbians.

Failing to differentiate bisexual respondents may mean that research produces inaccurate information (Jorm et al., 2002). Although the language of SSAY, MSM and WSW represents an attempt to be more inclusive, it has limitations. In particular, this terminology makes it "possible to ignore affectional relations, cultural values and beliefs ... within these groups" (Schilder et al., 2001, p. 1644). It also makes it possible to ignore pressure for denial of bisexual identity and activity from peers and isolation from family, peers and gay/lesbian communities. Further, it erases the different responses bisexuals report to disclosing their sexuality in contexts including health care settings (King et al., 2003). Unless behaviour-descriptive language is accompanied by awareness that people of common behaviours do not always share identities, communities, cultures or resources, it will only go part of the way toward inclusion.

Tokenism

GLBTTIQ events often pay no specific attention to bisexuality and community groups which claim to be inclusive of lesbians, gays and bisexuals may fail to provide safe, accepting environments for bisexual people (Firestein, 1996). A similar difficulty with pronouncing the B word appears in research. An innovative Canadian study into lesbian and bisexual women's health needs interviewed a limited number of bi-identifying participants. Although purposive sampling was used to attempt to create an ethnically and socioeconomically diverse sample, no efforts to ensure appropriate representation of bisexual women were reported (Mathieson, Bailey, & Gurevich, 2002, p. 187).

One paper reporting the resulting research begins with references to 'the lesbian/bisexual community'. Part-way through the paper, they are replaced with references to 'heterosexual and lesbian communities'. The only bisexual woman quoted as such stated that she was ostracised by the 'lesbian community' (Bailey et al., 2000, p. 13).

The authors recognise that community involves regulatory norms, with resulting impacts on health. They suggest there are "multiple intersections and fractures between individual and collective ideas of what it means to be a lesbian or bisexual woman". Bisexual women represent an example of tension, which "might represent a political threat to a lesbian community" (Mathieson et al., 2002, p. 11). Bisexual women are portrayed as boundary markers of lesbian community, rather than open inhabitants of such communities.

Having made only one bisexual-specific reference to their data, the paper concludes: "The inclusion of bisexual women ... is important because their presence adds an extra dimension to an understanding of how women with multiple identities work toward ... well-being" (Mathieson et al., 2002, p. 194-195). Bisexuality is granted "a rhetorical weight which is unfortunately belied by the failure to give it any theoretical attention" (Eadie, 1993, p. 121). I have not used this example because it is particularly appalling: rather, it is capable of analysis because it attempts bisexual inclusion.

The level of sample bias in studies which claim to include lesbians and bisexual women or gay men and bisexual men would be clearly recognisable as affecting the representativeness of the sample in relation to other populations. However, studies which consider ethnic, socio-economic and educational sample bias completely fail to consider whether declining to differentiate between homosexual and bisexual participants might produce bad science (Jorm et al., 2002).

Who pays?

Most of the time, I think about the costs to bisexual people of exclusion from gay and lesbian initiatives. Freedom from violence, discrimination and ill-health are for everyone. They are not optional extras only for some. However, few people seem to be asking about the cost to lesbian and gay communities and research of excluding bisexuals (Eadie, 1993).

Every time lesbians and gays choose bisexuals as the symbol of everything to-be-avoided, everything a true gay or lesbian is *not*, gay and lesbian communities pay. People who are newly exploring same sex attraction experience pressure to 'get off the fence' as the very reverse of the welcome they were hoping to find. There are a lot of lesbians in particular, who used to think and even to say they were bisexual (Rust, 1995). Some of them live silently and in distress with other-sex attraction or consensual other-sex-experiences. Requiring people to hide or be silent does not create something that deserves the name 'community'.

It is sometimes said that bisexuals make queer spaces (and lesbian spaces, in particular), unsafe. Yet bisexual exclusion makes queer communities unsafe for a lot of people who think of themselves as lesbian or gay, or who may do so in future. Is this a price we want to pay? "To choose to live in a safe space (which may not be safe for everyone in it) is to settle for less than we deserve, by neglecting the possibility of working in coalitions whereby the world might be safe for everyone" (Eadie, 1993, p. 163).

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QUEER OCCUPATIONS: DEVELOPMENT OF VICTORIA'S GAY, LESBIAN, BISEXUAL, TRANSGENDER AND INTERSEX HEALTH AND WELLBEING ACTION PLAN

WILLIAM LEONARD

Abstract

This paper explores some of the ways in which queer theory informed the drafting of *Health and sexual diversity: A health and wellbeing action plan for gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians*. The plan was produced by the Victorian Ministerial Advisory Committee on Gay and Lesbian Health and is the first plan of its kind at state, territory or federal levels in Australia. This paper argues that queer theory enabled the development of a sophisticated and flexible framework for understanding GLBTI health and wellbeing. It allowed the Committee to present GLBTI health issues as representative of broader government policy targeting the health and wellbeing of minority and disadvantaged groups. I conclude by suggesting that this positioning of GLBTI health as non-exceptional within an 'expanded social determinants of health and wellbeing' framework proved to be one of the action plan's major political strengths.

Introduction

On the 29 July 2003 the Victorian Minister for Health, the Honorable Bronwyn Pike, launched *Health and Sexual Diversity: A health and wellbeing action plan for gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians* (Victorian Government Department of Human Services, 2003a). The plan was produced by the Ministerial Advisory Committee on Gay and Lesbian Health in conjunction with the Victorian Department of Human Services and is the first plan of its kind at state, territory or federal level in Australia.

The launch took place, appropriately, in Queens Hall Parliament. Appropriate not only or simply because of the obvious and much repeated pun on 'Queens'. Queens Hall is located at the centre of Parliament House, a geographic rendition of the Hall's symbolic significance as the *people's* Hall. It represents the centrality of the people in the life of the state but is also a reminder that Parliament and our elected

representatives are themselves servants of and finally subject to the will of the people.

The significance of occupying Queens Hall was not lost on the GLBTI Victorians who attended the launch. Drawn together under the watchful and no doubt disapproving eye of Queen Victoria, whose statue dominates the Hall, they represented a diverse coalition of socially and until quite recently politically marginalised groups. They represent a coalition joined less by a common identity than by shared experiences of heterosexual discrimination. Claiming Queens Hall as our own dissolved or perhaps better still *inverted* the relation between centre and margin as GLBTI people assumed the right to represent the people *en masse*, to stand for the Victorian population as a whole.

In this paper I want to draw an analogy between the occupation of Queens Hall by GLBTI people and the deployment of queer theory in the development of population health policy. In both cases a queer body has taken up residence in a space from which it has been traditionally if not constitutively excluded. It has claimed the right to make itself at home on terms other than those of intruder or unwanted guest. In the first instance that body is an abstract body, a body of theory: in the second it is a collective body, the flesh and blood bodies of GLBTI people. This analogy dramatises the central argument of this paper; that queer theory has an important role to play in population health policy and program development.

Queer theory - generic considerations

In *Queer Theory*, Annamarie Jagose outlines her interpretation of Judith Butler's understanding of queer. "In the sense that Butler outlines the queer project" writes Jagose,

Queer may be thought of as activating an identity politics so attuned to the constraining

effects of naming, of delineating a foundational category which precedes and underwrites political intervention, that it may be better understood as promoting a non-identity - or even anti-identity - politics (Jagose, 1996, p. 130).

Queer is part of a wider shift in cultural and political theory over the last twenty-five years. It is representative of the emergence of new academic disciplines critical of the notion of identity and its use by minority groups as the key political signifier in their struggles for social justice and equal rights. These disciplines include feminism, postcolonial theory, cultural and social theory and more recent variations such as critical race studies coming out of the United States. While a number of these new theoretical approaches retain an investment in the very notion of identity they are critical of, queer theorists have embraced the dissolution of identity as both socially enabling and definitive of queer theory itself. As David Halperin would have it:

Queer ...describes a horizon of possibility whose precise extent and heterogeneous scope cannot in principle be delimited in advance....Queer is utopic in its negativity, queer theory curves endlessly toward a realization that its realization remains impossible (Halperin, 1995, p.62).

Queer theory, then, represents the development of a generic critique of identity categories. According to this critique identity categories are not natural, God-given or fixed. Rather, they are socially constituted through processes of exclusion and marginalisation. As such they are historically contingent and open to change.

Queer specificities

At the same time, queer theory develops this critique in relation to a *specific* social field. Let me call this the field of the sexed, gendered and sexualized subject.

Since their beginnings in the work of early sociologists, social and cultural theory have drawn into their explanatory net an ever expanding compass of human behaviours, qualities and identities, starting with Durkheim's classical study of the social roots of suicide to feminist critiques of the social construction of gender. However, it was not until the early 1970s, with the work of social theorists such as Gagnon and Simon, that social theory seriously considered the possibility that human sexuality

might be socially constructed (Gagnon and Simon, 1973). Prior to this work social and cultural theory had conceived of sexuality as the hard kernel of human nature that remained aloof from social forces.

Queer grows out of these early attempts to understand the ways in which human sexuality is socially sculpted. It draws on the work of radical feminists such as Gayle Rubin and Adrienne Rich (Rich, 1980; Rubin, 1984) and is crucially indebted to the work of Foucault and his notion that the modern field of sexuality is both an effect and cause of professional, discursive systems of regulation and control (Foucault, 1990).

Queer brings a *generic* critique of identity categories to the *specific* field of human sexuality. Queer theory takes as its object of enquiry not simply sexuality, but also the ways in which, in Western societies at least, sex, gender and sexuality are mutually constitutive. Put differently, queer theory argues that we cannot understand what any one of these three terms means—sex, gender or sexuality—without reference to the other two. So for example, what it means to be male or female cannot be understood without reference to what it means to be masculine or feminine, and hetero, homo or bisexual.

As AnnaMarie Jagose puts it:

Queer ...dramatises incoherencies in the allegedly stable relations between chromosomal sex, gender and sexual desire. Resisting that model of stability - which claims heterosexuality as its origin, when it is more properly its effect - queer focuses on mismatches between sex, gender and desire (Jagose, 1996, p. 3).

The Victorian GLBTI health and wellbeing action plan

It is to the specificities of queer that I now want to turn, tracing out some of the ways in which queer theory informed the drafting of the Victorian GLBTI health and wellbeing action plan.

A conceptual framework – definitions, rationales and coalitions

The role of the Ministerial Advisory Committee on Gay and Lesbian Health is to provide

advice to the Minister for Health and the Department of Human Services aimed at improving the health and well being of gay men and lesbians. Its terms of reference include bisexual, transgender and intersex health issues *insofar* as they overlap with those of gay men and lesbians (though see Heath, this issue, for a critique of such terms of reference). One of the Committee's key tasks in its first three-year term was to "Develop for the consideration of the Minister an action plan on gay and lesbian health" (Victorian Government Department of Human Services, 2003a, p. 54).

The challenge for the Committee in drafting the action plan was twofold: to clarify the rationale for such a plan and to develop a framework that could accommodate not only gay men and lesbians but also bisexuals, transgender and intersex people.

The matter of definition

In 2000 the United States Gay and Lesbian Medical Association produced a document to accompany *Healthy Living 2010*, the Federal Health Department's blueprint for public health in the US over the next decade (Gay and Lesbian Medical Association, 2001). The Association produced the companion document because of the absence of any reference in the Department's master plan to GLBT people.

The Association identified discrimination and social marginalisation as the major determinants of patterns of ill health specific to GLBT people. It named the source of that discrimination '*heterosexism*'. Heterosexism is "the belief that every individual should be heterosexual and that homosexuality is negative and threatening to society" (Gay and Lesbian Medical Association, 2001, p. 18). This definition, though useful, does not explain how transgender people are subject to heterosexist discrimination. Transgender people do not constitute an alternative sexuality. The abuse they are subjected to is a consequence of transphobia, a fear of alternative gender identities and not homophobia. Furthermore, this definition does not include intersex people or the specificity of their experiences of social marginalisation and abuse in the health system.

The definition of heterosexism used by the US Gay and Lesbian Medical Association is taken

directly from gay and lesbian theory. It focuses exclusively on sexuality and ignores the ways in which normative notions of gender and sex are also implicated in the constitution of heterosexism and its effects. By contrast, the definition and model used in the Victorian GLBTI action plan are heavily indebted to queer theory. The model understands heterosexism as a complex social articulation, a multiply jointed structure that depends on the maintenance of a singular, normative relationship between sex, gender and sexuality.

The wedding cake model

According to the model developed for the Victorian GLBTI action plan heterosexism involves both a particular *logic* and *ordering* of the relation between sex, gender and sexuality.

Figure 1 represents heterosexism as a three-tiered wedding cake. The layers of the cake are ordered according to a hierarchy with sex or nature, supporting as it determines gender, atop which sits sexuality. The set of social relations that governs this model involves not only the order but also the relationship between the terms in each layer. Nature divides sex into male and female, gender into masculine and feminine and sexuality becomes their reciprocal attraction. What we have is a *binary logic* working its way through each layer of the cake. It is as if the bride and groom had taken the bridal knife and in a single stroke sliced the cake in half from top to bottom.

Figure 1: Heterosexism or the wedding cake model



As the action plan describes this model: *Heterosexism* [is] a social system that privileges heterosexuality and that uses this heterosexual presumption to justify discrimination against alternative sexual and gender identities. Heterosexism assumes that sex and gender and the relationship between the two are fixed at birth: Men are born masculine, women are born feminine and sexuality is an attraction between male and female.

Heterosexism is a rigid system that has difficulty placing gay men and lesbians whose primary sexual and emotional attraction is for someone of the same sex or people whose sexuality is fluid and open to change (such as bisexuals or a person whose sexual identity changes over time from hetero- to homosexual). It has difficulty acknowledging transgender and transsexual people whose gender identity does not match the sex assigned to them at birth and intersex people who do not fit neatly into the binary categories of male and female (Victorian Government Department of Human Services, 2003a, p. 12).

This model provides a rationale for linking GLBTI people by identifying a common source of discrimination. Members of sexual minorities, of gender identity minorities and intersex people are linked not by a shared identity but rather by their common experiences of heterosexist discrimination. If heterosexism is understood as an articulated structure, a challenge at any one level is a challenge to the logic and order of the whole. Although homophobia and transphobia may be understood as discrete forms of discrimination, they are also particular instances of a singular system responding to different challenges to its dominance and hegemony.

What does this queer intervention enable? It provides a coherent rationale for linking GLBTI people in a single strategy. It also provides a framework for drawing together a number of their health issues by defining these in terms of the health-related effects of heterosexist discrimination

Content - Sexual orientation and gender identity as social determinants of health

The action plan adopts a social model of health for understanding patterns of health and illness specific to GLBTI people. A social model of

health underpins the development of current government health policy and has been used to target the health needs of marginalised and disadvantaged groups within the Victorian population (Victorian Government Department of Human Services, 2003b, p. 2).

The Government has relied on health policy and current research to identify the major social factors or *social determinants* that lead to patterns of health inequality within the Victorian population. These include socio-economic status, race, gender, ethnicity, age, disability and geographic location. Absent from this list are sexual orientation and gender identity.

The action plan uses this more robust definition of heterosexism to argue that sexual orientation and gender identity are social determinants of health. The action plan brings together, for the first time in Australia, a broad range of data and research on the health status of GLBTI people. An earlier publication commissioned by the Committee (Leonard, 2002) divides the major health issues facing GLBTI people into five broad areas: Physical, sexual and mental health issues and life stage and drug and alcohol issues.

The action plan reorders this information suggesting that heterosexist discrimination is a major determinant of ill health for GLBTI people across each of these five areas. In so doing the action plan tacitly makes the claim that wherever government policy references the social determinants of health or for that matter social diversity, sexual orientation and gender identity should be included.

Let me take just two examples. One of the five papers commissioned by the Committee explored the ways in which changes across the life span affect GLBTI people's health and wellbeing (McNair and Harrison, 2002; Harrison, 2005). The dominant health paradigm in research on aging identifies a number of key transitional stages that impact on individual health. They include: Childhood and adolescence; formation of intimate relationship; family formation; mid-life, and aging.

In the statewide community consultations that were run on the five research papers, one of

the major life stage issues for GLBTI people was coming out (Community Concepts, 2002). This transitional stage was not something any GLBTI person passed through or experienced only once. GLBTI people talked of having to out themselves again and again as their social situation changed; as they changed jobs, joined new clubs, as their children started attending schools or they became carers for their aging parents. Coming out is a life stage issue for GLBTI people but one that does not fit the dominant paradigm's discrete and linear model.

Similarly for many gay men and lesbians, midlife is not about children leaving home and renegotiating domestic/work relations with a spouse. For many gay men mid life began in their thirties and involved renegotiating their sense of identity as they no longer felt valued or at home in a commercial, party-oriented youth culture. For a percentage of lesbians mid life was associated with starting their first open same sex relationship, leaving their long term male partners and renegotiating virtually all their familial and work relationships.

Conclusion

In conclusion I would suggest that queer theory was crucial in the production of a strategic and sophisticated action plan. It allowed the Committee to present the health issues specific to GLBTI people as representative of broader government policy targeting the health and wellbeing needs of minority and disadvantaged populations. In so doing it presented GLBTI health as non-exceptional within a more robust social determinants of health framework.

Has it proved effective? In 2002 the Australian Medical Association referenced the Committee's work in the Association's first sexual orientation and gender identity statement (Australian Medical Association, 2002). In October 2003 the National Health Service, Scotland, used the action plan to produce Britain's first GLBT health strategy, *Towards a Healthier LGBT Scotland*, acknowledging the Victorian report's "innovative approach" (Inclusion Project, 2003, p.5). And in September 2004 Gay and Lesbian Health Victoria (GLHV) was officially opened¹. GLHV is

an independent, government-funded initiative and its establishment was one of the action plan's major recommendations.

In July 2003 a queer body made itself at home at the symbolic centre of the state. In writing the Victorian GLBTI health and wellbeing action plan that same body has staked its claim to a legitimate place within government policy. For me both the writing and the launch of the Victorian GLBTI health action plan are examples of *queer occupations*.

Author note

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¹ GLHV's brief includes; Developing GLBTI training and health promotion resources, providing education for health care providers

and policy makers, and developing a clearinghouse of GLBTI resources and research (www.glvh.org.au).

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GENDER PRAC: GENDER AS PERFORMANCE, NOT GENDER THEORY

JULIE PETERS

Abstract

Noam Chomsky thought of himself as a working class intellectual and suggested that people who change class get to see class far more clearly than people who have only ever belonged to one class. I have changed gender. But has that helped me see gender more clearly than people who haven't? To change gender I had to become hyper-aware of the range of behaviours allowed for both the masculine and feminine classes. It is these studies in gender practice that have enabled me to find a sub-set of ways of being a woman that work in a variety of situations. For example I know that if I dress too femininely or too sexually at work my leadership role with men breaks down. If I had to name that gender sub-class it would be the 'non-sexual-elder-sister-as-family-leader' gender. I have found this ability to fine tune gender performance a very valuable living skill.

Introduction

I still glaze over when I try to read gender theory. I knew gender was an evil force in my life. So I thought gender theory might help. But it didn't. I think I missed the point. I was trying to read Foucault as a self help book. I needed practical strategies for living my life in this highly gendered society. This paper tries to be practical and look at some of the strategies I have found useful.

Early days

As a child I knew there was one set of rules you had to follow if you were picked to be a boy and another set if you were picked to be a girl. When I asked Mum she told me that God had picked me to be a boy. This put God in my bad books straight away. But you will be pleased to learn that I did eventually figure out that most people thought gender was determined by biology. I didn't get to see my Catholic parents naked so I hadn't made that connection between biology and gender. But I wasn't swayed. I remained convinced that gender was arbitrary and that whoever choose my gender had made a terrible mistake.

I couldn't help but notice that the worst insult a teacher could direct at a boy was that he was a sissy. Classmates who performed being-a-boy badly were teased or bashed. I didn't like these boy-rules people expected me to be good at. But even as a six year old I realised that asking Santa for a ballet dress was a bit risky. I just didn't know whose side Santa was on.

So my first how-to-deal-with-gender strategy was simply to hide the fact that I wanted to be a girl, albeit a tomboy. It seemed to me that tomboys could get away with doing both girl things and boy things.

High school genders

Poor performance of gender seemed to become a lot more dangerous when I entered high school. Being Catholic, my parents sent me to a boys only school. On the first day the Christian Brother headmaster, Brother Mogg, told us how his school was going to destroy any vestiges of sissyness that we might have picked up from the nuns in primary school. He told us he would convert us into strong Catholic men. He punctuated his speech slapping his leather strap across his other hand.

By the end of the first week I had received a dozen cuts from this strap for poor academic performance. He told us that only sissies cried so I started doing my homework. This had unforeseen consequences. Within a year or so I had moved from the bottom of the class to the top, best in both humanities and sciences. But I quickly created a new role for myself - class nerd. I was good academically, poorly dressed and I made sure I was bad at sport. In this working class school the male pecking depended far more on sporting ability than scholastic ability.

Nerd, sportsman, tough boy, sex maniac and sissy are all different ways of being male. And each of these types has its own archetype, scripts or rules-of-engagement. As an outsider, it seemed to me that everyone else just knew how to make their scripts work without error or

effort. I pretended to be a nerd to hide my wish to be girl rather than perform the far more dangerous sissy-boy script. But still I saw myself as an undiscovered girl.

Unsatisfactory male genders at puberty

I was able to sustain this I-am-really-a-girl dream until puberty. But my voice dropped and I grew hair on my legs and pimply face. Over the next six years I was a churning emotional mess. I avoided looking in mirrors. I hated what I saw. I could sustain a male script for a few days at a time but I hated myself more and more for doing so. I had a nagging doubt that there must be a male gender that suited me. So I tried as many as I could stomach: altar boy, good catholic boy virgin, eldest brother, drunken engineering student, artist, science teacher, television techo, gay man and my long time favourite a nerd. Overall I found the middle class male genders a bit easier than the working class ones.

But still I couldn't get any of these male-genders to work at a deep level. I was very unhappy. I tried alcohol to blur these feelings. But after a near death experience I developed a non drug ability to stop feeling. Feeling nothing was certainly far better than feeling bad all the time. And so I had invented a new gender, the be-as-inconspicuous-and-non-feeling-with-no-opinion-on-anything gender. This kept me out of trouble for a few more years.

Dual genders

In my early 20's I finally fought off my Catholic guilt enough to buy some women's clothes and tried being a woman on a part-time basis. This shifting between male and female made me conscious that success in either gender was more dependent on performance of those gender scripts than on my physical body. I very quickly realized that being seen as a boy-dressed-as-girl was really a male gender, a sissy male, and not a female gender and so I started my PhD in passing.

I studied, researched, took notes, experimented, did acting and dance classes, cross trained in heels, make-up, voice, language, read fashion magazines. I set myself a series of achievable tasks so I could make positive progress. I fine tuned my empathetic skills and took photos of

myself for feedback. I was studying to be woman. But which woman? There are so many to choose from; housewife, nun, sex-bomb, serious scientist, carer, movie-star, girl-next-door, bitch, librarian. So I tried them all. I enjoyed this new hobby so much that I gave up trying to find a male gender I could bear.

Androgyne genders

My next experiment was to try androgyny. You know the man embracing his feminine side and the woman embracing her masculine side. I was still being a woman as a hobby and I tried being an androgynous male the rest of the time. I never did find an androgynous gender that worked. I eventually realised that I was using androgyny to avoid admitting that I wanted to be female.

Transition

I guess I'm a slow learner. Eventually, in my late 30's, I realised that none of these male, dual or androgynous genders really suited me. When people saw me as a woman I felt they were making the right assumptions about me. As a woman I felt comfortable and ordinary.

I realised that what I truly really wanted was to express the true real me, no matter how scary or weird it was. I realised that the only way I had any chance of being whole was to fit into our culture as a female. All this trying to be a woman in my head while the world saw me a man just wasn't working. I was becoming more and depressed and obsessed.

It didn't take a genius to work out that I was only happy when the world saw me as a woman. So I did the only possible 'logical' thing. I transitioned. As soon as I had made the choice I felt a huge weight lifted from me. Of course there were a number of practical problems to be sorted out such as work, identity papers etc.

Because I had already completed my PhD in passing I was almost immediately very comfortable in my own body. Of course I was challenging other people's gender beliefs and their reaction to me was very stressful. But I was determined and I eventually wore them down. Ironically I had their belief in gender on my side. Most people believe there are only two genders and either they see you as a male or as a female. And because I had good female

technique their sub-conscious clearly saw me as female and they forgot their logical objections. Two years later I had the surgery. I caught a glimpse of myself in the mirror and a rush of joy engulfed me.

Post transition female genders

I was never naive enough to think that all my problems with gender would disappear once I had transitioned. The pressures to conform to female genders started on the very first day at work. "You can't eat that or you'll put on weight". I found people, male, female, gay, straight, transgendered all telling me how I ought to perform gender. I realised that my gender could limit me as easily as it could enhance my life. But because I had been through this all before, when I was trying to conform to being a male, I knew that I was going to ignore most of this advice. And I already had strategies in place for being polite but making up my own mind about how I would be a woman. So I tried to personalise my gender.

We are all multi-gendered

At first I thought I was searching for my individual Julie-Peters gender. But like most people I am complicated and in a complex life you do wear many hats, play many roles and all of them can be true. We all perform a myriad of genders. Although most people limit themselves to a small range or a linear transition. For example a woman looking for a husband may be a flirt, then an engaged woman, a lover, a bride, a wife, a mother, a grandmother. No one gender can express who I am and so I needed to develop a repertoire of genders for different times and situations. I soon realised that the more genders I could perform the more accurately I could fine tune my social interactions. An example might illustrate this better.

Performing gender in the workplace

When I started a new job in 2003 I didn't know the people but I was aware that they knew of my transgendered history. I went in as an operational project leader and ironically I was the first woman to work in this area since its inception in 1960. While quite new in the job, one of the women from another department was very straightforward, "It's always been such a

boy's club out there. We're really very interested in seeing if you can make this work."

I think my most important skill was an ability to be aware of how people were feeling. I used these observations to fine tune how I related. I knew I had to show technical credibility. I knew I wasn't going to try to become 'one of the boys'.

One office day I wore a skirt with high boots. One guy snidely referred to my boots as 'come fuck me boots' and I was shocked by this. The men seem to be most comfortable when I wore jeans and a shirt. But if I do wear a skirt a number of the women congratulate me. On one of these days Mary asked me why I didn't wear skirts more often. Without thinking or censoring myself I replied, "The boys don't take me seriously if I look too cute". She was horrified.

But I do think that is a fairly accurate appraisal of the situation. I continue to fine-tuning how I interact with people at work. My guess is that the men I worked with in that job started to see me as belonging to the elder-sister-who-likes-to-organise-things gender and this archetype doesn't allow me to look too attractive.

Seeing me in a technical leadership role, one of our clients from commercial television asked me if I was a lesbian. At first I thought his logic was bizarre. But on thinking about it, I can see that his limited views on women would lead him to this conclusion. In commercial television the only women in operational or technical roles are juniors. All I would have to do to totally unsettle this guy would be to wear slightly less sensible shoes, lipstick and a low top.

Relationships and complimentary genders

A few years after I transitioned I happened to be in Sydney at the same time as a gay male friend of mine. We arranged to have lunch and then travel back to Melbourne together. Neither of us was prepared for what was to follow. People thought we were a straight couple. When he bought me a pair of earrings for my birthday the shop assistant was rapturous, "I wish my boy friend would buy me such a nice present". Porters went out of their way to help us. Coupling, it seems, relies on two people performing complimentary genders. That day we saw how seductive social approval could be. But

we decided against moving in together. After all he had a boy friend and I had a girl friend.

I've discovered that if you are 'out' about your transgendered status you confuse the normal rules of complimentary genders. People seem to accept the new role in a general sort of way but they have much stricter limits when you are being considered as part of a couple.

I wasn't too bad looking in my youth but I found that if a straight man found me attractive he started to wonder if he might be gay. If gay men or lesbians found me attractive they started to wonder if they might be straight. And of course if a straight women found me attractive she started to wonder if she might be lesbian.

But all is not lost. Transgendered people do have good relationships with people who don't feel very strongly about their own gender labels. But this also explains why so many transgendered people go stealth. Going stealth means you need to conform to gender norms. Going stealth means you are limited by gender and hate your true self.

Conclusion

My attitudes toward gender have changed over time. I was unconsciously aware of it as a child. I became very angry at the way gender tried to control me and limit me in my teens. In my twenties I tried leading a dual gendered life and androgyny. I eventually changed my broad brush stroke category from male to female. I do live in a womanly way. But I'm still a tomboy, well sort of lipstick-femme-tom-boy. No. That definition doesn't fit exactly. I can't really define my gender that way. I am a complex person. I use a broad range of gender performance. I can use these subtly different gender roles to express different aspects of my personality. I

find that this repertoire enables me to fine tune my social interactions. My new year's resolution is to learn a new gender every month.

It was an accident really that I developed a broader repertoire of genders that most people. And overall I'd have to say that I have benefited from this sometimes stressful journey. But the big question for me is whether or not everyone could benefit from increasing their repertoire of gender performance.

All of us live in a highly gendered society, a society where some sort of gender performance is compulsory, a society that tries to make gender prescriptive and limiting. Gender tries to divide people into two classes that prescribe how people interact. Gender is about social performance and so you can't perform gender if no one is watching. We all perform gender but like so many Hollywood actors most of us become type-cast. We rarely push our limits. Gender in our society limits most people. I'm not suggesting that you go through a similar journey to me. But as I have shown, the performance of gender doesn't have to limit you. Gender can be used for good or evil. It can be used to reveal, display, protect or hide your real personality depending on your wishes and context. The study of gender practice in a way that avoids its prescriptive tendencies can enhance all our lives.

So in my heart of hearts I can only answer that yes we can all benefit from increasing our gender repertoire. Neither god, our biology or our parents have to choose our genders. We can make our own choices.

Author note

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BOOK REVIEW

REVIEWED BY JO BELGRAVE

Gay, Lesbian and Transgender Issues in Education Programs, Policies and Practices. Edited by James T. Sears. Harrington Park Press, 2005, 209 pp, ISBN 1-56023-523-3.

Gay, Lesbian and Transgender Issues in Education is an anthology drawn from articles previously published in the *Journal of Gay & Lesbian Issues in Education*. An ambitious work, it seeks to demystify the academic and make it accessible to the ordinary reader, vital if its message is to be heard across the various strata of society. This is not to say that the book lacks academic credentials: it presents a series of essays and articles by international writers, of varying backgrounds and literary skill, but the editing is such that the arguments presented run smoothly into one another. The result presents a cohesive theme leaving the impression that the situation for queer youth growing up in different parts of the globe has a familiar sameness to it. I would like to have seen other Pacific rim nations represented – but possibly this would be a project for a sequel.

The opening section of the book comprises short narratives by young people who write their impressions on growing up different as they look back on their time at school. Interspersed with these narratives are comments by various academics who discuss and compare the young people's experiences. These young people are then offered the chance to comment on the commentaries – an interesting technique, and one which gives them the means to reflect on their teenage years and to offer suggestions to guide those entrusted with young people's welfare – the teachers, the counsellors, and the youth workers. It also highlights the self-awareness that some young people have from a very early age, something which school personnel may often choose to ignore. Possibly the "questioning" youth are not always undecided!

Section Two presents evidence to support some of the issues raised by the youth of Section One. Although the writers situate their references within the United States and Canada, much of this application is universal. The five young writers of the opening section would recognize many of the situations described and would identify with their American and Canadian peers. Homophobia –

from the ignorant remark made by an ill-informed teacher to physical violence from other students – is a critical issue no matter what country is under discussion: the best policies and systems in the world can never totally counter the influence of the extreme right. There is no magic cure offered; rather, the most common observation that emerges is that schools are all on a continuum towards a possibly unreachable ideal, namely that all members of the school community, from the Principal to the extended family networks of the students and teachers, are free of homophobia to the extent that all nuances of sexual and gender identity form part of an inclusive mainstream. Strength in and acknowledgement of diversity from the top down are the aims if schools are to be positive, safe environments for all teachers and students.

Holmes and Cahill cite several studies which offer statistical surveys on the various antisocial behaviours observed in LGBTI youth, and link them to the amount of harassment incurred. They highlight that these behaviours do not suddenly start in teenage years – they date right back to the first years at school. Szalacha examines the development of anti-harassment initiatives in schools, and looks, albeit briefly, at different models both in the United States and in other countries. Finally, Walton looks at the situation in Canada and describes the ongoing move to change anti-harassment systems from reactive to proactive. His observation on bullying is illuminating: he asserts that bullying, traditionally presumed to be an antisocial activity, "...affords dominance and social status and is often rewarded and supported by other children. It may not be nice, but it is, nevertheless, very social." For all four authors, the presumption that "normal" equates to "heterosexual" sets up the queer student to be marginalized through being different, and places that student outside the social group of the bully.

The final section of the book examines the ways in which some institutions and groups have begun to address the issues. Although these essays are all based on work undertaken in the United States, the lessons they teach could be applied in many other areas of the world. Various models are described, notably GSAs (Gay Straight Alliances) –

sometimes renamed so that the perceived focus is less threatening to those who may be reluctant to join a "queer" group. Swartz, writing on educating the educators, suggests the inclusion of appropriate reading material in the school library, and encourages pre-service teachers to reflect on the advantages of dealing with oppression (whether homophobic, racial, or political) by confronting it through reading and discussion, looking at the use of derogatory language, and appealing to the child's sense of indignation when injustices occur.

Of particular note in this section is the inclusion of material on transgender specific issues. There is a dearth of accessible research in this area to the point that many schools, whilst making a real attempt to include lesbian/gay/bisexual students within the mainstream, overlook the intersexed and transgendered minority: their assumption depends on the perceived male/female binary as the absolute. It is reassuring therefore to note that Beemyn's article begins with a discussion of the language used – an area which is often confusing for the average reader. He also includes a brief history of gender variance, and proceeds to describe ways in which schools can become trans-friendly institutions rather than the unwelcome, often threatening environments that is all too often the case. Beemyn's argument for equity is furthered in the article by Bopp, Juday and Charters which outlines a Hawaiian program for transgendered youth and analyses some of the positive outcomes for the members. Although

their survey sample was small, it would indicate that there are very real advantages for youth who have been associated with a support program of this sort.

As stated earlier, this is an ambitious book. In many ways it merely scratches the surface: it is reassuring that some of the authors include a comprehensive reference list of works cited so that the interested reader can gain a deeper understanding of some of the issues. The Internet also (endorsed particularly by the young gay men writing in the first section of the book) has a wealth of support material which is readily accessible to anyone with rudimentary search skills and a desire to learn. Perhaps this compilation should be regarded as an introduction to whet the appetite rather than an end in itself.

Author note

Jo Belgrave is a teacher and freelance writer who lives in New Zealand. She holds a Masters degree from the University of Auckland and a post-graduate diploma in Drama in Education. Since 1999 she has been one of five members of the New Zealand Post Primary Teachers' Association Safe Schools Task Force, an initiative which is dedicated to making New Zealand schools safer and more inclusive for LGBTI members, whether staff, students, or extended family.



BOOK REVIEW

REVIEWED BY PAUL VAN REYK

Pederasts and Others. Urban Culture and Sexual Identity in Nineteenth Century Paris. William A. Peniston, PhD. Birmingham, NY: Harrington Park Press, 2004, 257 pp. ISBN: 1-56023-485-7

Within the first pages of this book, I began to have three worries. Firstly, about how useful in making the exploration indicated by its title would be an author who feels it necessary to state: 'I am sometimes embarrassed by the behaviour of these young working-class and lower middle-class men, who pursued their sexual interests in public'.

Secondly, when the Introduction discloses that the reader is not going to have an exploration of 'urban and sexual identity in Nineteenth Century Paris', but only an exploration of records of police action against a group of mostly working class men in the years 1873 – 1879. That's a century-long gap between 1791, the year in which France became the first county in the world to abolish laws against sodomy, and the beginning of the police ledger from which the title of the book is taken.

Thirdly, the puzzling absence of a discussion of the church and moral discourse in Part 1: The Forces of Authority. Were not many if not all of these authorities were also Catholic in a very Catholic France?

Do any of my concerns matter to the worth of the book. Well, yes. Fascinating as much of the material here is, it is presented with a bewildering insularity, an almost exclusively utilitarian explanation for complex human behaviour, and forensic dispassion. Peniston appears to have set

out to prove two points; that the actions of the police were only ascribable to their construction of pederasty and sodomy as inextricably linked to crime in general; and that there was a 'particular community' of men who 'through their contacts with the police, the courts, the medical profession, and the intellectual elites...contributed indirectly to the new discourses on same sex sexuality'.

The two, I fear, are not compatible, and Peniston does not anyway succeed in demonstrating either particularly well. The accumulation of detail is no substitute for analysis and synthesis. The book while adding to description does not add to understanding.

Author note

Born a Sri Lankan Burgher (think a Dutch equivalent of an Anglo-Indian), I've called Sydney home for 40 plus years. Qualified as a social worker in the mid '70s when I really wanted to be a journo. Came out in 1979 as a member of the organising collective for a National Homosexual Conference and never looked back. The next two decades saw me involved as a leftie activist in NSW gay law reform and HIV/AIDS. Began freelancing for Sydney and national gay community media and continue to do so. Co-edited *Queer City: Gay and lesbian politics in Sydney* (with Craig Johnston, 2001). Take every opportunity to spruik my take on our lives at conferences, seminars, debates. Began having kids in 1984 but have really, truly stopped now. Now also a freelance food writer. Day job as a policy and programme consultant in the human services.

CALL FOR CONTRIBUTIONS

Special Issue of *Gay & Lesbian Issues and Psychology Review*

GLBTI Ageing

Edited by Jo Harrison and Damien Riggs

This special issue of the Review, to be published in August 2006, will focus on issues of GLBTI ageing. Some topic areas that may be appropriate for the issue include:

- *What does ageing mean to GLBTI people from different age cohorts?
- *Are there particular concerns which impact on GLBTI people in relation to ageing, in addition to those which impact on heterosexual people?
- *How has psychology addressed GLBTI ageing to date? Is there potential for psychology to address relevant concerns – in clinical practice, in research, in other arenas?
- *How can/do theories of ageing and GLBTI/queer experience inform ageing research and action?
- *How do homophobia/transphobia and discrimination impact on GLBTI experiences of ageing?
- *In what way does ageism impact on GLBTI older people?
- *What are the experiences and needs of those providing informal care for older GLBTI people?
- *What are the attitudes, experiences and concerns of those providing clinical or other direct services to GLBTI older people?
- *How do matters of invisibility and life histories impact on the GLBTI ageing experience?
- *How have activists responded to GLBTI ageing concerns in Australia and/or overseas?
- *Are there useful models for the provision of clinical interventions, community services, advocacy, education, policy and law reform around GLBTI ageing?
- *How do GLBTI support networks and community organizations address ageing issues?

The special issue editors invite research and theoretical articles (maximum 3000 words) and short commentaries and 'opinion pieces' (maximum 1500 words) which address these questions. In particular, papers are called for that draw out the strengths and weaknesses of psychology in relation to GLBTI individuals and ageing. Contributors are encouraged to introduce personal, political and professional narratives into their submissions where appropriate. All article submissions will be peer-reviewed.

The deadline for submissions is 15th May 2006. Please contact the journal Editor if this deadline needs to be negotiated. Informal enquiries and submissions should be sent to (preferably via email):

Damien Riggs
Department of Psychology
The University of Adelaide
South Australia
5005
damien.riggs@adelaide.edu.au

Gay and Lesbian Issues and Psychology Review

Preparation, submission and publication guidelines

Types of articles that we typically consider:

A)

- Empirical articles (2500 word max)
- Theoretical pieces
- Commentary on LGBTI issues and psychology
- Research in brief: Reviews of a favourite or troublesome article/book chapter that you have read and would like to comment on

B)

- Conference reports/conference abstracts
- Practitioner's reports/field notes
- Political/media style reports of relevant issues
- Book reviews (please contact the Editor for a list of books available & review guidelines)
- Promotional material for LGBT relevant issues

The Review also welcomes proposals for special issues and guest Editors.

Each submission in section A should be prepared for blind peer-review if the author wishes. If not, submissions will still be reviewed, but the identity of the author may be known to the reviewer. Submissions for blind review should contain a title page that has all of the author(s) information, along with the title of the submission, a short author note (50 words or less), a word count and up to 5 key words. The remainder of the submission should not identify the author in any way, and should start on a new page with the submission title followed by an abstract and then the body of the text. Authors who do not require blind review should submit papers as per the above instructions, the difference being that the body text may start directly after the key words.

Each submission in section B should contain the author(s) information, title of submission (if relevant), a short author note (50 words or less) and a word count, but need not be prepared for blind review.

All submissions must adhere to the rules set out in the Publication Manual of the American Psychological Association (fifth edition), and contributors are encouraged to contact the Editor should they have any concerns with this format as it relates to their submission. Spelling should be Australian (e.g., 'ise') rather than American ('ize'), and submissions should be accompanied with a letter stating any conflicts of interest in regards to publication or competing interests. Footnotes should be kept to a minimum. References should be listed alphabetically by author at the end of the paper. For example:

Journal Articles: Riggs, D.W. (2004). The politics of scientific knowledge: Constructions of sexuality and ethics in the conversion therapy literature. *Lesbian & Gay Psychology Review*, 5, 16-24.

Books: Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage.

Edited Books: Coyle, A. & Kitzinger, C. (Eds.) (2002). *Lesbian & gay psychology: New perspectives*. Oxford: BPS Blackwell.

Book Chapters: MacBride-Stewart, S. (2004). Dental dams: A parody of straight expectations in the promotion of 'safer' lesbian sex. In D.W. Riggs & G.A. Walker (Eds.), *Out in the antipodes: Australian and New Zealand perspectives on gay and lesbian issue in psychology* (pp.393-416). Perth: Brightfire Press.

References within the text should be listed in alphabetical order separated by a semi-colon, page numbers following year. For example:

(Clarke, 2001; Peel, 2001; Riggs & Walker, 2004)

(Clarke, 2002a; b)

(MacBride-Stewart, 2004, p. 398)

Authors should avoid the use of *sexist*, *racist* and *heterosexist language*. Authors should follow the guidelines for the use of non-sexist language provided by the American Psychological Society.

Papers should be submitted in Word format: title bold 12 points, author bold 11 points (with footnote including affiliation/address), abstract italicised 10 points left aligned, article text 10 points left aligned. All other identifying information on title page for section A articles should be 10 points and left aligned.

All submissions should be sent to the Editor, either via email (preferred): damien.riggs@adelaide.edu.au, or via post: Department of Psychology, The University of Adelaide, South Australia, 5005.

Deadlines

January 30 for April edition

May 30 for August edition

September 30 for December edition

