let them walk in
my shoes
for a day

A REPORT BASED ON

# DIVERSITY:
## Supporting, Challenging, **Celebrating**

A seminar for workers exploring issues of suicide & self-harm
among gay, lesbian, bisexual & transgender young people
— July 1999

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Project auspiced by Gay and Lesbian Welfare Association (GLWA)

**If onlookers**

think being gay is a phase,
or trendy or an easy way
out then let them walk in
my shoes for a day. Let
them be abused, called
names, assaulted for just
walking down the street &
discriminated against at
school, at work & even in
their own family.

—GLBT young people's panel

Diversity was organised by a collaboration of organisations and government departments including Gay Lesbian Welfare Association, Rainbow Healers Gay & Lesbian Therapist Network, Diverse Students Safe Schools, Qld Association of Gay & Lesbian Rights, 2QT2BSTR8, Qld AIDS Council, Youth Affairs Network Qld, Lesbian & Gay Youth Support Group, Queensland Health, the Department of Families, Youth & Community Care, & Education Queensland.

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*I didn't want to live if it meant losing everyone I loved because I was gay.*

—GLBT young people's panel

**We would like to acknowledge the contribution of the following individuals:**

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**Performance**

Brisbane Lesbian & Gay Pride Choir

**Sound Crew**

Amy Compton-Keen

**Formatting**

Paper Trails

*let them walk in my shoes for a day*

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# ABOUT THIS REPORT

This is a report on the Diversity Seminar. The Seminar was based on a set of good practice guidelines that were outlined on the first day of the seminar. These are good practice guidelines regarding working with issues of suicide and self-harm among GLBT young people. These guidelines provided the foundation for the content and the process of the seminar. They provided the framework from which participants developed their own strategies, and have been included in this report. In some cases they have been extended with notes taken from the presentations at the seminar.

As you read through this report you will come across many examples of what is good practice, working with issues of suicide and self-harm among GLBT young people. An important premise of this seminar was that best practice regarding work with issues of suicide and self-harm among GLBT young people includes, but is much more than just developing strategies for working with young people who identify as GLBT, or who a worker 'identifies' as GLBT. For instance, research presented at the seminar (Howard,1999) found that young gay men are at greatest risk of suicide before they "come out" (ie. identify as gay) to another person. Best practice therefore includes developing strategies for challenging community homophobia and heterosexism in order to create environments that offer support and affirmation for GLBT young people who have not yet come out and might otherwise feel that "death is a preferable option to being gay" (Howard, 1999). Likewise, to develop strategies that only focus on individual GLBT young people rather than whole communities is dangerous practice. One can imagine the danger for both worker and young person should a worker try to support a young person "come out" into a violently homophobic environment without any strategies being put in place to create interpersonal, organisational and community support.

After the seminar, the small group action plans and individual strategies were summarised and organised. These have been included in this report in the section titled Participant Driven Strategies. The seminar evaluations were summarised and organised and are included in the section titled Seminar Evaluation. Once the participant feedback was collated the Diversity Steering Committee then developed a list of recommendations based on the participant-driven strategies and the evidence presented at the seminar. These have been included in this report in the section titled Recommendations of the Diversity Steering Committee.

In conclusion, this report is a beginning to continuing dialogue regarding a better future for GLBT young people.

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*I am proud*

*of who I am now because*

*I have great friends and*

*others who accept me*

*for me.*

—*GLBT young people's panel*

# BACKGROUND

Over the last ten years there have been an increasing number of studies which highlight that gay, lesbian, bisexual & transgender (GLBT) young people are at risk of suicidal ideation, suicide attempt, suicide and self-harming behaviour. The Queensland Government Youth Suicide Prevention Strategy (QGYSPS) identifies that young people dealing with sexuality issues are a group at risk of suicide and self-harming behaviour. The QGYSPS emphasises the importance of *programs which focus on social support and resources and increasing the resilience of young people. These are programs which provide a nurturing and supportive environment for young people.* In keeping with the QGYSPS strategy it is vital that those who work with young people are aware of the issues facing GLBT young people, and have the skills and knowledge to provide a nurturing and supportive environment for GLBT young people.

In 1999 the QGYSPS provided funding for a two day seminar to explore issues of suicide and self-harming behaviour among GLBT young people. Six GLBT community organisations were invited to apply for the funding. These groups decided to collaborate and consequently submitted one joint application, resulting in DIVERSITY: Challenging, Supporting, Celebrating.

The aims of the seminar were as follows:

- To increase awareness regarding issues and experiences of GLBT young people.
- To present current research regarding issues of suicide and self-harming behaviour among GLBT young people.
- To present models of good practice regarding work with GLBT young people at risk of suicide and self-harming.
- Workers to leave with strategies/approaches for increasing the resilience of GLBT young people and for creating more safe and nurturing environments.
- To continue to build a collaborative approach between direct service providers and governments.

New levels of cooperation were required and attempted. The seminar required cooperation between GLBT organisations, cooperation between youth agencies, cooperation between government departments, cooperation between GLBT networks and mainstream networks, cooperation between community networks and government networks, cooperation between heterosexual individuals and GLBT individuals, cooperation between men and women.

On the day some one hundred and thirty people arrived to participate in, and contribute to, the seminar. While many were from South-east Queensland, at least a quarter were from regional and rural areas as far north as Townsville and as far west as Mt Isa. A broad spectrum of backgrounds was represented at the seminar, including youth and community, health, education, the GLBT community, government and higher education. Dialogue was the order of the day. There was a diversity of experience and opinion. There was also a genuine desire for cooperation and finding common ground.

The steering committee made the assumption that workers in the sector were already well equipped with the micro-skills needed to deal with suicide and self-harm in individual clients (there has been a range of training provided to the sector over the last two years in these areas). Accordingly, participants focused on strategies to increase the resilience of GLBT young people through creating more supportive environments and communities. Participants were taken through a developmental process that allowed them to formulate strategies as individuals, for their organisations and in the wider community. Participants were exposed to research, then stories from workers, then strategies, then stories from a panel of young people telling their personal experiences, and finally action planning. Over the two days participants worked in small groups to develop practical links between the presentations of the speakers and their own work practice. Both the large group and small group plenaries were facilitated to allow safe dialogue amongst a very diverse crowd. As a conclusion to the two days small groups presented their action plans and recommendations to the seminar. Participants also filled out individual feedback sheets outlining strategies they were taking back to their work place and practice, as well as an evaluation of the seminar.

# DIVERSITY SEMINAR GOOD PRACTICE GUIDELINES

➤ **In any given community, a significant minority of young people are not heterosexual.**

A common misconception among workers working with young people is that no GLBT young people access their service, or live in their area. Homosexuality, like heterosexuality occurs regardless of culture, class and geography. Research conducted in Australia, by the National Centre in HIV Social Research, La Trobe University found figures of 8 - 11%. One of these studies surveyed young people between 14 and 16 years in Australian country towns and found that 11% had experienced sexual attraction to the same sex.[1]

➤ **Young people dealing with same-sex attraction are at elevated risk of suicide and self-harming behaviour.**

Research conducted primarily over the last 11 years indicates gay young people constitute a significant risk group for suicidal behaviour; studies estimating that between 20-42% of gay young people attempt suicide with most attempts occurring between 15-17 years of age.[2] Research presented at the seminar (Howard, 1999) also indicates that many young gay men who suicide or attempt suicide do so before they "come out" ie. identify as gay to other people. [3]
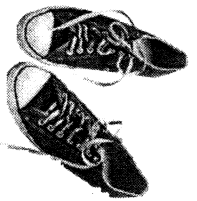
No research was presented at the seminar regarding suicide and suicide attempts among lesbian or transgender young people. This is indicative of the lack of and the need for research in this area.

The following issues were highlighted at the seminar as issues often faced by GLBT young people:

➤ **Being Gay, Lesbian, Bisexual or Transgender does not on its own make someone more susceptible to suicide or self-harming behaviour. However, GLBT young people face the challenge of developing identity and a sense of self-worth in an environment that is underpinned with homophobic and heterosexist beliefs, attitudes and practices. The lack of fit between self and surroundings is a key risk factor that makes someone more susceptible to suicide and self-harming behaviour.**

### Identity Confusion/Conflict

Young people in this society are taught and expected to be heterosexual, and not to be homosexual. For GLBT young people this leads to conflict between what one is feeling and experiencing and what the environment says one should be feeling and experiencing.[4]

### Isolation

Whilst members of other minority groups also experience isolation, GLBT young people also experience isolation within their families. Unlike other young people in minority groups, fathers of gay adolescents do not prepare their sons to be gay, nor can they communicate what it is like to be gay (Dank, 1971).[5]

*Writing Themselves In* (Hillier et al, 1998) reports that the lack of public affirmation of homosexuality led many same-sex attracted young people to experience increased feelings of isolation and loneliness. Their isolation can be reinforced by a fear of discussing their possible confusion and concerns.[6]

### Rejection

*Writing Themselves In* reports that one of the greatest concerns of same-sex attracted young people was the effect of "coming out" on their families.[7]

GLBT young people also face the fear and possibility of rejection from friends as well as family.

*"I don't know if anyone has guessed it but I know I would lose most of my friends if I were to disclose it."* [8]

*Coming out*

*for me meant being beaten up by a family member, being kicked out of home, dropping out of school & losing just about every friend I had all for being something I couldn't change.*

## Lack of accurate information and positive role-models

GLBT young people often lack direct access to accurate information and positive role models. The range of role-models for same-sex attracted youth is limited and stereotypical, for example gay men are often portrayed as effeminate, drag queens or having AIDS (Sullivan and Schneider, 1987).[9]

### Lack of language and frameworks

There is a lack of language and frameworks to talk about the subject and issues. Heterosexual young people develop sexual identity in the context of a societal norm where sexual milestones such as the first kiss are openly discussed and often looked on with pride. Unlike their heterosexual peers GLBT young people grow up in a void where their feelings, desires, hopes, dreams are not and can not be discussed. [10]

### Lowered Self-Respect and Self-Hatred

The sustained negative messages about homosexuality are internalised and for many GLBT young people this can result in lowered self-respect and varying degrees of self-hatred. [11]

### Increased Violence and Threat of Violence

Research has shown that gay youth experience elevated levels of verbal and physical violence from both family and peers.[12] *Writing Themselves In* (Hillier et al) found that 46% of 750 same-sex attracted young people surveyed had experienced verbal or physical violence, most of which (70%) had occurred at school. For those young people who had not experienced abuse or harassment, fear of becoming a target still affected their feelings of safety at school.[13]

A NSW Police Study – Out of The Blue reported that lesbians are six more times likely and gay men are 4 more times likely to experience assault than the general population.[14]

### Homophobic Violence is Tolerated

Many same-sex attracted young people described their school's failure to challenge homophobic taunts or violence, when in comparison racist taunts would not have been tolerated.[15]

Similarly, in other research, focus group research found that while most young people drawn from urban and non-urban areas agree that violence against lesbians and gays is wrong, most of these same young people will participate in this violence rather than take a stand against it.[16]

## The risk of suicide and self-harming behaviour increases with the number of risk factors present.

Indigenous GLBT young people experience rejection and isolation on two fronts - racism and homophobia, and often face rejection from their family.[17] Similarly GLBT young people from ethnic minorities[18] and GLBT young people in rural and remote areas[19] may also face increased isolation with less access to supports.

Effective work in relation to suicide and self-harm is to build resilience and to create safe and supportive environments.

In order to build resilience among GLBT young people and create environments that are safe and supportive for them, homophobic and heterosexist attitudes and practices need to be challenged. GLBT young people need environments that are safe, supportive and informing.

Considering the following questions may assist an organisation create an environment where young people can safely explore their sexuality and begin the process of coming out safely:

- Is the organisation supportive of diversity generally?
- Does the organisation have policies around vilification?
- Are signs of diversity visible (eg posters supporting cultural diversity, anti-homophobia, reconciliation, and ant-racism)?
- Is the language inclusive and not heterosexually biased?
- Do staff members challenge homophobic or other prejudiced comments from young people?
- Are members of staff gay-friendly and able to talk with young people about sexuality issues?
- Are staff members aware of possible supports and resources for young people questioning their sexuality and how to contact them?
- Can young people access, and read confidentially, literature related to sexuality and coming out?
- Are sexuality issues discussed in the classroom?
- Do young people have access to the internet and know about web-services which deal with sexuality issues such as "Getting Real" or "Reach Out!"?[20]

Homophobia and Heterosexism are learnt prejudices that everyone has been taught and everyone can unlearn.

Homophobia and Heterosexism are learnt prejudices that limit the freedom of all individuals.

Religious and moral beliefs are no excuse for the vilification and value judging of an individual's sexual identity and personal choice.

It is the responsibility of all individuals, organisations and communities to challenge these learnt prejudices.

All individuals are worthy of respect and equality, regardless of gender and sexual identity.

Sexual identity is one expression of personal freedom.

I'd have given anything to be the same as everyone else.

—GLBT young people's panel

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1 *Writing themselves In* (Hillier et al, 1998)

2 See *Better To Be Dead Than Gay?*, (Howard et al,1999)
Appendix A, Table A2 for a list of studies examining the
correlation between sexual orientation and suicidal behaviour
and completion.

3 *Better To Be Dead Than Gay?*, (Howard et al,1999)

4 Penny Gordon - handouts

5 *Better To Be Dead Than Gay?*, (Howard et al,1999)

6 Ibid

7 *Writing themselves In* (Hillier et al, 1998)

8 Ibid

9 Ibid

10 Penny Gordon's presentation

11 Ibid

12 *Better To Be Dead Than Gay?*, (Howard et al,1999)

13 *Writing themselves In* (Hillier et al, 1998)

14 Amanda Nickson's presentation

15 *Writing themselves In* (Hillier et al, 1998)

16 Amanda Nickson's presentation

17 Gracelyn Smallwood's her presentation

18 *Straightening up the Apartment* (Video) Brisbane Youth Service

19 Rodney Croome's presentation

20 *Better To Be Dead Than Gay?*, (Howard et al,1999)

*I was terrified someone would find out I was gay & then I'd cop a beating the same as I'd seen others cop.*

—*GLBT young people's panel*

# PARTICIPANT DRIVEN STRATEGIES

## Introduction

### Section A - group actions

These are the result of small group work on second day. Small groups were asked to formulate action plans and approaches that they could put into place in their work based on presentations during the seminar.

### Section B - individual action plans

On the evaluation form filled out at the end of the seminar participants were asked what strategies they were leaving with.
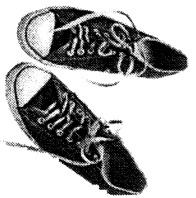
## SECTION A - Group actions

### Individual Work Practice

- To challenge homophobia amongst clients and work colleagues through example, education and by actively intervening when homophobia emerges.
- To be known as an advocate of equality
- Make inclusiveness visible
- GLBT workers to make their sexuality known at work (an individual choice)
- To choose battles and practise self-care
- To find support at work to challenge homophobia
- To acknowledge diversity in the GLBT community
- To share knowledge from this seminar
- Being aware of assumptions based on myths re. GLBT people

### Workplace

- To make work places safe and respectful for GLBT clients and staff
- To challenge homophobia amongst clients, community and staff through example, education and by actively intervening when it emerges
- The service to be known as an advocate of equality
- To make inclusiveness visible - policies as well as posters and pamphlets
- Support workers who want to be known as GLBT at work or be known as advocates of equality
- To make resources available to clients and staff re. sexuality and supports
- Provide training for workers on sexuality issues
- Link with other groups and agencies to challenge homophobia
- Link with funding bodies for support on this issue

### Networks

- To make networks safe and respectful for GLBT clients and staff
- To challenge homophobia amongst clients, community and staff through example, education and by actively intervening when it emerges
- The network to be known as an advocate of equality
- To make inclusiveness visible - policies as well as posters and pamphlets
- Participate and contribute to a network of GLBT and GLBT supportive individuals and groups
- Support and participate in OUTLINK
- Provide funding for an up-to-date referral network for workers and volunteers
- Continue to practise collaboration as practised during this seminar.
- Establish and support GLBT referral/support networks through schools and TAFES

*Realising I was different & trying to come to terms with that was a very lonely, terrifying & depressing period in my life. If I hadn't found support when I did there would be no way I'd be standing here.*

—GLBT young people's panel

## Community

- To make communities safe and respectful for GLBT individuals and groups
- To challenge homophobia amongst community through example, education and by actively intervening when it emerges
- The community leaders to be known as advocates of equality
- To make inclusiveness visible - policies as well as posters and pamphlets
- To make public space safe for GLBT young people

## Schools

- To make schools safe places for GLBT students and staff
- To challenge homophobia amongst students and work colleagues through example, education and by actively intervening when it emerges
- To challenge homophobic bullying and harrassment whenever it happens
- To be known as an advocate of equality
- Make inclusiveness visible - in language and content
- To support teachers who choose to be known as GLBT at work
- To provide training to teachers, counsellors, administrative staff, P & C committees
- To provide resources for both teachers and students
- Invite members of the GLBT community to deliver training to students and staff
- Set clear uncompromising ground rules with students and staff that homophobic violence in whatever form will not be tolerated
- Put in place policies that reflect the above ground rules

## Training

- Develop and provide training for workers on sexuality issues and strategies to challenge homophobia. Provide training for teachers, youth workers, health workers, community nurses and doctors, counsellors, P & C members.
- Training for GLBT and GLBT-friendly young people on peer support
- Make inclusiveness visible in broad-based human services training - include GLBT issues and stories.
- Establish a network of trainers who can deliver training on these issues.
- Regular seminars and conferences on these issues
- Nationwide conference on this issue
- Training to be provided by professionals within the GLBT community
- Community education and Training within the GLBT community

## Resources

- Development of a central and continually updated GLBT referral database
- Anti-homophobia kits
- Web sites and access to them
- GLBT support groups and networks
- GLBT young person survival kit
- Conspicuous telephone listings and contacts

## Specific services

- Specific GLBT central service with links to a wide referral network and funded community development and community educator positions
- GLBT youth shelters
- Post-intervention suicide support group
- More support for GLBT individuals within prisons
- More access for young HIV + people to services
- Link between age groups to challenge homophobia and ageism
- Support networking amongst GLBT indigenous community

Policy development to address homophobia and discrimination in

- Education
- Health
- Families

**Law reform and anti-discrimination**

- Re. domestic violence
- Re. family law
- Re. discrimination against GLBT individuals working with young people

**Media**

- Forging more positive links with state and local media

**Research**

- More qualitative research for suicide and self-harm
- Same sex domestic violence and links to self-harm
- Funding for older GLBT individuals to document history of GLBT culture in Australia as a resource for future generations
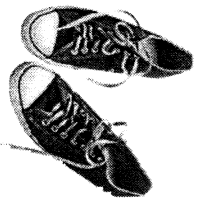
*People don't understand about suicide. If you believed you were weird, different, bad & dirty – all the things my parents said about gays – who'd want to live?*

—GLBT young people's panel

# SECTION B - Individual action plans

## What strategies are you leaving with? (a summary)

### Awareness & knowledge

Awareness regarding difficulty of GLBT young people at school

More knowledge of GLBT issues, research and personal experiences

Self awareness

Awareness of minorities in minorities

### Personal Motivation and Practice

Supporting individuality

A greater willingness/desire to combat silence/homophobia

Commitment to be vocal

Incorporating GLBT issues in my workplace and community

Challenging attitudes that are supportive of violence and discrimination

Value fairness rather then value neutral

Finding common ground

### Networks

Establishment of a GLBT friendly network

New Networks and continued networking

More people in my support network

To connect with local GLBT groups and pass on information

Extended referral mechanisms

Collaborating with more groups

Increased links with services in my area

### Actions in the workplace

To increase awareness gently through promotion/posters/language/inclusiveness

Provide a venue at work to start a support group for GLBT young people

To conduct in service training for other like community groups and within my own service

### Actions in the workplace (cont)

Bridging cultural gaps through outreach program

New resources taken back to workplace

More listening at work

Creating comfortable spaces within the workplace

Greater inclusiveness for all work not just GLBT work

Putting in place exercises and strategies to challenge homophobia

Affirmation of existing strategies

Transgender youth suicide workshops

### Community

Getting to young people now to reduce homophobia in the future

Community consultation at micro level

To talk to group of G.P's

Educating mental health workers about GLBT issues

To talk about this conference

Sensitive use of strategies to be congruent with community support and understanding

### Regional

Regional forum

Regional networking

Regional young people's symposium

Regional young people's group - esteem issues

### Schools

Approaching local school counsellors

Need for work to be done with schools/education

Approaching school communities especially PandC offering workshops for parents and teachers

To talk in my local school

### Lobbying

Establishing work parties to lobby government

Planning connection

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# RECOMMENDATIONS OF THE DIVERSITY STEERING COMMITTEE

The following recommendations were developed by the Diversity Steering Committee following the Diversity Seminar. They are based on the evidence and strategies presented at the seminar including the speakers' presentations, the group action plans developed during the seminar, and individual participant feedback (verbal and written). In developing these recommendations the committee has summarised, organised and prioritised to come up with what they believe are workable and realistic recommendations for strategy regarding issues of suicide and self-harm among GLBT young people in Queensland.

## General

- It be acknowledged that homophobia limits the expression of individuality among all people not just GLBT people.

- It be acknowledged that the issues are complex and there is no one right answer.

- It is the responsibility of all individuals and communities to challenge homophobia not just GLBT individuals and GLBT communities.

- Agencies need to actively provide safe environments for workers who are members of the GLBT community and workers who are prepared to work with GLBT young people.

## Future Seminars

Seminar participants acknowledged the benefit of the seminar in terms of professional development and networking. This was particularly relevant for regional representatives and being the first time such a seminar was held underscored the need for regular seminars in the future.

- A seminar to be held in the year 2000 on homophobia and issues for GLBT young people with follow up seminars to be held bi-annually.

- To allow for effective planning of the year 2000 seminar appropriate resources be granted:
  - Notification be given 12 months prior to staging of the event.
  - Funds be made available 6 months prior to the event.
  - A similar collaboration of GLBT groups be encouraged to organise the year 2000 seminar.

- Future seminars continue involve collaboration between GLBT organisations, community organisations and government departments.

- Future seminars continue to be developmental and practical in their structure.

## Further Research

The seminar highlighted the obvious lack of research, in particular research on self harm, and research on suicide among bisexual and transgender populations.

- Further research be conducted in suicide and self-harm among GLBT young people to develop an effective evidence base in Queensland, with particular emphasis on the gap present in lesbian, bisexual and transgender research.

## Best Practice Guidelines

- Funding be provided for the writing of a document that outlines best practice guidelines and strategies regarding working with issues of suicide and self-harm among GLBT young people.

*I didn't want anything from anyone except (for them) to remember I was still me, their son who they loved regardless of my sexuality.*

## Training

Two major themes emerged from the seminar: the need for GLBT issues to be an integral part of training for all service providers, and the need for specific training for service providers working with GLBT young people.

- All QGYSPS training incorporate GLBT issues.

- GLBT issues become an integral part of any training agenda within youth services and this training is developed in consultation with GLBT communities.

- Training packages be developed from this seminar for delivery to regional and rural areas by trainers from within the GLBT community.

- Training be provided to GLBT community/groups on GLBT issues and the development of peer support skills.

## Community Education

Both speakers and participants acknowledged that homophobia effects everyone in the broader community and it is the responsibility of everyone to challenge it. School communities came in for particular mention regarding their responsibility to address homophobia.

- Community education programs be developed within and for the GLBT community including but not limited to programs on internalised homophobia, violence, discrimination.

- Anti-homophobia campaigns be resourced and endorsed for implementation within school communities.

- Anti-homophobia campaigns be resourced and endorsed by local government for implementation within local communities.

## Networks

One hundred and thirty individuals attending the seminar at short notice highlighted the obvious need for workers to network.

- The GLBT community collaborate with government to fund a central GLBT referral data base that can be and will be regularly updated and linked to other databases and the internet.

- Networking of GLBT services and GLBT supportive workers and agencies.

## Specific Services

Both speakers and the GLBT young people effectively highlighted the crucial role GLBT supportive workers played in their survival and growth. The role of GLBT support groups was also highlighted as crucial in combating isolation.

- Funding and support be provided for GLBT youth support groups

- Funding be provided for GLBT community education workers to provide community education programs within the GLBT community and the mainstream community.

- Funding be provided to and for GLBT youth shelters

# SEMINAR EVALUATION

## Introduction

Evaluation of the seminar was drawn from the following sources:

- evaluation forms were filled out at the end of the seminar
- debrief of facilitators of small groups
- debrief of organising committee
- anecdotal evidence over the two days and after

## The seminar content

### The presentations

In general they reported :

- A good balance of research/theory and practical strategies
- Awareness and understanding increased regarding the complexity of issues faced by GLBT young people
- Research provided a strong evidence base
- Anti-homophobia strategies were clear and practical
- Overview of current projects working with GLBT young people provided inspiration for practice
- More would have been good if time had allowed including more information on specifics of self-harm and the specifics of gay, lesbian, bisexuality and transgender.

### The Panel of GLBT Young People

In both formal and informal feedback most people mentioned the panel of young people telling their stories as a highlight of the seminar. The panel effectively highlighted the essential role played by GLBT support groups in breaking down isolation, normalising sexuality, providing ongoing support and offering resources and information.

*"The youth panel from Logan was one of the features for me. The stories…they were so moving, yet demonstrating resilience and the crucial role of good people working in cutting-edge services, with minimal funding in saving lives and developing human potential. They were inspirational, as was the work being done with them and by them."*

## The seminar process

### Small Group Work

Most participants said facilitated small group work with an action focus was useful. It allowed for networking and storytelling. It allowed people to make links back to their own practice. Many said they would have liked more time and/or smaller groups to explore the issues at a greater depth.

#### The Developmental Process

Over the two days all participants were taken through the same developmental process ie. research followed by stories followed by strategies followed by real practice and experience. This proved to be an extremely effective learning strategy which allowed participants to make practical links between issues and strategies.

#### Facilitation

The high level of facilitation and group process both in the large group and the smaller groups made dialogue amongst such a diverse audience possible and safe.

#### Organisation

Participants appreciated the high level of professionalism and organisation . Many participants commented that it was one of the best seminars they had ever attended.

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*Adults tell us*
*what to think, what to*
*believe, what's right &*
*what's wrong, who to love,*
*how to love & everything*
*that shapes us. Indirectly*
*they teach us to hate*
*ourselves & others if we*
*don't fit into what they say.*

—GLBT young people's panel

## Diversity and Networking

*"At lunch on the first day I found myself sitting next to a psychiatrist from Ipswich, an Assemblies of God minister from Mt Isa, a worker from Bodyline men's sauna and a YPAR worker from Brisbane. What a collection. It was so impressive to see such diversity there. Consequently the seminar did not take on the style of a vested interest group whingeing. It really was a collaboration...."*

. Most participants noted the opportunity to networking as a positive outcome of the seminar.

## More time and more funding

Many participants noted that they would have liked more time at the seminar. Some suggested another day.

The seminar was organised over a nine week period. The organisers would have liked more time and funding to organise and promote the seminar. The short time frame meant that many people who would have attended, and who needed to attend, didn't because there was not enough time to organise time off work. This was particularly the case with individuals from education.

## Post Seminar Feedback

During the month after the seminar much positive feedback was reported regarding the seminar.

In terms of learnings many participants reported that it wasn't until they were back at work that the "penny dropped" regarding various GLBT issues. Their raised awareness lead to learning continuing after the seminar.

Also a number of GLBT participants reported that the seminar had triggered a lot of emotion from the past and had allowed them to see how they were letting it impact on their present. This is important to remember for future seminars - either time be put aside for participants to process their own history and stories and/or it be made clear at the beginning of the seminar that personal history may be triggered.

let them walk in
my shoes
for a day
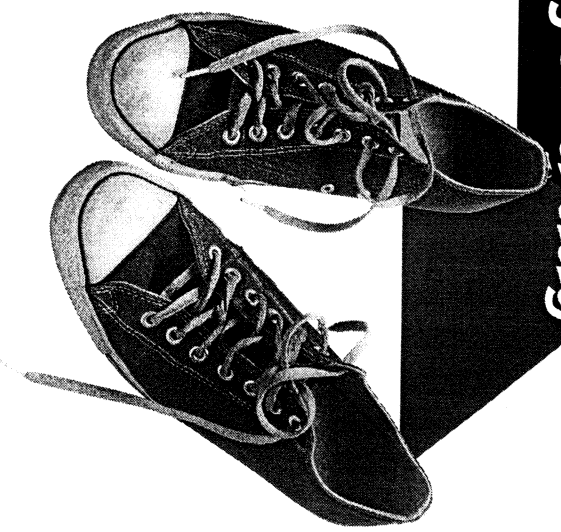
# PROGRAM OUTLINE

## DAY ONE

| | |
|---|---|
| 8.00 | Registration |
| 9.00 | Official Welcome by Ken Smith (Director General DFYCC) |
| 9.10 | Welcome by Louise Villanova |
| 9.20 | Opening Performance: Pride Choir |
| 9.30 | Speaker: Dr. John Howard (Macquarie Uni.) - Overview of research linking self-harming behaviour and suicide with sexuality issues |
| 10.00 | Speaker Penny Gordon (Brisbane psychologist): Homophobia and its Effects |
| 11.00 | Morning Tea |
| 11.20 | Small Group Work - What can I do in my workplace? |
| 12.30 | Lunch |
| 1.30 | Speaker: Jenny Walsh (Aust. Research Centre in Sex, health and Society, La Trobe Uni.) The stories of GLBT young people |
| | Video: coming out stories of young GLBT people from NESB background |
| | Speaker: Gracelyn Smallwood (Indigenous activist and academic): indigenous GLBT young people |
| 2.30 | Afternoon Tea |
| 3.00 | Amanda Nickson (Anti-violence Strategist) Strategies and Frameworks for workers addressing homophobia ( a workshop) |
| 4.30 | Wrap-up |

## DAY TWO

| | |
|---|---|
| 9.00 | Warm-up / Housekeeping |
| 9.15 | Speaker: Rodney Croome (Human Rights and Equal Opportunity Commission) National overview of projects working with GLBT young people |
| 9.50 | Stephen Cox (Griffith Uni.): another perspective on homophobia Question/Answers |
| 11.00 | Morning tea |
| 11.20 | Speaker : Michael Sullivan (2QT2BSTR8) Growing Up Gay |
| 11.40 | The Panel of GLBT Young People - their experience |
| 12.40 | Lunch |
| 1.40 | Jenny Walsh (Aust. Research Centre in Sex, health and Society, La Trobe Uni.) Theory into practice: issues for workers...self-care strategies. |
| 2.00 | Small group work - Putting Strategies in Place |
| 3.30 | Afternoon tea |
| 3.50 | Presentation of recommendations and action |
| 4.30 | Seminar wrap-up & Closure |

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# SPEAKERS

## JOHN HOWARD

John is a Senior Lecturer at Department of Psychology at Macquarie University. John's background includes juvenile justice, psychotherapy with adolescents, school teaching and school counselling. His research includes youth suicide, gay youth and drugs and suicide.

## PENNY GORDON

Penny has been trained in organisational and clinical psychology and her private practice as psychologist reflects both areas. Penny has a private practice in Brisbane working as a therapist and also works at a systems level in organisations undertaking specific consultations. Her primary focus in her therapeutic work is working with people who have experienced trauma as a result of abuse, violence and/or discrimination.

## JENNY WALSH

Jenny is a community liason officer at the Australian Research Centre in Sex, Health and Society, La Trobe University. She has conducted nationwide research into the experiences of GLBT young people.

## GRACELYN SMALLWOOD

Gracelyn was until recently former Director- Associate Professor at Kumbari/Ngurpai Lag Higher Education Centre at University of Southern Qld. Gracelyn was the first indigenous Australian to receive a Master of Science Degree in Public Health HIV/AIDS and has submitted her PhD in Mental Health to James Cook University. She has been awarded an Australian medal for over 25 years service nationally and internationally in Public Health and was Qld Aboriginal of the year 1986. She has recently received the "Wolf Award" from Canadian Elders for her work for social justice.

## AMANDA NICKSON

Amanda has worked in homophobia and violence prevention since 1993. , training over 800 youth workers, nurses, policy makers and parents nationally in the development and implementation of anti-homophobia policy and programs. While a consultant trainer for the NSW Lesbian and Gay Anti-Violence Project she implemented the award-winning first "Homophobia: What Are You Scared of?" campaign in 1996.

## RODNEY CROOME

Rodney was closely involved with the prominent campaign for Gay and Lesbian rights in Tasmania, and is the co-convenor for the Australian Council for Lesbian and Gay Rights. In April of this year he was appointed as the project coordinator for Outlink, the Human Rights and Equal Opportunities Commission's new Lesbian, Gay and Bisexual rural youth network.

## STEPHEN COX

Stephen Cox completed his doctorate in social psychology at the University of Qld in 1998, and has lectured at Griffith University since 1990. His research examines the social psychological processes, which contribute to homophobia, and the responses gay men make to homophobia. He plays the piano and stereotypically loves Barbra Streisand.

## MICHAEL SULLIVAN

Michael is one of the founding members of 2QT2BSTR8, a Logan-based social support group for young gay men under 25 yrs. He offers peer education to other gay and bisexual young men on issues such as coming out, safe sex and gay culture.

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let them walk in
my shoes
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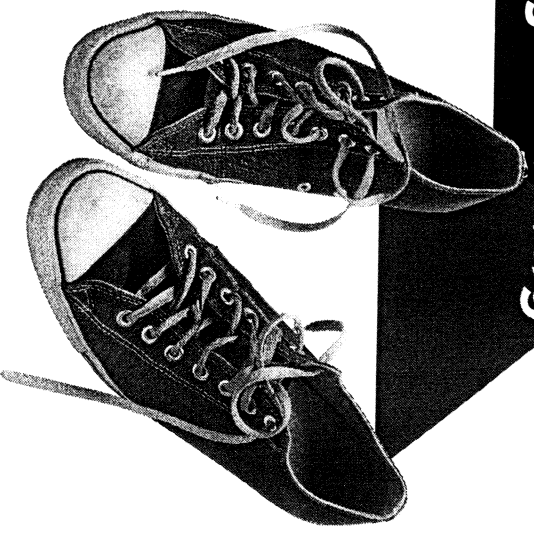
# Better To Be Dead Than Gay?

## Are Gay Youth at Elevated Risk for Suicidal Behaviour and if so What Can We Do? (1999)

John Howard and Jonathon Nicholas

# Better To Be Dead Than Gay?
## Are Gay Youth at Elevated Risk for Suicidal Behaviour
### and if so
### What Can We Do?

John Howard[1]
and
Jonathan Nicholas[2]

Paper Presented at:

Diversity:
Challenging, Supporting, Celebrating
29-30 July 1999

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[2] Jonathan Nicholas is Content Coordinator for the Reach Out! online youth suicide prevention service (www.reachout.asn.au). Correspondence should be directed to Jonathan Nicholas, C/- Reach Out! PO Box 43, Westgate NSW 2048
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Previous research has shown that suicidal behaviour in young people is related to many factors including poor mental health, psychosocial and individual variables (a list of risk variables is provided in Appendix A). Research, conducted primarily over the past 11 years, indicates gay youth may constitute a significant risk group for suicidal behaviour; studies estimating that between 20-42% of gay youth attempt suicide with most attempts occurring when between 15-17 years of age. Evidence for this assertion has been drawn from cross-sectional research with four populations, community based samples of young gay men, primarily aged 15-24, five studies of school populations, community based samples of young gay men, users and psychiatrists (eg Faulkner and Cranston, 1998; Kryzan and Walsh, 1998; Remafedi, Farrow and Deisher, 1991; see appendix B for a full list of articles related to gay youth suicide).

However, the studies have limitations. Community based studies were not controlled and usually drew samples from gay youth groups which may attract young people at greater risk of suicide (Savin-Williams, 1994) Gay youth are to a large extent hidden, particularly in adolescence. Consequently, it is difficult to assess whether the samples were representative (Meuhrer, 1995).

To date two psychological autopsy studies have been undertaken, neither finding an over-representation of gay youth (Rich, Fowler, Young & Blenkush 1986; Shaffer, Fisher, Hicks, Parides & Gould 1995). These studies are also limited, particularly by difficulties inherent in the psychological autopsy technique. To determine the sexual orientation researchers must rely on data drawn from coroner's reports and the testimony of others. Data from these sources may be minimal or incorrect (Dudley et al. 1998)

Evidence to date suggests a significantly greater proportion of gay-identified youth have attempted suicide than straight-identified peers. Despite this, and the methodological criticisms raised above, this behaviour may not result in completion.

## Method
The study involved 57 gay-identified and 54 straight-identified participants living in the Greater Sydney area, recruited via personal referral, universities, gay-identified support services and welfare agencies. Age, employment, education and residential patterns were controlled. The mean age was 20.59 years, with youth in post-secondary education constituting 53.2% of the sample.

Participants completed a self-administered questionnaire covering sexual behaviour, support, substance use, relationships, experience of violence, current and lifetime mental health and for gay participants, experiences of coming out. The questionnaire contained the General Health Questionnaire-28 (GHQ-28) (Goldberg and Hillier, 1979). Except for age-related variables and measures of current mental health, all continuous variables had a range between 1-5.

## Results

There were no significant differences between gay and straight youth on the GHQ-28 depression sub-scale. Gay youth however reported that over their lifetime they experienced significantly higher levels of suicidal ideation and more: frequent depressive thoughts; frequent thoughts of suicide; intrusive thoughts of suicide; and frequent thoughts of how they would kill themselves. They were also more likely to have access to their chosen means of suicide and had a significantly higher suicide attempt rate as summarised in Table 1.

**Table 1: Comparison of Gay and Straight Participants: Current Depression, Lifetime Suicidal Ideation and Suicide Attempt**

| Variable | Gay Mean (s.d.)/% n=57 | Straight Mean (s.d.)/% n=54 | $t/\chi^2$ df=109 | p |
|---|---|---|---|---|
| Current Depression | 1.40(0.53) | 1.41(0.67) | -0.11 | 0.92 |
| No point to living | 2.58(0.95) | 2.06(0.80) | 3.15 | 0.00 |
| Suicidal thoughts | 2.42(0.99) | 1.74(0.76) | 3.96 | 0.00 |
| Intrusiveness of thoughts | 2.50(1.21) | 1.70(1.14) | 3.46 | 0.00 |
| Thought of method | 2.45(1.07) | 1.70(0.82) | 4.04 | 0.00 |
| Had Access to means | 38.6% | 14.8% | 7.95 | 0.00 |
| Lifetime suicidal ideation | 2.49(0.96) | 1.80(0.76) | 4.10 | 0.00 |
| Suicide Attempt | 28.1% | 7.4% | 8.01 | 0.00 |

Of the gay attempters, the mean age for attempts was between 15-17. Over 60% accessed medical attention after an attempt. Gay-identified attempters first attempted suicide on average 4.71 years after becoming sexually interested in men; 2.21 years after self-identifying as gay; 0.78 years before another person first found out they were gay; 0.61 years before they had their first same-gender sexual experience.

Respondents identified the cause of their suicide attempt(s) with:

- 31.25% identified feeling depressed
- 25% identified a self-hatred because of sexual orientation or difficulties directly related to their sexual orientation
- 18.75% identified difficulties with a partner or the ending of a relationship
- 12.5% identified difficulties with family
- 6.25% did not complete this section

Gay youth compared with straight perceived family members, particularly their fathers, to be less supportive and experienced greater levels of verbal abuse from peers at school and strangers. 33% of the gay youth reported being sexually assaulted compared with 14.8% of straight youth. No significant differences between gay and straight youth were found on mental health measures.

Statistical analysis was undertaken comparing gay attempters against non-attempters. Correlates, which are significantly related to suicide attempt status at $p \leq 0.05$, are summarised in Table 2. Variables with the strongest relationship to suicide attempt status were violence variables and the level of perceived paternal support, the ability to cope at the end of a relationship and the age at which same sex feelings developed.

Table 2: Significant Correlates of Suicide Attempts Within the Gay Sub-Sample

| Variable | Attempters | | Non-Attempters | | $t/\chi^2$ | p |
|---|---|---|---|---|---|---|
| | n | Mean(s.d.)/% | n | mean(s.d.)/% | | |
| Support from father | 15 | 2.13(0.92) | 40 | 3.27(1.43) | 2.87 | 0.01 |
| Coping at the end of relationship with a partner | 16 | 2.03(1.04) | 41 | 3.14(1.19) | 3.16 | 0.00 |
| Verbal violence from father | 15 | 3.44(1.26) | 40 | 1.81(1.09) | -4.77 | 0.00 |
| Verbal violence from mother | 15 | 2.60(0.99) | 40 | 1.93(0.99) | -2.24 | 0.03 |
| Verbal violence from strangers | 16 | 2.93(1.29) | 41 | 2.07(0.82) | -3.02 | 0.00 |
| Physical violence from father | 15 | 2.40(1.24) | 40 | 1.41(0.85) | -3.35 | 0.00 |
| Grew up in violent household | 16 | 3.00(1.15) | 41 | 1.85(0.99) | -3.75 | 0.00 |
| Sexual Assault | 16 | 56.3% | 41 | 24.4% | 5.26 | 0.02 |
| Age of same-sex feelings developing | 16 | 10.39(4.26) | 41 | 12.93(2.53) | 2.66 | 0.01 |
| Age of self-identifying as gay | 16 | 12.86(3.96) | 41 | 14.82(2.77) | 2.02 | 0.05 |
| Diagnosis of depression | 16 | 31.3% | 41 | 7.3% | 5.46 | 0.02 |

## Discussion

In contrast to levels of current depression and suicidal ideation where the mean difference was negligible, gay-identified youth reported significantly higher levels of lifetime suicidal ideation and were significantly more likely to have made a suicide attempt than their straight-identified peers (28.1%v7.4%; $\chi^2=8.01;p=0.00$). Within the gay sub-sample the mean age of suicide attempts was between ages 15-17. The apparent decrease of suicidal ideation in early adulthood indicates that suicidal ideation among gay youth may develop during early to mid-adolescence peak and then diminish as they move into early adulthood.

Of the gay youth reporting a suicide attempt, only 25% indicated their sexual orientation or difficulties because of their sexual orientation was directly associated with the attempt(s). The most frequently cited associate was feeling depressed, followed by difficulties with sexual orientation, the ending of a relationship with a partner and difficulties with family. This evidence appears to contradict the assumption that difficulties with sexual orientation or related issues have a causal relationship with suicide attempts.

Thus, the role that sexual orientation plays in a suicide attempt remains unclear and requires further exploration. The elevated rate of suicidal ideation and behaviour among gay-identified participants, however, suggests that sexual orientation does play some role in the suicide attempts of many gay youth. For some, internalised homophobia or negative reactions from friends and/or family after coming out may result in the onset of suicidal thoughts and behaviour. For others, sexual orientation may play a more distal role; its relationship to suicidal behaviour may be complex and associated with factors such as difficulties with a partner and family. Support for young people coming to terms with their sexual orientation may significantly reduce suicidal behaviour within this youth sub-group.

American high school studies estimate that approximately 5% of adolescents are same-sex attracted or are unsure of their orientation (Remafedi et al, 1997; Garafalo et al, 1998). On the basis of this and other research it can be assumed that approximately 25% of these youth have attempted suicide. Based upon these estimates, same-sex attracted youth who attempt suicide might constitute 1% of the overall adolescent population. These high school studies also estimate that approximately 5% of heterosexual adolescents have attempted suicide (Remafedi et al, 1997; Garafalo et al, 1998). Therefore, if these estimates are accepted, 17% of all suicide attempts are made by same-sex attracted youth.

## How Serious Were the Suicide Attempts?

While gay attempters perceived their suicide attempts as serious, they used means that could decrease the possibility of the attempt being lethal (such as overdosing on drugs). Over 60% of gay youth reported presenting to medical services after making an attempt. This indicates that accident and emergency staff can play a key role in the care of young people struggling with their sexuality. Questions regarding sexual orientation may need to be asked, however this may be difficult for a number of reasons.

The mean age of the first suicide attempt was prior to coming out. Consequently, addressing issues of sexual orientation could increase the distress experienced by a young person already in a precarious position and may decrease their likelihood of returning for follow-up appointments. Therefore, while liaison psychiatry and other staff need to be aware that sexuality issues may be related to a suicide attempt, clinical judgement should be used to determine when and how sexuality should be explored. With only 25% of gay attempters identifying sexuality related reasons for the attempt, it should not be assumed that the young person will perceive sexuality as being the cause of the suicide attempt. If questions of sexuality are raised staff should be aware of possible referral points.

One third of gay-identified participants reported experiencing sexual assault, with 56.3% of these also attempting suicide. Data revealed that 50% of all attempters reported using substances around the time of the attempt, and 25% of gay attempters used drugs to make an attempt easier; suggesting substance played a role as a proximal correlate of the suicide attempt. If not immediately obvious, staff may also need to explore these issues with a young person with same-sex attractions.

## Are gay youth at risk of suicide completion?

The studies by Shaffer et al. (1995) and Rich et al. (1986), did not find any evidence of over-representation of gay youth in suicide completion figures. The study by Shaffer et al. (1995) defined sexual orientation using two criteria, known same-gender sexual behaviour and/or the victim telling someone else they were gay. The present study found that gay youth first attempted suicide on average 2.21 years after self-identifying as gay yet 0.78 years prior to anybody finding out they were gay and 0.61 years prior to their first same-gender sexual experience. A further 12.5% of gay attempters had never had a same-gender sexual experience. Assuming that gay youth who complete suicide engage in suicidal behaviour at a similar age to those sampled in the current study, a psychological autopsy approach such as that used by Shaffer et al. (1995), could misclassify as straight a large proportion of gay youth who complete suicide.

Further research is necessary to explore whether youth struggling with sexuality are at greater risk for completed suicide. However the degree to which this population is hidden will limit such studies. Given that attempted suicide is a reliable predictor for completed suicide, young people struggling with sexuality may also be at elevated risk for suicide completion despite inconclusive evidence.

## The Development of a Sexual Identity

A relationship between suicidal behaviour and precocious sexual identity development was found. Gay suicide attempters developed same-gender attractions and self-identified as gay at a significantly younger age, a finding consistent with previous literature (eg Hershberger, D'Augelli and Pilkington, 1997). However attempt status was not related to the age when participants first came out or the age of the first same-gender sexual experience. This indicates that suicidal behaviour of gay youth may be related primarily to difficulties prior to coming out, particularly the early development of a gay identity and its incongruence with the sexual norm.

The development of a gay identity may leave these youth feeling isolated from peers and family. Their isolation may be reinforced by a fear of discussing their possible confusion and concerns. By contrast, straight youth develop their sexual identity in the context of a societal norm where, sexual milestones such as "the first kiss" are discussed openly with peers and often looked on with pride. Thus, young people with same-sex attractions are more likely to hide their sexual desires and experiences. Consequently their emerging sexuality is not validated to the same degree as straight youth, if at all.

The first sexual experience of same-sex attracted youth may be furtive, anonymous and/or with an older partner. Such experiences may leave some unsure of the normality and acceptability of their experience. The current study found that gay non-attempters coped significantly better than attempters when sexual relationships end. For isolated gay youth, forming a romantic attachment may alleviate much of the identity confusion and isolation. However, the ending of this relationship may serve as a trigger for suicidal behaviour with the young person possibly feeling more isolated than previously.

## Ingredients for Safe and Supportive Environments

## Support from Family and Peers

Results of the current study indicate that, not only are high levels of support related to positive mental health but who provides that support is also crucial. For example, while both gay and straight participants perceived high levels of support from friends, this support was

not related to suicidal behaviour. By contrast, support from family members, particularly their father, was related to suicidal ideation for both gay and straight males and attempt status in the gay sub-sample.

Exposure to a range of role models can decrease any isolating experiences and provide examples of resilience and coping. However, the available range for same-sex attracted youth is limited and stereotypical, with gay men often portrayed by the media as effeminate, "drag queens," HIV infected or having AIDS (Sullivan & Schneider, 1987). Unlike other young people in minority groups, fathers of gay adolescents do not prepare their sons to be gay, nor can they communicate what it is like to be gay (Dank, 1971). At most their father can accept their orientation and support their identity. Should this support not be received, it is possible the gay adolescent may feel more isolated and view suicide as a viable option.

Gay youth, in this study, most frequently attempted suicide between the ages 15-17, a period through which many were developing their gay identity. By early adulthood many of the gay youth interviewed may have achieved some level of identity synthesis and independence from their family. The formation of their sexual identity, as well as increased independence may be related to the apparent decrease in suicidal behaviour of gay youth aged 18-24.

Given that many of the gay youth interviewed began revealing their sexuality in mid-adolescence it is likely that they were still using the more concrete cognitive process typical of childhood. Any negative reaction from their parents may them be perceived as an absolute rejection of themselves, rather than an attempt on the part of their parents to come to terms with what they have been told or found out. Therefore, while the parent may initially be unsupportive of their child's sexuality, the young person's level of perceived rejection may differ greatly from the reality of their parents reacting to a distressing event. Parents upon learning of their child's sexuality may experience a sense of loss, betrayal and fear. While this initial negative reaction may dissipate, any changes in attitude may not be expressed clearly or recognised by the young person. Parents clearly need support in such situations, but may not know where or how to access information or assistance, or be too embarrassed to do so. Resources are available, such as PFLAG (parents and Friends of Lesbians and Gays), the "Getting Real" web site (www.gettingreal.asn.au) and literature from such bodies as the Western Australia Aids Council (eg "Someone you Love").

**Creating Organisations and Structures which Support and Protect Youth**
Research has shown that gay youth experience elevated levels of verbal and physical violence from both family and peers (eg Garofalo et al, 1998; Hunter, 1990). Consistent with this, gay youth in the current study reported experiencing verbal violence more frequently from peers

at school and strangers; at least some of which was regarded as sexuality related. As many gay youth may engage in suicidal thoughts and behaviour prior to coming out, at the time of first revelation, they may be emotionally fragile. Should the response from family and friends be unsupportive, or verbally/physically abusive, the suicidal behaviour may not only be maintained but worsen. Conversely, should the environment into which the young person comes out be supportive, suicidal ideation may dissipate.

Creating a safe and supportive environment may be a difficult process. Considering the following questions may assist an organisation create an environment where young people can safely explore their sexuality and begin the process of coming out safely.

- Is the environment supportive of diversity generally?
- Does the organisation have policies regarding vilification?
- Are visible signs of diversity displayed (eg posters supporting cultural diversity, anti-homophobia, reconciliation, and anti-racism)?
- Is the language used by staff inclusive and not heterosexually biased?
- Do staff members discourage homophobic or other prejudiced comments from young people?
- Are members of staff gay-friendly and able to talk with young people about sexuality issues?
- Are staff members aware of possible supports and resources for young people questioning their sexuality and how to contact them?

Anecdotal evidence suggests that many young people struggling with sexuality will read about being gay prior to coming out and an increasing number access the internet as a medium where they can find information and connect with other young people exploring their sexuality. Schools and youth serving agencies may need to examine the following questions.

- Can young people access, and read confidentially, literature related to sexuality and coming out (eg "Free Your Mind" by Bass and Kaufman,1996)?
- Are sexuality issues discussed in the classroom. For example the biological basis of sexual orientation in Science, the persecution of gay people by Nazis in History, and sexuality issues in books used in English classes?
- Do young people have access to the internet and know about web-services which deal with sexuality issues such as "Getting Real" (**www.gettingreal.asn.au**) or "Reach Out!" (**www.reachout.asn.au**)?

**Coming Out**

Coming out is an issue that many gay youth fear and those who wish to come out may require guidance in doing so safely. It may need to be emphasised to young people that coming out is a process and a personal decision. When and whom they come out to is the young person's choice and ideally should be done with support and options. The following questions may be a helpful guide to assist a young person in coming out safely:

- How sure is the young person about their sexual attractions and identity?
- How comfortable is the young person in talking about their sexuality to other people?
- What do they know about homosexuality, how confident are they in answering some questions the person being told might have?
- How much support do they have?
- What seems to be the attitude of the people they want to tell toward gay/lesbian/bisexual people?
- How important is it to the young person that the person be told now? If necessary can they be patient?
- How likely is it that the person will be rejecting?
- What will they do if the person reacts badly?
- Are they financially, physically or emotionally dependent on the person they want to tell?
- Is it their decision to tell someone or are they being forced?
- Are the people they wanting to tell going to respect their privacy?

## Conclusions

Consistent with previous literature the current study found that gay youth are at elevated risk for suicide attempts. The study also found that social factors played a large role in the onset and development of suicidal ideation and behaviour as well as its alleviation. With suicidal ideation diminishing towards later adolescence, it is possible that many gay youth experience a period in mid-adolescence of intense isolation resulting in depressive mood, suicidal ideation and behaviour. The development of environments, both interpersonal and structural, that support and offer protection to young people have the potential to make a significant impact in the lives of young men who otherwise might feel that death is a preferable option to being gay.

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Table A.1: Risk Variables for Youth Suicide Grouped into Five Domains

| Domain | Risk Variables |
|---|---|
| Mental Health | • Mood disorders, especially depression and bipolar<br>• Schizophrenia<br>• Conduct disorder<br>• Substance use disorder<br>• Personality disorder<br>• Previous suicide attempt(s) |
| Individual | • Anger, impulsivity, antisocial behaviour, low self-esteem<br>• Tendency to be withdrawn, perfectionistic, or aloof<br>• Rigid cognitive style<br>• External locus of control<br>• Hopelessness<br>• Poor conflict resolution and help-seeking skills |
| Psychosocial | • Dysfunctional familial communication<br>• Alcohol dependence among parents<br>• Physical isolation and constant mobility<br>• Issues related to sexuality<br>• Dysfunctional bonding with parents<br>• Physical, sexual and emotional abuse<br>• Being bullied<br>• Unemployment<br>• Exposure to suicide through media or social networks<br>• Poor social supports<br>• Running away from home |
| Family History and Biology | • Family history of suicidal behaviour<br>• Family history of mental disorders<br>• Serotonin levels |
| Proximal Correlates | • **Stressful events** eg relationship break up, unwanted pregnancy, exams, separation of parents, recent humiliating experience, anniversary of a death<br>• **Altered state of mind** eg intoxicated, feeling helplessness, hopelessness or rage<br>• **Opportunity** eg access to available method, privacy |

Sources: Allen (1987); Blumenthal (1990); Commonwealth Department of Health and Family Services, (1997) Husain, (1990); Pfeffer (1988); Spirito, Brown, Overholser & Fritz (1989).

# Table A2: Studies Examining the Relationship Between Sexual Orientation and Suicidal Behaviour and Completion

| Methodology | Author | Sample | Findings |
|---|---|---|---|
| Controlled community studies | Bagley & Tremblay (1997) | • 750 gay and straight identified males aged 18-27<br>• random sample of community | • 6.1% of gay males had made a suicide attempt<br>• 0.44% of straight males had made a suicide attempt |
| | Bell & Weinberg (1978) | • 979 adult gay men (70.1%) and lesbians (29.9%) and 477 straight participants matched across demographic variables<br>• gay sample recruited from San Francisco gay community | • approx. 20% of gay males compared with approx. 4% of straight males<br>• Most attempts before age 20 |
| | D'Augelli & Hershberge (1995) | • 194 GLB youth, aged 15-21<br>• drawn from gay youth groups<br>• 73% male 27% female | • 42% attempted suicide<br>• 8% often thought about suicide<br>• mean number of attempts: 3.1 |
| | Hammelman (1993) | • 48 GLB aged 15-32<br>• 58.3% male<br>• recruited from a university and gay youth groups | • 29% attempted suicide<br>• 48% considered suicide<br>• 71% attempted before 18<br>• mean age of first attempt 16.93 |
| Uncontrolled Community studies | Herdt & Boxer, (1993) | • GLB youth aged under 20<br>• 141 male 61 female<br>• recruited from gay youth group | • 20% attempted suicide |
| | Hershberger Pilkington & D'Augelli (1997) | • 194 gay males (73%) and lesbians (27%)<br>• aged 15-21<br>• recruited from gay youth groups | • 42% males attempted suicide<br>• 23% multiple attempters<br>• 39% thought of suicide in week prior to data collection |
| | Magnuson (1992) | • 129 GLB youth, aged 14-25<br>• 59.7% male 40.3% female<br>• recruited from gay support groups | • 26% of males had made a suicide attempt<br>• 21% considered attempting in the future<br>• 61% had suicidal thoughts |
| | Martin & Hetrick (1988) | • 700 clients of Martin-Hetrick institute 60% male | • 21% had attempted suicide |
| | Proctor & Groze (1994) | • 221 gay males 72% & lesbians 13%<br>• recruited: GLB youth groups<br>• aged under 22, mean 18.5 | • 40% had attempted suicide<br>• 25.8% had seriously thought about suicide |
| | Remafedi, (1987) | • 29 self identified gay & bisexual youth aged 15-19<br>• recruited through advertisement | • 34% attempted suicide<br>• 21% considered attempting in the future |
| | Remafedi, Farrow & Deisher (1991) | • 137 gay males aged 14-21<br>• drawn from advertisements, GLB support groups, universities, welfare agencies, peer referral | • 40% had attempted suicide<br>• 25.8% had thought about it at least once |
| | Roesler & Deisher (1972) | • 60 gay and bisexual males<br>• aged 16-22<br>• recruited from GLB youth groups | • 31% attempted suicide<br>• almost 50% multiple attempts<br>• mean age of attempts was 15.5<br>• 21% of attempts resulted in hospitalisation |
| | Rotheram-Borus, Hunter & Rosario (1994) | • 138 gay & bisexual males<br>• aged 14-19<br>• recruited from Hetrick-Martin institute, a gay youth serving agency in New York | • 39% had attempted suicide<br>• 52% made multiple attempts<br>• additional 37% had thought about suicide every day for at least 1 week |

| Methodology | Author | Sample | Findings |
|---|---|---|---|
| | Schneide, Farberow & Kruks (1989) | • 108 gay males aged 16-24<br>• recruited from GLB uni groups and community support groups | • 20% had attempted suicide<br>• mean age of first attempt 16.3<br>• 45% made multiple attempts |
| Large Sample Studies Using School Students | Faulkner & Cranston (1998) | • 3054 Massachusetts School Students in grades 9-12 | • 27.5% of homosexually active students vs 13.4% of heterosexually active students attempted suicide |
| | Garofolo, Wolf, Kessel, Palfrey, Du Rant (1998) | • 4 159 Massachusetts school students in grades 9-12.<br>• Administered as part of general health survey | • 36.5% of gay youth had attempted suicide in the past 12 months<br>• 8.9% of straight youth attempted suicide |
| | DuRant, Krowchuk & Sinal (1998) | • 3 886 public school students from Vermont grades 8-12.<br>• Administered as part of a general health survey | • 59.2% of GLB adolescents had considered suicide in the last year<br>• 40.7% of GLB adolescents vs 15.2% of straight adolescents attempted suicide |
| | Remafedi, French, Story, Resnick & Blum (1997) | • 36 254 Minnesota public school students from grades 7-12<br>• Administered as part of a general health survey | • 28.1% of bisexual and gay males had attempted suicide in the 12 months preceding survey<br>• 4.3% of straight males had attempted suicide |
| | Seattle Department of School Education (1995) | • 8406 public school students from Seattle grades 9-12.<br>• Administered as part of a general health survey | • GLB were twice as likely as straight youth to have seriously considered suicide in the 12 months preceding survey<br>• 20.6% of GLB students vs 6.7% of straight students attempted suicide in past 12 months |
| Internet Research | Kryzan & Walsh (1998) | • 1960 young people aged 10-25<br>• 64% of males were gay, 23% Bisexual, 11% unsure & 1% heterosexual | • 37% thought seriously about suicide "sometimes"<br>• 22% had attempted suicide<br>• mean number of attempts 2.7 |
| Research with Psychiat-rists | Kourany (1987) | • 166 psychiatrists selected randomly from American Psychiatric Society<br>• 40% had experience with gay adolescents | • 66% of psychiatrists who had experience with gay youth considered their suicidal gestures more lethal than straight youth |
| Studies Examining Suicide Completion | Rich, Fowler, Young & Blenkush (1986) | • 133 consecutive suicide victims aged under 30<br>• 150 cases aged 30 and over | • 13 of the victims were identified as gay<br>• all gay suicide victims were aged 21-42 |
| | Shaffer, Fisher, Hicks, Parides & Gould (1995) | • 120 suicide victims 79% male adolescents aged under 20<br>• 67% were aged 17 and over<br>• 147 controls, 116 were male | • 3.2% of male suicides had gay experiences<br>• no controls reported gay experiences |

# Writing Themselves In:

## A National Report on the Sexuality, Health and Well-being of Same-Sex Attracted Young People

(Hillier et al, 1998) key findings

# WRITING THEMSELVES IN : A NATIONAL REPORT ON THE SEXUALITY, HEALTH & WELL-BEING OF SAME-SEX ATTRACTED YOUNG PEOPLE, (HILLIER ET AL, 1998) KEY FINDINGS

*Writing Themselves In: A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People* (Hillier et al 1998) reports the findings of a national survey which explored the lives of 750 young people aged from 14 to 21 years who were attracted to others of the same gender or both genders, or who were unsure about their sexual attractions. The study follows up on adolescent research conducted by the National Centre in HIV Social Research, La Trobe University which revealed that a significant minority of young people were not unequivocally heterosexual, with numbers ranging between 8 and 11%. One of these studies surveyed 1,200 young people aged 14 and 16 years in Australian country towns and found that 11% had experienced sexual attraction to the same sex (Hillier et al 1996). The climate of homophobia created enough concern for the well-being of these young people to prompt a further in-depth study.

## Some key findings

Forty six per cent of the participants had experienced verbal or physical abuse. Most of this abuse (70 per cent) had occurred at school, by other students. Incidents reported ranged from persistent harassment and name-calling to broken bones and other serious physical injury. For those young people who had not experienced abuse or harassment, fear of becoming a target still affected their feeling of safety at school:

*'I haven't told anybody at all. Rejection and homophobia are rampant in our playground and in ordinary families. I don't know if anybody has guessed but I know I would lose most of my friends if I were to disclose it'* (Jo, 15 years).

Many young people in this study described their school's failure to challenge homophobic taunts or violence, when in comparison, racist taunts would not be tolerated. The lack of public affirmation for homosexuality led many to increased feelings of isolation and loneliness. Much higher levels of substance use emerged than in the population of young people generally. Eleven per cent stated that they had injected drugs compared to 1% in a recent national survey of secondary students (Lindsay et al 1997). Fourteen to eighteen year olds in this study were drinking more than those of comparable age (Lindsay et al 1997), and those who had been abused were more likely to use marijuana and heroin.

When we tried to determine the support these young people might be receiving we found that one of their greatest concerns was the effect of 'coming out' on their families. About one third of the research participants had spoken to their mothers, and about one fifth to their fathers. Participants had rarely spoken to professionals about their sexuality, though the majority had found this group to be supportive when approached. Five per cent had sought help from student counsellors and 14% from teachers. There was some suspicion over telling school personnel for fear of it becoming a public issue:

*' I couldn't talk to my school counsellor because I know that she talks her 'cases' over with other people. I have been told of other people's problems and once I knew that I distrusted the school system'* (Nathan, 18 years).

## Making a difference

An example of teaching practice is provided by Maria Pallotta-Chiarolli (1995) who introduced the concept and practice of anti-homophobia in Catholic boys' schools. 'It became increasingly obvious that on-the-spot interventions and mainstreaming approaches were the most effective ways of challenging homophobia. Implementing anti-homophobia strategies did not mean designing and teaching a two week unit for the classroom and then forgetting about the issue for the rest of the year'. One-off lessons on homosexuality aimed at students may not be enough to counter the belief that homosexuality is wrong, and very wrong for a young person. Unless modifications are made to daily teaching practice then inequality will continue to be reproduced. What is more important is to challenge the assumption that all people are heterosexual, and the presumption that anything outside heterosexuality is abnormal, to talk about homosexuality in positive ways rather than only in the context of fear and danger, for example in relation to HIV/AIDS and anal sex, and to challenge on a daily basis homophobic violence and harassment.

## Free poster: 'I've never seen a gay student'

At the completion of Writing Themselves In a poster has been designed to make sure the research findings get back to school communities. 'I've never seen a gay student' is a poster designed with feedback from teachers, to put up in staffrooms to raise awareness among the whole staff and support those teachers who are attempting to implement inclusive policy and practice. The focus of the posters' message is on heterosexist and homophobic behaviours, with clear challenging statements that require change in every day teaching practice.

Posters are available for free from the Australian Research Centre in Sex, Health and Society, La Trobe University. Phone Jenny Walsh on (03) 92855297, or fax (03) 9285 5220.

Copies of the research report *Writing Themselves In: A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People* are available from the Centre at a cost of $10.

# Homophobia and Heterosexism

notes from Penny Gordon's presentation

# HOMOPHOBIA & HETEROSEXISM,

## Heterosexism

The belief/assumption that everyone is heterosexual, and that heterosexual relationships are necessary to maintain the nuclear family.

## Homophobia

Irrational fear of anyone, who is gay or lesbian, or anyone perceived to be gay or lesbian.

## Internalised homophobia

The sustained negative messages about homosexuality that are present in our society are internalised and for many GLBT's this can result in a range of psychological and emotional problems from low self-esteem and self-doubt to self-hatred and clinical disorders.

## Homophobia operates on four distinct and related levels:

### Personal level

Personal belief systems

### Interpersonal level

When bias and prejudice is transformed into active discrimination. This includes acts and threats of violence.

### Institutional level

Government, religion, education, professional organisations systematically discriminate Often reinforced by laws, codes, policies etc.

### Cultural level

Cultural manifestations of homophobia:

- Conspiracy to silence and denial of GLBT culture
- Fear of over visibility of GLBT culture
- Creation of defined public spaces
- Stereotyping

## Homophobia Hurts Everyone

- Homophobia locks everyone into rigid gender based roles that inhibit creativity and self-expression
- Homophobia inhibits one's ability to from close same-sex attachments
- Homophobia restricts communication with a significant portion of the population &, more specifically, limits family relationships
- Homophobia can be used to stigmatise, silence & on occasion target people who are perceived or defined by others as GLBT but who are actually heterosexual

*"It can not be denied that homophobia, like other forms of oppression serves the dominant group by establishing and maintaining power over those who are marginalised.*

*Individuals maintain oppressive behaviours to gain rewards, or avoid punishments, to protect self esteem against psychological doubts or conflicts, to enhance value systems, or categorise others in an attempt to comprehend a complex world. "*

Blumenfeld (1992)

# Effects of Homophobia for GLBT individuals

- Identity confusion/conflict
- Isolation
- Lowered self-respect
- Self-hatred - self-harming

## Identity formation

Specific developmental tasks of mid to late adolescence and early adulthood focus on issues such as self-definition, autonomy, separation from parental or caregiver authority, development of competence and development of intimate relationships.

Integrating adult sexuality into one's personality, as well as how to fit into society and it's norms and values is a fundamental aspect of identity development.

## Conclusion

In truth, homophobia pervades our culture and each of us regardless of our sexual identity risks experiencing it's harmful effects.

Although homophobia did not originate with us we are all responsible for it's elimination.

# Anti-Homophobia Strategies

handouts by Amanda Nickson

## ANTI-HOMOPHOBIA STRATEGIES

### Six Keys to Anti-homophobia Strategies

1. Know your target

2. Find the common ground

3. Troubleshoot now

4. Ventriloquism is a useful skill

5. Work with converted first

6. Rome wasn't built in a day...
   Whatever you do best...do it with a theme

# What YOU can do to help STOP homophobia

## SHOW THE LOGO

The *Homophobia: What Are You Scared Of?* logo encourages us to think about why we sometimes choose **not** to take a stand against homophobia and violence.

By showing the logo, you make a simple but clear statement about the **unacceptability of homophobia and homophobic violence.**

The logo is available on stickers and on posters. You can use these materials, or you may choose to redraw or duplicate the logo onto other materials.

Screen-print the logo onto **t-shirts**. You could wear them during the campaign week - May 11-17, 1998.

Put the **stickers** on your folders, books, bag, body!

Make sure the **posters** are displayed in areas where lots of people will see them.

## TALK ABOUT IT

*Don't believe the hype!*

The truth is that **no-one deserves to be harassed or bashed for any reason.** Sometimes people are scared to talk about homophobia because they're afraid others may think they're lesbian or gay themselves – **we need to change that!**

When we allow this to happen we're allowing labels to dehumanise and discriminate against people by emphasising the differences between us. **When you speak out against homophobia, you are affirming your right to live in an environment free from violence.** This is a right we all have in common.

## ACT!

Share your knowledge, your energy, your human spirit. It's not just other young people who need support to speak out against homophobia, sometimes it's also parents, teachers, and politicians. ... **Give them a push in the right direction.** Let's use our energy and creativity to **act against senseless violence.** The best way to act against homophobia is **not to become involved** in it. **Speak out** and let people know that homophobia **is not acceptable**, or write an article for your local newspaper or magazine.

**You have the power to make the difference!**

YOU can help to stop violence and harassment - and you don't have to be famous to do it! By speaking out when you hear homophobic remarks, you help to make your school, your street, your home, and your hang-outs safer for everyone.

Here are a few easy ways that you can help tackle homophobia:

## NAME IT

Identify homophobic comments for what they are. If you just let homophobic remarks pass unnoticed, **your silence is the same as agreeing with homophobic harassment and violence.**
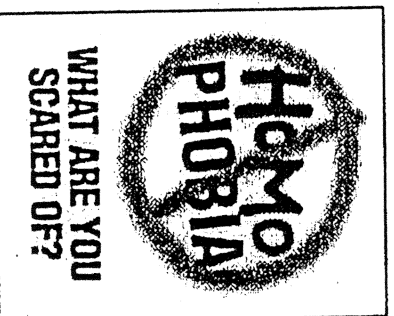
## QUESTION IT

Ask the person what gives them the right to make homophobic comments? **What are they so scared of that they need to put others down?** Remind people that all individuals have the right to be treated with respect, and this includes the right of heterosexuals to speak out against all forms of violence.

## ANSWER IT

If you hear someone make a homophobic remark **let them know it's unacceptable and offensive.** Let them know you won't include homophobes as your friends. You wouldn't have a racist for a friend, would you?

Ask people to think about where their attitudes came from. Less than 100 years ago it was considered outrageous for women to own property, vote or have a career. As late as the 1960s, Australian Aborigines were not allowed to vote. How out of date do we consider that in the 1990s? It's equally unjustified and outdated to allow discrimination, harassment or violence on the basis of a person's sexuality.

Bring it back to the personal side - harassing or committing acts of violence against gays and lesbians affects living, breathing people. One day it could be your brother or your sister, a friend, or even you, who's on the receiving end.

**WHAT ARE YOU SCARED OF?**

# Common Questions about Lesbians and Gays

### 1. How can you tell who is lesbian or gay?

You can't. There are lesbians and gays in all ethnic and religious groups and at every level of society. They work in every conceivable job and live in a wide variety of situations. They have lifestyles as diverse as heterosexuals. However, because of the social stigma attached to homosexuality, many lesbians and gays prefer to let people assume that they are heterosexual.

### 2. Is being gay or lesbian abnormal?

Lesbians and gays are fewer in number than heterosexuals. In any other sense of the word being gay or lesbian is no more abnormal than being left-handed or belonging to an ethnic or religious minority.

### 3. Is it possible for a homosexual person to be changed into a heterosexual person?

Some individuals and groups claim that people can be 'cured' of homosexuality, but this is based on the assumption that homosexuality is a sickness or that homosexual feelings should be suppressed. Nobody can turn somebody else from hetero-sexual to gay or lesbian - or vice versa.

### 4. Is being lesbian or gay just about having sex?

Being lesbian or gay is about forming loving and sexual relationships with others of the same sex. It is no more about 'just having sex' than being heterosexual is.

### 5. Don't lesbians and gays flaunt their sexuality?

Many people accuse lesbians and gays of flaunting their sexuality when they talk about their partner, hold hands or briefly kiss one another in public. Yet the same people would have no problem with a heterosexual couple doing these things.

Lesbians and gays have as much right as heterosexuals to display affection publicly, without fear of abuse or attack. The demand that they keep their affections invisible is a key part of the oppression of lesbians and gays.
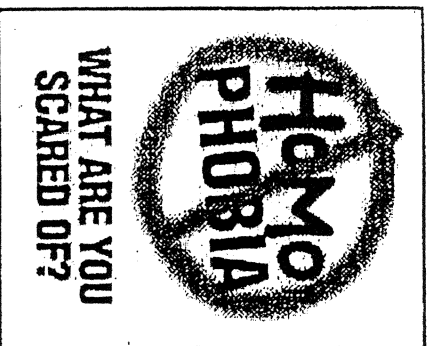
### 6. Aren't lesbians and gays a threat to the family?

All lesbians and gays are brought up in families and many belong to extended families. Lesbians and gays appreciate family life no less than heterosexuals and many work hard at maintaining family ties. Some lesbians and gays have children and have established family units of their own.

### 7. Are children in physical and moral danger when in the care of lesbians and gays?

Most convicted child abusers are men. Most of these are heterosexual, married (or previously married) men. The remainder would be defined as paedophiles who abuse both male and female victims. It is a myth that homosexuality equates with child abuse.

### 8. Is it true that all gay men have anal sex?

As many heterosexual people have tried anal sex at least once as have homosexual men, although fewer heterosexual people make anal sex a regular sexual activity. However, it's not true that all gay men have anal sex. Only a minority of gay men regularly engage in anal sex. Gay and lesbian sexual activity involves as much variety in sexual practices as heterosexual sex.



WHAT ARE YOU SCARED OF?

### 9. If you're gay, don't you get AIDS?

Viruses can't tell if you are gay or not. Whether you are gay or lesbian or heterosexual you need to know how to protect yourself from HIV/ AIDS. It isn't who you are but what you do that will put you at risk. For example, gay men who always have safe sex could be at less risk of HIV than heterosexual people who have unsafe sex.

### 10. Aren't all lesbians man-haters, or so ugly they can't get a man?

This is simply not true. Lesbian women, like heterosexual women, vary in their physical appearance and attitudes towards men. Many men interpret sexual indifference to men as man-hating. Although lesbians do not have physically intimate relationships with men, most work and live alongside men and have constructive relationships with men.

### 11. Aren't all gay men effeminate?

Most gay men could pass in the straight world if they wished. Some gay men and heterosexual men exhibit characteristics society likes to define as uniquely feminine. Just as with sexuality, society aims to pigeonhole people into very few types - and not everyone will fit! Some gay men delight in giving full expression to the so-called feminine aspects of their personality and may feel more free to exhibit non-stereotypical behaviour than heterosexual men.

### 12. Are lesbians and gays happy?

Lesbians and gays can be, and often are, every bit as happy, fulfilled and loving as hetero-sexual people. Unfortunately, society's hostility does make life difficult for many gays and lesbians. Unhappiness in their lives is often attributable to having to cope with the fear, ignorance and prejudice of others.

# TAFE & Uni Campuses

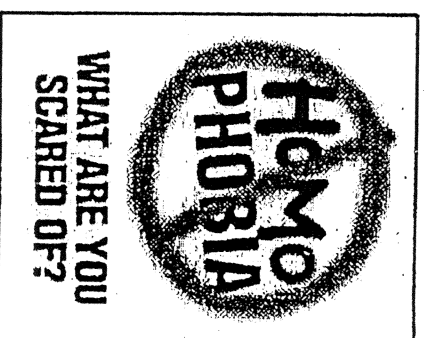## 'Homophobia: What Are You Scared Of?' campaign week is

## May 11-17, 1998

Sometimes on a busy campus, with so many different people leading such a variety of lives, it can seem impossible to get everyone to respond to an issue like homophobia.

**Don't believe the hype!**

Here are some suggestions to get you started:

## You can get involved!

- If you're at a campus with a student activity officer, **make contact**. Let them know about the campaign and find out what sort of activities could be organised on your campus.

- Encourage the involvement of the **Student Association, Council or Union**. Some associations have regular events, like a **sausage sizzle**, which could be given an anti-homophobia/ anti-violence theme during the **campaign week**.

- **SPEAK OUT!** Don't let a homophobic remark go by, challenge it and let those around you know you consider homophobic remarks offensive and unacceptable.

- **Put together an article or feature about the campaign and how to get involved**, for your **student newspaper**.

- Make it your business to see that the **posters** are displayed throughout the campaign week on your campus. Posters have been sent to TAFE Activity Coordinators and to University Student Representative Council's (SRC's).

- Arrange a **lunchtime discussion group**, or a comedy style **"Great Debate"** to discuss and debate the issue of homophobia.

- **Distribute campaign stickers** during the week and encourage staff and students to wear them or stick them somewhere where they are visible. If your campus has design or creative faculties, get some staff and students involved in creating **clothing** or **objects with anti-homophobia slogans** on them. Design your own **posters** with illustrations relevant to your area.

- Many university campuses have **gay and lesbian social groups**. If your campus has one, make contact and let them know you are interested in organising an event for the campaign. You could do a joint activity.

- Organise a **concert or band competition** with an anti-violence/ anti-homophobia theme.

- If you are a staff member, encourage your students to **discuss the issues of homophobia and opposition to violence**, lobby for and organise **staff training**, and make sure your classrooms or lecture theatres have posters displayed in them.

- If you are a counsellor, make sure you have **up-to-date referral information for local gay and lesbian support networks and projects.**

- Make contact with your local **Police Gay & Lesbian Liaison Officer** and ask to run a **joint event**.

**HoMoPHOBIA**

**WHAT ARE YOU SCARED OF?**

## 'Homophobia: What Are You Scared Of?' campaign week is
## May 11-17, 1998

If you have a Youth Centre or Youth Worker in your area, drop in and find out how your local community and friends can get involved in the campaign.

Discover what sort of activities are happening at your Youth Centre already and find out if you can give one of these activities an anti-homophobia theme during May.

## Some ways you can get involved!

- If you know the centre runs **football games** once a week, have a game with an anti-homophobia theme.
- If your Centre has art facilities, organise to **design and print your own anti-homophobia or anti-violence t-shirts** and distribute them during the campaign week.
- If you have an aerosol art project happening through your Youth Centre, find a wall or two in your local area and organise to **paint an anti-violence or anti-homophobia mural** on it during the campaign week.
- If you don't have an aerosol art project, but you do have a blank wall and permission to paint it, get in touch with the 'Homophobia: What Are You Scared Of?' campaign coordinator and we can put you in touch with some aerosol artists who can give you a hand getting started.
- Put up the campaign **posters**, and get your friends and youth workers to design their own anti-homophobia posters. Display these in the Centre during the campaign week.
- You don't have to tackle the issue alone! Make contact with other youth and community services in your area, and your local high schools. Get together and organise a big **picnic, sporting event,** or **arts festival** and give it an anti-homophobia and/or anti-violence theme. The more the merrier!
- If you are a youth worker, get together with colleagues and other local services and organise or lobby for **training** around the issue of homophobia and homophobic violence prevention.

### If you are a Youth Refuge:

- Have a big **"House Dinner"** with the theme of violence prevention and anti-homophobia.
- Organise a **video night** with an anti-homophobia theme show movies which depict the reality of gay and lesbian lifestyles and have a discussion about homophobia.
- Get all workers and residents together and formulate **"house rules"** about homophobia. These might include examples of unacceptable language and acceptable language when talking about lesbian and gay people. Develop responses which everyone can use if they hear a homophobic remark.
- Put up the **posters** around the residence.
- Get together with other local youth and community services, and your local high school and plan a joint event with an anti-violence and/or anti-homophobia theme.
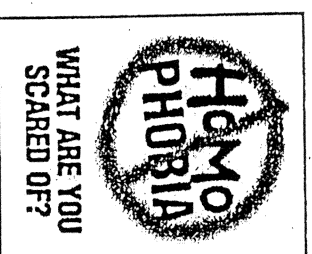


HoMo PHoBIA
WHAT ARE YOU SCARED OF?

- If you are a staff member, organise a **briefing** at the next staff meeting. **Let everyone know what the campaign is about.** Formulate **responses** to homophobic remarks you may hear in the Centre. Lobby for a **staff training** session around anti-violence and homophobia issues.
- Put the **posters** up around the Centre and encourage discussion about them during the **campaign week.**
- If you are a client of a CHC, make sure your local centre has the posters up. Ask the workers whether and how they plan to be involved in the campaign.
- Set up a committee of CHC workers, other local agency workers, and local community members to **discuss** the

issue of homophobia and develop an **action plan** to reduce homophobia, or alternatively, discuss it at your local interagency meeting.

- Do you have a wall which could have an aerosol mural on it? Get some workers, community members and young people together and design an anti-violence and anti-homophobia **mural** to be painted on the wall.
- Make **contact** with local gay and lesbian community groups, and make sure your referral information for gay and lesbian support and social groups is up to date.
- Encourage people to **report** instances of homophobic violence and harassment and **don't let homophobic remarks pass without responding to them.**

# National Overview of Projects Working with GLBT Young People in Australia

speech by Rodney Croome

# NATIONAL OVERVIEW OF PROJECTS WORKING WITH GLBT YOUNG PEOPLE IN AUSTRALIA

## SPEECH BY RODNEY CROOME

Good morning everyone.

This is my first time in Queensland. Of course I've done the kind of things that you would expect of a first-time visitor. Yesterday in Tweed Heads/Coolangatta my boyfriend and I briefly diverted from our car trip north to stand, one each in NSW and Queensland, as we kissed across the border.

But being in Queensland for the first time means much more to me than being a silly tourist.

When my grandmother was eighteen her parents and her thirteen brothers and sisters moved from their small farm in Northern Tasmania to Thangul (or should I say Thangoo-el) in Queensland.

My grandmother remained in Tasmania because she had met her husband to be. But she was very close to her parents and her many brothers and sisters so she and my grandfather would often travel to Queensland, while my great uncles and aunties and their many descendants would regularly visit their relatives in Tasmania.

The memories I have of my grandparents departing for Queensland are of all my relatives, dressed in their Sunday best, gathering at Devonport Airport to wave them farewell, of me sticking my fingers in my ears to block the roar of the propellers as the plane taxied away from the terminal, and of wanting nothing more than to run on the tarmack, just because it wasn't allowed.

My childhood memories of my Queensland cousins are even more vivid: they had round red faces, wore floral dresses and knee length shorts, always complained about the cold even though it was summer, praised some great man simply called "Joh" and treated me like a king.

Through these relatives I gained a mental image of Queensland as a strange and special place.

My task today is to talk about the new Human Rights and Equal Opportunity Commission's lesbian, gay, bisexual and transgendered rural youth project, Outlink, and to describe what I've found as the project officer of this important new initiative.

In February 1997 the Human Rights Commissioner, Chris Sidoti, launched the Working It Out report - a needs analysis of sexual minority youth on the North West Coast of Tasmania. Not surprisingly the report found that young lgbt people experience extreme isolation, discrimination and loss of opportunity - findings which have since been corroborated by studies such as the one conducted last year at the University of Tasmania's Centre for Population and Rural Health which found that young gay and bisexual men in my home State are three times more likely than their heterosexual peers to seriously consider suicide. That study also found that same sex attracted young men are more likely to experience conflict with peers and parents, abuse drugs and alcohol and live by themselves or be homeless.

The results of such studies prompted the Commission to successfully apply for funds from the Australian Youth Foundation to employ a project officer - me - to put together a network of young rural lesbian, gay, bisexual and transgendered people with a view to establishing better support services for these young people.

The specific aims of the first twelve months of the project are to conduct a national stocktake of existing services and support networks, establish a national network of young people and the people who work with them, draw a representative Committee of Management from the network to meet in Sydney and set priorities for government policy and the funding of support services, and to seek out extra funding from government and the corporate sector to ensure that the network can continue and at least some of the priorities set by the Committee of Management can be funded.

But of course there will also be other equally important outcomes from the first twelve months of the project. The most of important of these will be the breaking down of the isolation of not only young lgbts, but also the people who work with them. Outlink will enable all these people to share their skills, knowledge, and expertise and for the first time have a national voice.

The importance of breaking down the isolation which exists, not only between same sex attracted young people, but also the people who work with them, cannot be over estimated.

In my travels so far I have found a far greater number and variety of existing support initiatives than I expected. But

what I have also found is an almost complete lack of awareness of these projects outside the areas in which they operate. For example did you know that:

- in Orange there are regular anti-homophobia talks and workshops for local young people themselves,

- at Coffs Harbour a group of mental health workers are currently collating the results of a survey into the attitudes of all the town's service providers towards sexuality issues,

- Parents and Friends of Lesbians and Gays (Northern Rivers) has just received a $5000 grant from the NSW Government to produce support materials for rural parents,

- the Tasmania's Education Department has developed a new anti-homophobia package, the implementation of which is mandatory for all state schools,

- the Tweed and Grafton Shire Councils have developed lesbian and gay social action plans which include a youth component, and

- the Victorian Education Department is conducting same sex attracted rural youth focus groups to determine how it should proceed with developing a gay youth anti-suicide curriculum.

Despite the importance of these initiatives none of them is well known beyond the regions in which they have been developed. It is Outlink's job to publicise these projects so that other people can in rural areas can learn from them and be inspired by them.

While all the projects I have mentioned are ground breaking, in the time I have today it isn't possible to explore them all. Instead I'd like to concentrate on two towns in relative proximity which have taken quite different approaches to the support of young lesbian, gay, bisexual and transgendered people. I believe the comparisons between these two towns are significant.

The first town is Griffith.

In Griffith there is a lesbian and gay support organisation called Town and Country which operates a 24 hour 7 day a week telephone counselling and support service, and a five day a week drop-in centre. According to Town and Country the telephone line has 100 calls per month while 60 new people visit the drop-in centre in the same period. On the basis of this outstanding level of service provision Town and Country recently received $25000 from the NSW Government to develop its resources, particularly for young people.

The approach Town and Country has taken to the support of young lgbts is what some would call a traditional model. It is based on ideas of visibility and pride, with a high local media profile, including occasional staunches with local homophobic institutions, and a drop-in centre that is not only plastered with lesbian and gay posters but sometimes even has a rainbow flag flying outside.

The concern with this approach, of course, is that many of the most at-risk young people, young people who do not have the confidence to ring a telephone line or go to a drop-in centre, may not access these services. Town and Country has made concessions to these concerns, placing its drop-in centre on the fringes of Griffith, and concentrating its efforts on school-based anti-homophobia programs.

But nonetheless the approach taken n Griffith is one which will make most impact on those young people who already have some degree of confidence about who they are and where they fit in.

The town I've chosen to compare with Griffith is Albury.

In Albury there are two major support initiatives. The first is a new anti-homophobia training package that was initially designed for local health workers, but which because of its success in Albury, has been extended to other workers and other towns. The training package's designers were recently invited to Coffs Harbour to conduct anti-homophobia workshops for youth workers. The second initiative in Albury is the development of a website for same sex attracted youth. I have seen many such websites from around the world, and there is no doubt in my mind that this is the best. It contains all the information a young person could possibly want, in the most exiting and accessible design I have seen.

Taken together, these two initiatives provide a much more low key approach to the support of same sex attracted youth than the approach taken in Griffith. But it is also an approach which is potentially more pervasive. As such, some might call it a more contemporary model. Certainly it is more likely to reach younger people, and people with less self confidence.

At the same time, however, the Albury initiatives are more resource intensive than the initiatives in Griffith. The workshops require professional trainers if they are to be delivered systematically and with a consistent quality. The website also requires money for widespread promotion if it is to reach its target group. Without significant sums of money the effectiveness of both these projects is significantly reduced.

What the story of Griffith and Albury tells us is that it is important to recognise the different needs that young lesbian, gay, bisexual and transgendered people have at different stages in their personal development, and that we must tailor our services to them accordingly.

I would recommend a combination of the visibility of Griffith and the pervasiveness of Albury. Just for good measure, and to fill the gap in personal development between being able to access a website, and being confident enough to go to a drop-in centre, I would also recommend a one-to-one peer mentoring initiative such as the Bfriend program currently operating in Adelaide, and soon to be extended into rural South Australia with money from the Princess Diana Memorial Fund.

I'd like to finish were I began — in a country town.

A few months ago in a small town in Northern Victoria I met a young gay man named Tim. Tim is 17. He's out to his school friends and is preparing to come out to his parents. He has recently emerged from his first relationship (with an "older man" all of 19). He has older gay friends in towns roundabout and travels to Melbourne when he needs a break.

According to Tim he enjoys where he lives. His community is a refuge in which people know, love and support him. He is familiar with big city life, and plans to live it one day. But not just yet.

In his words "I'm happy here".

Is Tim unusual in enjoying where he lives? Not at all. In my recent travelling I've found more and more young people who like Tim are happy living in the rural communities and don't want to have to leave. Suicide and other forms of self harm is a tragedy. But we also have to recognise that young lgbts being forced to leave the communities in which they grew up is also a tragedy.

It is a tragedy because they loose the sense of community and belongingwhich rural life can impart, and it is a tragedy because of the dangers which lay in wait for the unprepared as they negotiate life in large cities. (In many of the places I have visited social workers have mentioned the need for young lgbts to be given resilience training before they leave for Sydney, Melbourne or Brisbane.) It is also a tragedy for the communities which these young people leave behind. At a time of crisis in rural Australia, country communities can't afford to lose the contributions of any of their young people, including their young lesbian, gay, bisexual and transgendered people.

But most profoundly, if young lgbts are forced to leave their community of origin it is a tragedy because sexuality, like so much else about us, is shaped by the place in which we grow up, and to be alienated from this place is to be cut off from an understanding of who we are.

This is a form of violence as bad as any other. If you don't believe me, march in the Tasmanian or Queensland floats in next year's Mardi Gras and watch the tears flowing down the cheeks of older lesbians and gay men who were forced to leave those states years ago and have never felt able to return.

I know what it means to be cut off from your place of origin. When I came out I was cut off from the rural community which I described at the beginning of my talk, the community which raised me and shaped me. For a long time I thought my only connection to this community would be memories like those I recounted about my Queensland cousins.

Fortunately, attitudes in Tasmania have changed markedly and for the better. There has been an important healing process in my state at a personal and communal level, and I am no longer alienated from the people and places which made me who I am.

I am now keen to see this kind of much needed healing process take place across the country. My hope is that one of the most important vehicles for this process will be Outlink.

Thank you for your time.
Rodney Croome.
July 30th 1999

# Reducing Homophobic Prejudice:
## Being the Same or Different (1999)

Steven Cox

# Reducing homophobic prejudice: Being the same or different.

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Debates about effective ways to combat homophobia are frequent. An argument commonly presented by both heterosexuals and gays and lesbians is that if homophobia is to be reduced, then gays and lesbians need to minimise their differences from heterosexuals. The differences argued to be most potent in the maintenance of homophobia are those which conform to stereotypes, and it is these differences that most need to be reduced. This paper reviews the research evidence which has accumulated on such a difference minimisation approach. On the basis of such evidence, it is argued that it is not being different that is the cause of prejudice, but rather, the illegitimacy with which such difference is viewed. Further, it is argued that behaving in ways that minimise differences between gays and lesbians and heterosexuals may lead to greater liking of the particular gay or lesbian individual, but is less likely to result in a reduction of prejudice toward gays and lesbians in general. The implications of these arguments are that assimilationist models of social change and attitude change are likely to fail, while integrationist models which promote plurality are more likely to succeed.

Stephen Cox completed his doctorate in social psychology at the University of Queensland in 1998, and has lectured at Griffith University since 1990. His research examines the social psychological processes which contribute to homophobia, and the responses gay men make to homophobia. He plays the piano and, stereotypically loves Barbra Streisand

Effective means for combating homophobic prejudice is frequently debated within gay and lesbian discourse (e.g. Carter, 1992; Epstein, 1987; Tachell, 1992). Although the specific actions and approaches that have been advanced are many and varied, it is possible to simplify them into two general categories, those approaches that are assimilationist in philosophy and those that are integrationist. By assimilationist I mean that to the greatest degree possible, gays and lesbians would try to emulate the dominant social values and behaviours of heterosexuality. In such a social world there would be no separate facilities for gays and lesbians on the one hand, and heterosexuals on the other, but rather, there would be facilities for the use of all. For example, there would not exist some nightclubs that are 'gay', and others that are 'straight'. There would not be 'gay' newspapers, 'gay' movies, or 'gay' social groups; there would just be nightclubs, newspapers, movies, social groups. Within each of these one might well find both gay and straight people represented, but in a truly assimilated social world, the existence of different sexual orientations would be an irrelevance. In an assimilated world, there would not be heterosexual values and gay values, but just values, shared by all. (Of course there may well be other non-assimilated dimensions upon which people would differ, such as gender, age, class, ethnicity, or many other possible dimensions.)

The alternative approach is one of integration, or pluralism. Different disciplines use these terms in different ways, so I need to provide some rough definition of what I mean by the term integration. 'Integration' is sometimes used interchangeably with the term 'assimilation'. I will be using the term in a manner more akin to multiculturalism (another term used in different ways by different commentators). Within an integrationist perspective various groups of people maintain a sense of difference from other groups within the broader society, as do various ethnic groups within a multicultural society, but not to the extent that separatism occurs. A group which is integrated into society will tap into some things that the society has to offer, and will ideally contribute to the society in an overall sense, while maintaining whatever it is that makes the group different from other groups within that society. Integration is a middle ground between separatism and assimilation. For gays and lesbians, integration would entail keeping some aspects of their lives separate, or at least distinct, from heterosexuals, but in other aspects, gays and lesbians would be less identifiable as being distinct from heterosexuals.

While this brief description poses many problems, the issue I wish to take up is the effects on homophobic attitudes of integrationist versus assimilationist social structural arrangements. The arguments here match those of multiculturalism. Critics of policies such as multiculturalism argue that the co-existence of multiple ethnic groups who possess quite different values, beliefs, and norms, inevitably leads to social conflict. Similarly, there are those who argue that the maintenance of a distinctive gay and lesbian 'lifestyle', or 'culture', or 'identity', in essence being visible as a distinct social group, is a cause of, or at least maintains or even exacerbates, homophobic attitudes. Put in social psychological terms, perceived difference between people is seen as cause of intergroup conflict. Such debate is seen in Australia every February when The Sydney Gay and Lesbian Mardi Gras comes around. Some commentators argue that Mardi Gras presents images of gays and lesbians which highlight differences from heterosexuals, and that this causes disharmony between the groups.

Drag queens are often decried for the same reason, as are stereotypically effeminate gay men and masculine lesbians. All these images, it is argued, highlight differences between gays and lesbians on the one hand and heterosexuals on the other. And this difference, the argument goes, causes homophobia. Taking this argument to its logical conclusion, we arrive at the position that to combat homophobia, gays and lesbians should attempt to minimise apparent differences between themselves and heterosexuals. Mardi Gras should be filled not with people who are half naked (or frequently even more so), or cross-dressed, or wearing outrageous clothes, but rather, with people wearing their 'everyday' clothes, and acting in 'everyday' ways. (We will put aside for the moment the idea of Mardi Gras being a party, and who goes to a party dressed as if they were off to the office for work!)

## Similarity and Attitudes

Gays and lesbians are obviously not the only people engaged in such a debate. Within social psychology, this same debate has been occurring for forty years, and much data has been collected. While there is not consensus about this issue, it seems that some generalisations can be made. The theory of relevance here is similarity-attraction theory (Byrne, 1971). Similarity-attraction theory says that we prefer people who are more, rather than less, similar to us. That is, we prefer people who hold similar attitudes, values, and beliefs, on a large range of issues, to us. To test this, consider the people with whom you voluntarily spend most of your time.[1] For most people, this will entail interacting most with others who are relatively similar to us. Our social circles consist of others who are approximately the same age, social class, education level, and hold similar social attitudes and values. While there are obviously some exceptions, the evidence from forty years of research suggests very strongly that opposites do not attract, but avoid, each other.

## Groups and Similarity

The same pattern holds with intergroup similarity: we prefer groups that are more like our own groups, rather than different from our groups. And there is quite strong evidence that intergroup relations deteriorate as intergroup similarity decreases. Before examining this evidence in more detail, I will digress just a little to discuss the issue of 'groupness'. Can we really talk about 'groups', or are we just collections of individuals? There is quite good evidence that most social phenomena are derived from both individual and group factors. When Thoreau wrote, "No man is an island", he captured very eloquently this dualism in human phenomena. It is true that as individuals we experience particular feelings, hold certain beliefs and attitudes, and act in various ways. We are unique beings. But we do not derive all beliefs, attitudes and behaviours purely from within. An important factor in the development of such psychological phenomena is the social groups and categories to which we belong. By the term social groups, I do not mean only social clubs such as football clubs, or particular gay groups. I am referring to the broad array of social groups and categories, including gender groups, ethnic groups, nationalities and sexual orientation groups. Many of our attitudes, for example, are derived, at least in part, from these groups.

A theory which attempts to explain prejudice from a group-based perspective is social identity theory (Hogg & Abrams, 1988; Tajfel, 1982; Tajfel & Turner, 1979; Turner, 1987), a perspective which is currently dominant within social psychology. One aspect of social identity theory is an

explanation of the categorisation of oneself and others onto social categories. The social world is extremely complex. A seemingly infinite variability of social stimuli exists, and people attempt to make sense out of it. To simplify this complex world, we group the stimuli into a smaller number of distinct categories (Forgas, 1981). This cognitive process of categorisation of social stimuli appears to be automatic (i.e., done outside of conscious awareness) and is adaptive to the functioning of people, as it allows for greater predictability in the social world. When trying to understand the social world, we construct social categories which help to account for the differences between people that we observe in order to predict others' behaviour with greater success.

As well as categorising others, we also categorise ourselves. Social identity refers to aspects of oneself which form the basis of shared group membership. Self-categorisation is not merely an act of self-labelling, but an adoption over time of the normative (prototypical) behaviours, characteristics, and values associated with the particular group membership. Examples of these social identities might be based on gender ("I am a man" or "I am a woman"), ethnicity, political ideology, or membership in a sporting club (cf. Tajfel & Turner, 1979; Turner, 1987), and the behaviours and values which go along with such memberships. A result of self-categorisation is that us/them dichotomies are formed, such as 'We are gay (and therefore have certain characteristics, norms, and behaviours), and they are straight (and therefore have other characteristics, norms, and behaviours)."

In contexts where a particular social identity is salient, group norms and values are highly accessible, leading to interactions based on intergroup perceptions. Such interactions are characterised by viewing others and oneself primarily from the position of the relevant group memberships, as opposed to individual people. Individual differences between members of one's own group (that is, observations based on intragroup comparisons) are minimised, while intergroup differences are maximised (Turner, 1987). Of course, people have multiple social identities, some of which will be more salient than others in particular situations.

The social identity approach postulates that in addition to social identity, individuals have a personal identity. Personal identity refers to those aspects, behaviours, traits and values that individuals see as characterising themselves as distinct from other individuals (see Hogg & Abrams, 1988). In contexts where personal identity is salient, individual characteristics, relationships and values, rather than those based on membership of a social group, are most salient, leading to interactions of an interpersonal nature. Each person views the other as an individual, not as a representative of a particular social group.

Research indicates that mere categorisation is sufficient for attitudinal and behavioural outcomes such as discrimination against outgroups and favouritism toward the ingroup (Mullen, Brown, & Smith, 1992). Such effects are frequently seen in experiments in which participants are arbitrarily categorised, that is, allocated a group membership, such as Group X. Participants are then asked to distribute rewards between a member of their own group and a member of another group (e.g., Group Y). The participant does not know either of these people to whom rewards are to be allocated, has never met them, cannot see them, and in fact, knows no other group members. When given choice in how to distribute the rewards, research consistently finds a bias in the provision of rewards to the

ingroup member over the outgroup member. That is, discrimination in the allocation of rewards occurs. These results cannot be explained by greater liking of the individual ingroup member, as they do not know them, having never seen or met them. The only information they have about the people to whom rewards are distributed is that they are either an ingroup member or outgroup member. This consistent research finding suggests very strongly that self-categorisation results in the emergence of group-based behaviour.

The implication is that we do not treat people as individuals, at least, not in all situations. Some argue that intergroup and interpersonal behaviour are at two ends of a continuum (Brown & Turner, 1981). At one end, the interpersonal end, we treat people as unique individuals. This occurs with people we know very well. At the other end, is intergroup behaviour, in which we interact with people as members of their groups. In these intergroup encounters, the person is psychologically interchangeable with any other person from that group. An example is a gay or lesbian attending a lesbian and gay rights demonstration, with fundamentalist Christians also present, who are protesting against the gays and lesbians. The members of each group would treat members of the other group in intergroup terms only.

Some people argue that they treat everyone as an individual. This is clearly not possible. To do so would require making no assumptions about what to say or how to behave when interacting with someone you did not know, or know well. These assumptions are very obvious in some very simple interactions, such as those with bus drivers and shop assistants. When we get onto a bus, we categorise automatically the person driving the bus as a bus driver, and interact with that person on that basis. We say where we are going and pay our money. We do not engage in a other behaviours, such as asking how the bus driver is feeling, or shaking her or his hand. Our behaviour toward the bus driver is almost entirely dependant upon having a group-based interaction, not an interpersonally-based interaction. The categorisation of the bus driver and ourself makes the interaction flow smoothly.

So I assume we can talk of groups, and that it is possible to make generalisations (not necessarily accurate) about those groups, including how similar they are perceived as being. So what is the research on intergroup similarity? In a study conducted in Israel, Struch and Schwartz (1989) investigated the relationship between intergroup value similarity and intergroup aggression toward a threatening minority outgroup, ultra-orthodox Jews. Results showed that perceived value dissimilarity predicted aggressive intentions. Similar results were found in another study using German and Israeli students (Schwartz, Struch & Bilsky, 1990). The more dissimilar the outgroup was perceived as being, then more negative were attitudes toward that outgroup. A recent study (Osbeck, Moghaddam, & Perreault, 1997) examined the relationship between social distance, that is, the willingness of participants to associate with members of various outgroups, and intergroup similarity between five ethnic groups that coexist in Canada. Results indicated that participants were more willing to associate with members of groups that were perceived as being more similar, thus supporting the similarity-attraction hypothesis.

In summary, the research to date seems to support the notion that intergroup conflict is associated with intergroup similarity, with intergroup conflict becoming more intense more as groups are perceived as being more different. One might therefore be tempted to argue that the means of reducing intergroup conflict is to reduce intergroup differences. If groups are perceived as being more similar, then conflict will decrease. Much to the chagrin of those who adopt an integrationist perspective, or further, a separatist position, I suspect that the assimilationists are more or less correct. If gays and lesbians were broadly perceived as being more similar to heterosexuals in general than they currently are, then societal levels of homophobia would probably be lower.

## Legitimacy of Difference

Embedded in this assimilationist position is the issue of the legitimacy of intergroup differences (Tajfel & Tuner, 1979). Legitimacy concerns the perception of fairness, correctness, or otherwise, of status differences between groups. Not all status differences between groups are seen as legitimate. An example of this is the difference in status between men and women. While many people agree that men have higher status than women in many societies, many fewer would say that this status differential is legitimate. I argue that the basis of the legitimacy in this case is the supposed differences between men and women. People who argue that men and women are different in particular ways and that as a result of those differences, the status differential is legitimate. Likewise, those who argue that gays and straights should hold different status within society do so because of supposed differences between heterosexuals and gays and lesbians. But is it not just that gays and lesbians are different; the crux of the issue is that difference is bad. This is the basis of the assimilationist perspective. The basis of the assimilationist argument is that difference is bad. I believe this applies to both gays and lesbians who adopt an assimilationist position, and heterosexuals. So the issue is not that gays and lesbians are seen as being different from heterosexuals, or even are different, but rather, how that difference is viewed. Taking heterosexuals' attitudes, it would be expected that homophobia will be greatest for those who view heterosexuals and gays and lesbians as different from each other, and also believe that gays and lesbians should not be different, that is, that the difference is illegitimate.

This proposition was tested in a study conducted by myself and a colleague Paul Grieve (Cox & Grieve, 1999). In this study, we used the experimental approach I described earlier, that is, we created two arbitrary groups. We manipulated perceptions of intergroup similarity by telling one half of the participants that the two groups were very different from each other, and the other half that the two groups were reasonably similar. We checked that our manipulation worked by asking participants at the end how similar or different they believed the two groups were, and found that our manipulation had indeed been successful.

We also manipulated the degree to which differences were legitimised. To half of the participants we said that there was sound evidence to show that there were group differences and that there were better life outcomes for the participants' ingroup than the outgroup, which were justifiable. In this condition, therefore, it was illegitimate to be different from the ingroup. The other half of the participants were told that the poorer life outcomes of the outgroup could not be

adequately explained by real differences between the groups. That is, the differential life outcomes for ingroup and outgroup members were not justifiable, and thus it was legitimate to be different from the ingroup. Again we checked to see if our manipulation had in fact worked, and it had.

Results indicated that intergroup relations were better between similar as opposed to dissimilar groups, but only when the differences between the groups were believed to have an illegitimate basis. When supposed group differences were viewed as being legitimate, that is, it was acceptable to be different, participants did not discriminate against the members of the outgroup. This study showed that intergroup differences become an issue only when that difference is seen as being unacceptable.

In summary, the existence of differences between social groups has been cited as the cause of intergroup disharmony. There is evidence from several studies that the more different an outgroup is perceived as being, the more negative are attitudes toward that outgroup. If this position is accepted at face value, the implication is that reducing intergroup conflict requires changing the perceptions that group members hold toward outgroups, such that the two groups are perceived as being more alike. But the argument in this paper is that the genesis of intergroup conflict lies not just in a perception of intergroup dissimilarity, but rather, in the legitimacy with which those differences are viewed. The results of the study described are broadly supportive of the maintenance of pluralistic and multicultural societies. It is sometimes suggested that these societies engender conflict because differences are made salient. The results of this study suggest that it is not the presence of differences that are the cause of conflict, but rather, how those differences are viewed. When differences are seen as legitimate or acceptable, intergroup conflict does not occur. The implies that legitimising difference may be the way forward in the minimisation of intergroup conflict.

Changing the legitimacy with which differences are viewed in society is obviously a difficult task. But if one were pragmatic, it might be tempting to just accept that difference does lead to intergroup conflict, albeit only when those differences are viewed as illegitimate, and try to minimise those differences? Another stream of social psychological research, contact research, that is, research that examines the effect of members of different groups having social interaction, suggests that approaches that minimise differences may well fail.

## Contact Between Groups

Originated by a Albert Allport (1954), the contact hypothesis postulates that when a number of prerequisite conditions are present during contact with a person from a disliked outgroup, increased liking and respect for both the specific contact person and the group occurs. The contact conditions necessary for attitude change to occur are that participants be of equal status (Cohen, 1972; Hewstone & Brown, 1986; Norvell & Worchel, 1981; Riordan & Ruggiero, 1980; Watson, 1950), that they pursue mutual goals (Brown & Wade, 1987; Deschamps & Brown, 1983), and engage in a task requiring cooperation between the participants for success (Hewstone & Brown, 1986; Sharan, 1980; Sherif, Harvey, White, Hood, & Sherif, 1961; Worchel, Andreoli, & Folger, 1977). A substantial amount of research has been conducted into the effects of interaction between members of different groups, the majority examining racial prejudice. A typical scenario in such research is to set up a situation in which members of the conflicting groups are required to work on

some task together, the completion of which cannot be achieved successfully without working together, that is, cooperating. Research has found that while attitudes toward the specific individuals involved in the contact have generally improved (Blaney, Stephen, Rosenfield, Aronson, & Sikes, 1977; Johnson & Johnson, 1982; Slavin, 1979), these attitudes have not always generalised to more positive attitudes toward the outgroup as a whole (e.g., Bond, DiCandia, & MacKinnon, 1988; Harding & Hogrefe, 1952; Johnson & Johnson, 1982; Minard, 1952; Palmore, 1955; Reed, 1947; Saenger & Gilbert, 1950; Weigel, Wiser, & Cook, 1975; Wilder & Thompson, 1980; Wilson & Kayatani, 1968). These mixed results led Hewstone and Brown (1986) to theorise about the nature of context-specific effects, drawing on social identity theory, as described earlier, to provide an explanation for the inconsistent results.

Interpersonal and Intergroup Contact

Hewstone and Brown (1986) argued that the effects of contact often fail to generalise because the contact is interpersonal, as opposed to intergroup. Interpersonal contact may have the effect of changing attitudes on an interpersonal level (that is, toward the individuals in the contact setting), but intergroup attitudes (that is, toward the group the individual belongs to) remain unchanged (Brown & Turner, 1981; Hewstone & Brown, 1986). Therefore, to change attitudes toward the outgroup, contact with an outgroup member must be defined by the recipient as an intergroup encounter (Hewstone & Brown, 1986). Only then will the nature and structure of the intergroup relationship and attitudes toward the outgroup be altered (Brown & Turner, 1981; Hewstone & Brown, 1986). This interpretation led to a reformulation of the traditional contact hypothesis, and a subsequent reconsideration of the conditions of contact.

According to the reformulated contact theory, the perceived typicality of the outgroup member with whom contact is made is the crucial determinant of generalisation of attitudes from the individuals to the entire outgroup (Hamburger, 1994; Hewstone & Brown, 1986; Rothbart & John, 1985; Wilder, 1984). It is argued that the outgroup member needs to be perceived as typical (or stereotypical) of the outgroup for contact to have an effect on attitudes toward the outgroup (Hewstone & Brown, 1986; Pettigrew, 1986; Rothbart & John, 1985; Wilder, 1984). Under such conditions, the intergroup nature of the interaction is made salient and consequently, the stereotype-disconfirming information such a person presents is linked to the outgroup stereotype. If contact is with a non-typical person, then that person is subtyped. That is, the person is seen as an exception to the group and liking for that person increases, but leave attitudes toward the group as a whole unchanged.

Perceived typicality

A number of researchers have examined the effect of member typicality on intergroup attitudes. In several studies (Cook, 1972, 1984; Foley, 1976) White participants reported more positive attitudes toward Blacks after working cooperatively with a Black person. Within these studies, the participant was deliberately reminded that the Black co-worker had been hurt by the discriminatory practices and policies that Black people face. In this way, the intergroup nature of the interaction was highlighted. In another study, Dutch students who worked cooperatively with a Turkish student

reported more positive attitudes when they were reminded that their partner was Turkish than when they were not so reminded (Van Oudenhoven, Groenewoud, & Hewstone, 1996). Again, this reminder heightened awareness of the intergroup nature of the contact.

Several studies (Wilder, 1984; Scarberry, Ratcliff, Lord, Lanicek, and Desforges, 1997) have manipulated the typicality of the outgroup member involved in the contact situation. In association with Professor Cindy Gallois, and Amanda Ridgeway, I was involved with one such study which investigated the impact of contact with a gay man on heterosexuals' attitudes toward gay men, and the impact of stereotypicality of the contact partner on heterosexuals' attitude change toward gay men. Research indicates that heterosexuals are more likely to hold positive attitudes toward gay men if they have had positive interpersonal experiences with either lesbians or gay men (Ellis & Vasseur, 1993; Herek, 1988; Herek & Glunt, 1993). As this research is based upon correlational designs, it cannot be assumed that the relationship between prior exposure and attitudes is unidirectional. Some research suggests that this differential contact experience may be the result of gay men selectively disclosing their sexuality to persons they believe are accepting, so that the experience-attitude relationship is most likely to be reciprocal (Herek, 1994; Herek & Glunt, 1988) The present study examined the causality of this relationship.

Participants (the ubiquitous first year psychology student) were led to believe that they were involved in a study on decision-making. While engaged in the decision-making task, the participants interacted with another person. That other person was in fact a confederate of the experimenter. Three types of confederates were used: a heterosexual contact partner, and two gay men contact partners, one of whom acted stereotypically, and the other non-stereotypically.

Heterosexual contact partner. Confederates dressed and presented themselves in a manner designed to fit participants' stereotypes of a university student. Confederates wore blue or black jeans and sneakers. Shirts were either a college jersey, or a short sleeved T-shirt either plain coloured (not white) or white with a music group logo. They wore no jewellery other than a watch and in one case an earring. Confederates kept their voices at a moderately low pitch, made no unnecessary upper body movements, no wrist movements, and when seated, attempted to keep their legs apart and bent at the knees.

Non-stereotypical gay male partner. Confederates wore the same clothes that they wore for the heterosexual condition and kept the same pattern of behaviour as in the heterosexual condition. The distinction between these two conditions was not made at this point.

Stereotypical gay male partner. Confederates wore blue or black jeans or blue jeans cut off at thigh level and sneakers. Shirts were tight plain black or white Bonds T-shirts. Confederates wore jewellery including rings, pendants and bracelets. Confederates used a high pitched voice, wrist flip movements, kept their legs crossed at the knee when sitting, and increased their general upper body movements.

Contact experience. The experimenter introduced both students and asked them to be seated in two chairs that had been arranged to induce a positive, cooperative environment. The study was explained as concerning group processes and communication, and its purpose as the investigation of

predictors of effective decision making between strangers. The experimenter left the room as the partners were asked to answer a series of general questions regarding university. This was explained as a means of inducing a comfortable environment necessary for the decision-making task to follow.

To ensure that the partner's sexuality was clear to the participant, the confederate provided scripted answers to these questions. Two answers made reference to the confederate's sexuality, heterosexual for the first condition and gay for the remaining conditions. The first of these questions was, "I decided to come to uni because...." The response the gay confederate made to this question was "My partner/boyfriend John was already here and he encouraged me to come." In the heterosexual condition, the response was the same except that the reference was to "my girlfriend Jane". The second question was, "So far, the best thing that has happened to me at uni is..." The response the gay confederate made to this question was "Meeting some really nice/cool people from the Queer Sexuality Collective here, they seem really fun and are great to hang out with". The response by the heterosexual confederate was again the same except that the reference was to "people from my course".

In addition to these characteristics of the study, participants' level of homophobic prejudice was also assessed both prior to and after the contact experience. Homophobia was assessed through the use of a standard questionnaire, the modern homonegativity scale, a 13 item scale developed by the myself (Cox, 1998), and based upon the modern racism scale (McConahay, Hardee, & Butts, 1981). The necessary contact conditions were met through participants engaging in a decision-making task which required cooperation, and which was successfully completed. In this way, the contact was a positive, cooperative experience.

Although there were some problems with the study, and should be conducted again so as to replicate the results, it was found that intergroup contact with a stereotypical gay man resulted in a reduction in negative attitudes towards gay men, whereas contact with a non-stereotypical gay man did not result in a diminution of homophobic attitudes. These results, which accord with other similar studies, offer support for the hypothesis that contact needs to be intergroup to be effective, and that group members need to be linked clearly to the ingroup, such as by being stereotypical. These studies indicate that contact does lead to more positive outgroup attitudes but only when the outgroup member is perceived as being typical of that group, and not individuated. This is the exact opposite as predicted by those who adopt an assimilationist approach. The argument put forward by assimilationists is that by minimising apparent differences between gays and lesbians and heterosexuals, greater liking for gays and lesbians will occur. But gays and lesbians adopting such an approach will result in subtyping. Those individuals who assimilate almost certainly will be liked more, but they will be perceived as exceptions to the group. Such attitudes are expressed in statements such as "My friend John in gay, but he's a good bloke". The implication is that John is a good bloke despite being gay. In fact, John has been subtyped.

There are several implications for heterosexuals who argue that homophobia will be reduced if gays and lesbians are more similar to heterosexuals. As gays and lesbians assimilate, they will become invisible. So heterosexuals will then cease to be confronted by the outgroup, gays and

lesbians, at all. My prediction is that heterosexuals' attitudes toward gays and lesbians will not change much, as the invisibility of gays and lesbians will not allow a new more 'palatable' stereotype to develop. So the existing attitudes toward gays and lesbians will remain intact. An argument might be made that if all gays and lesbians, or at least a critical mass, assimilated, then the attitudes toward the whole group would change. And in light of the research evidence I presented earlier on intergroup similarity, this outcome is likely. But as I also argued, this approach is misguided, as it is not being different that is the problem, but how that difference is viewed.

In conclusion, I have argued that assimilation as an approach to reducing homophobic attitudes is misguided for two reasons. First, assimilation assumes that it is the difference between gays and lesbians and heterosexuals that is the problem, whereas it is whether or not difference is viewed as legitimate that is the core issue. Negative attitudes toward gays and lesbians do not occur just because gays and lesbians are different from heterosexuals, but because it is not acceptable to be different from heterosexuals.

The second reason for my belief that assimilation is misguided is that by gays and lesbians suddenly presenting in a different way from how they usually do (or at least some do), the result will merely be subtyping, and attitudes toward the group as a whole will remain unchanged. It is only when heterosexuals interact with and gays and lesbians and see them as gays and lesbians, that attitudes toward the group will change. This effect does require the interaction to be positive, and in a cooperative and have a successful outcome, conditions which are often difficult to establish. But assimilation, acting straight, will not improve homophobic attitudes.

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