

Sexuality, substance use and the scene: an analysis of “post-gay” in same-sex attracted young adults in Sydney, Australia

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Sexuality, substance use and the scene: An analysis
of “post-gay” in same-sex attracted young adults in
Sydney, Australia

Toby Lea

A thesis submitted in fulfilment of the requirements for the degree
of Doctor of Philosophy

National Centre in HIV Social Research

The University of New South Wales

November 2011

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Improved social attitudes towards homosexuality have led some theorists to claim that Western societies are transitioning to a "post-gay" era, where same-sex attracted people no longer need to build an identity around sexual orientation and the lesbian and gay "scene" of bars and nightclubs. In a post-gay era, same-sex attracted people are thought to experience reduced minority stress about their sexuality. This thesis aimed to explore whether post-gay is applicable to same-sex attracted young adults' experiences with sexual identity, the scene, and substance use. The study was a cross-sectional, online survey of 572 same-sex attracted young adults aged 18 to 25 years in Sydney. While most respondents had low levels of internalised homophobia, half had high perceptions of social stigma towards sexual minorities. In the preceding 12 months, half of respondents had experienced homophobic abuse. Forty percent of respondents had high levels of current psychological distress and 19% had thought about suicide in the preceding month. Internalised homophobia and perceived stigma were significantly associated with psychological distress and suicidal thoughts. While young men attended scene venues with similar frequency as other licensed venues, young women attended scene venues less frequently than other venues. Being around other same-sex attracted people and displaying same-sex intimacy without worrying were the most important factors encouraging scene attendance. In addition, respondents who had experienced homophobic abuse were more likely to rate the scene as important. In the preceding month, 78% of respondents had consumed alcohol and 34% had used illicit drugs. Homophobic physical abuse was marginally associated with recent drug use. Other minority stressors were not associated with substance use. Recent drug use and risky drinking were associated with attendance at both scene and other venues. However, drugs were more commonly used in scene venues than other venues. The persistence of negative social attitudes and homophobic abuse suggest that the transition to post-gay is progressing more unevenly than some theorists envisaged. Sexual identity and the scene continue to play an important role in the lives of many same-sex attracted young people in Sydney.

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ABSTRACT

Improved social attitudes towards homosexuality have led some theorists to claim that Western societies are transitioning to a “post-gay” era, where same-sex attracted people no longer need to build an identity around sexual orientation and the lesbian and gay “scene” of bars and nightclubs. In a post-gay era, same-sex attracted people are thought to experience reduced minority stress about their sexuality. This thesis aimed to explore whether post-gay is applicable to same-sex attracted young adults’ experiences with sexual identity, the scene, and substance use. The study was a cross-sectional, online survey of 572 same-sex attracted young adults aged 18 to 25 years in Sydney. While most respondents had low levels of internalised homophobia, half had high perceptions of social stigma towards sexual minorities. In the preceding 12 months, half of respondents had experienced homophobic abuse. Forty percent of respondents had high levels of current psychological distress and 19% had thought about suicide in the preceding month. Internalised homophobia and perceived stigma were significantly associated with psychological distress and suicidal thoughts. While young men attended scene venues with similar frequency as other licensed venues, young women attended scene venues less frequently than other venues. Being around other same-sex attracted people and displaying same-sex intimacy without worrying were the most important factors encouraging scene attendance. In addition, respondents who had experienced homophobic abuse were more likely to rate the scene as important. In the preceding month, 78% of respondents had consumed alcohol and 34% had used illicit drugs. Homophobic physical abuse was marginally associated with recent drug use. Other minority stressors were not associated with substance use. Recent drug use and risky drinking were associated with attendance at both scene and other venues. However, drugs were more commonly used in scene venues than other venues.

The persistence of negative social attitudes and homophobic abuse suggest that the transition to post-gay is progressing more unevenly than some theorists envisaged. Sexual identity and the scene continue to play an important role in the lives of many same-sex attracted young people in Sydney.

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ABBREVIATIONS

2CI	2,5-dimethoxy-4-iodophenethylamine
2CB	4-bromo-2,5-dimethoxyphenethylamine
BZP	Benzylpiperazine
ADCA	Alcohol and other Drugs Council of Australia
ANOVA	Analysis of variance
AUDIT-C	Alcohol Use Disorders Identification Test – Consumption questions
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GCPS	Gay Community Periodic Survey
GHB	Gamma-hydroxybutyrate
GLBT	Gay, lesbian, bisexual and transgender
GLBQ	Gay, lesbian, bisexual or queer
HAART	Highly active antiretroviral treatment
IDRS	Illicit Drugs Reporting System
IHP-R	Revised Internalised Homophobia Scale
K10	Kessler Psychological Distress Scale
LSD	Lysergic acid diethylamide
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDSHS	Australian National Drug Strategy Household Survey
NSMHW	Australian National Survey of Mental Health and Wellbeing
NSW	New South Wales
OR	Odds ratio

SDS	Severity of Dependence Scale
SSA	Same-sex attracted
SWASH	Sydney Women and Sexual Health Survey
UNSW	The University of New South Wales

CHAPTER ONE

INTRODUCTION

Background to the Study

Post-Gay: A New Era of Same-Sex Sexuality?

In recent years it has been claimed that Western societies are transitioning to a new era of same-sex sexuality, sometimes described as the *post-gay* (Bech, 1997; Sinfield, 1998). Said to have been coined by the British journalist Paul Burstyn in 1994, the term *post-gay* appeared in print in a 1996 article by Daniel Harris, where it was used to reference “a vision of a post-gay-liberation subculture, a distinctly futuristic urban Nirvana in which gay people are no longer persecuted and self-loathing” (Harris, 1996, p. 176). In this new era, lesbians and gay men in Western societies are believed to have won the fight for equality and no longer need to build an identity around sexual orientation. This has the effect of destabilising gay identity and the institutions supporting it, including the lesbian and gay “scene” of bars, nightclubs and dance parties (Reynolds, 2009; Seidman, Meeks, & Traschen, 1999; Stein, 2010). Much of the discussion around post-gay has been about the experiences of gay men, sidestepping the potentially different experiences of lesbians and other same-sex attracted women. Post-gay also references a distinctly Western experience, one that does not encompass the illegal status of homosexuality and ongoing persecution of sexual minorities in many countries (Bruce-Jones & Itaborahy, 2011).

Over the past few decades it is true that many institutional struggles for social and legal equality have been overcome. Homosexuality has been declassified as a mental illness, sex between men has been decriminalised in most Western jurisdictions, and laws that discriminate against same-sex couples are gradually being amended

(Attorney General's Department, 2011; Bull, Pinto, & Wilson, 1991). The current push to legalise same-sex marriage is for many viewed as the final frontier of lesbian and gay activism. Societal attitudes to homosexuality have also improved in recent years (Blow, 2010). A recent poll showed that the proportion of Australians who believed homosexuality was “immoral” has dropped from 36% in 2001 to 27% in 2010 (Roy Morgan Research, 2010a). Results from this poll show that a significant number of Australians still consider homosexuality to be immoral.

Despite these improvements, there is significant countervailing evidence to the post-gay hypothesis. Intolerant attitudes towards sexual minorities have persisted among a substantial proportion of the population in Australia and other Western democracies. It is therefore unsurprising that homophobic prejudice, abuse and discrimination continue to be experienced by many same-sex attracted people (Berman & Robinson, 2010; Hillier et al., 2010; Kelleher, 2009). According to the *minority stress model* devised by Ilan Meyer, such experiences can lead to chronic psychological distress (Meyer, 1995, 2003). Sexuality-related prejudice and abuse have been associated with problematic alcohol and other drug use, unsafe sex, affective disorders, self-harm, and suicide attempts (Birkett, Espelage, & Koenig, 2009; Bontempo & D'Augelli, 2002; Hatzenbuehler, 2009; Savin-Williams, 1994).

Same-sex attracted young people can be particularly vulnerable. In addition to the usual challenges of adolescence and early adulthood, coming to terms with same-sex attraction can be fraught for some young people, particularly if faced with hostility after disclosing their sexuality (e.g., D'Augelli, 2002; Hillier et al., 2010). They are often still at school, living in the family home, and may lack the financial means to live independently. In a climate of persistent stigma and intolerance of sexual minorities, young people coming to terms with same-sex attraction may continue to build an

identity around their sexual orientation and seek solace in institutions such as the lesbian and gay scene. While changes are underway, the emphasis of post-gay discourse on struggles over and battles won may have underestimated the endurance of homophobia and its social and psychological effects.

Beyond the Closet

Steven Seidman, taking a more circumspect approach to social changes in gay identity, offered that the “closet” is declining in significance as an organising principle for lesbian and gay lives (Seidman, et al., 1999). The “era of the closet”, said to have commenced in the 1930s and 1940s, was characterised by concealment of homosexuality and leading a double-life in a lesbian and gay subculture (Chauncey, 1994). The Stonewall riots in New York in 1969 are often credited with the birth of the gay liberation movement, which “made coming out of the closet, affirming a primary gay identity, subcultural migration, and identity politics the centre of gay life” (Seidman, 2001, p. 321). Seidman and colleagues argued that same-sex attracted people now live increasingly “beyond the closet”, where same-sex sexuality is becoming *normalised* (subjectively accepted) and *routinised* (socially integrated) (Seidman, et al., 1999).

Normalisation refers to the notion that individuals who identify as lesbian, gay, bisexual, or same-sex attracted have subjectively accepted their sexual identity. People who have normalised their sexuality “may still feel some shame or guilt, [but] they describe such feelings as the residues of living in a normatively heterosexual society rather than as judgments about the inherently inferior status of homosexuality” (Seidman, et al., 1999, p. 19). Normalisation suggests that rather than internalising

homophobia, same-sex attracted people increasingly place the onus for prejudice back onto the individuals and institutions in society that promote such views.

Because of normalisation, same-sex attracted individuals are able to routinise, or socially integrate, their sexuality into their wider lives. Two kinds of routinisation were distinguished: “interpersonal” and “institutional” (Seidman, et al., 1999). The former refers to individuals being open about their non-heterosexual identity, and crucially, being accepted by family, friends, work colleagues and others. It also includes having same-sex relationships and being open and public about such relationships. While normalisation and interpersonal routinisation exist at the level of the individual, institutional routinisation occurs when organisations implement “policies and practices...that do not subordinate nonheterosexuals” (Seidman, et al., 1999, p. 11).

Consistent with post-gay thinking, normalisation and routinisation indicate a trend of lesbian and gay lives lived in diminishing shame and fear, borne out of growing social acceptance. However, Seidman and colleagues acknowledge the role of ongoing stigma and prejudice towards same-sex attracted people to a greater extent than post-gay writers have. Because of these pressures, normalisation and routinisation were argued to be “incomplete” for most same-sex attracted people (Seidman, et al., 1999, p. 19). While Seidman and colleagues suggested that normalisation and routinisation would destabilise the institutions supporting gay identity, their research did not address the relationship between normalisation, routinisation and the lesbian and gay scene. As more same-sex attracted people subjectively accept and socially integrate their sexuality, the scene may become a less central feature of lesbian and gay sociality.

Changing Face of the Lesbian and Gay Scene

The lesbian and gay scene of bars, nightclubs and dance parties has for the past several decades functioned as a space for same-sex attracted people to congregate, providing an introduction to lesbian and gay life and a respite from the prejudices levelled at sexual minorities in wider society (D'Emilio, 1983; Faderman, 1992; Valentine & Skelton, 2003; Weeks, 1977). In many major cities, the scene has emerged in a specific geographical location (e.g., Oxford Street in Sydney, the Castro in San Francisco, Soho in London). As the number of bars and other businesses catering specifically to lesbians and gay men grew, increasing numbers of same-sex attracted people moved into these areas, creating an urban enclave with a visible lesbian and gay presence (Collins, 2004; Levine, 1979).

In recent years, scene attendance has dropped, straight venues have replaced gay venues, and lesbians and gay men have moved out of traditionally gay neighbourhoods (Rosser, West, & Weinmeyer, 2008; Ruting, 2008). In Australia, the commercial collapse of the Sydney Gay and Lesbian Mardi Gras in 2002 heightened concerns that something was amiss (Reynolds, 2008). While numerous factors have been offered as potential explanations for this trend, growing legal and social equality and increased visibility of same-sex attracted people in Western countries may be especially influential (Bech, 1997; Sinfield, 1998).

Post-gay theorists claim that the need to band together socially or politically is losing its impetus. Because of improved social attitudes towards sexual minorities, many same-sex attracted people may feel increasingly comfortable expressing their sexuality in non-gay contexts, especially in cosmopolitan, urban centres (Rushbrook, 2002; Ruting, 2008). Same-sex attracted young adults, coming of age in an era of

greater social acceptance, may feel less inclined to engage with the lesbian and gay scene than previous generations. On the other hand, the persistence of stigma and prejudice among a significant minority may encourage continued engagement with the scene.

Alcohol and Other Drug Use

Alcohol and other drug use is often claimed to be a central feature of the lesbian and gay scene across the developed world (Hughes & Eliason, 2002). A common conclusion is that the scene encourages use of alcohol and other drugs and that substance use is normalised in these spaces (Ireland et al., 1999; L. A. Lewis & Ross, 1995; Reback, 1997; Slavin, 2004b; Southgate & Hopwood, 2001). Gay sociality has for several decades centred primarily around the scene, where alcohol is consumed by almost everybody, and illicit drugs by a smaller but substantial number of people (Bux, 1996; Hughes & Eliason, 2002; Knox, Kippax, Crawford, Prestage, & Van De Ven, 1999; L. A. Lewis & Ross, 1995). Alcohol and other drug use is consistently reported as more prevalent among same-sex attracted people than in the general population (Cochran, Ackerman, Mays, & Ross, 2004; Marshal et al., 2008; McCabe, Hughes, Bostwick, West, & Boyd, 2009). Furthermore, higher levels of participation in the scene have been associated with more frequent alcohol and other drug use among women and men (Heffernan, 1998; Knox, et al., 1999; McKirnan & Peterson, 1989b; Prestage, Degenhardt, et al., 2007; Trocki, Drabble, & Midanik, 2005).

An alternative explanation for alcohol and other drug use among same-sex attracted people is that it is used as a mechanism to cope with internalised homophobia, perceived stigma, and experiences of abuse, prejudice and discrimination (Bux, 1996; Hughes & Eliason, 2002). This is consistent with the minority stress model that

suggests alcohol and other drugs are used to ameliorate negative affect and experiences relating to sexuality (Meyer, 1995, 2003). In the context of greater subjective acceptance of sexuality, improvements in the social acceptance of sexual minorities, and declining engagement with the lesbian and gay scene, patterns of alcohol and other drug use among same-sex attracted young people may become indistinguishable from patterns of use among other young people. To date there has been little research exploring the relationship between declining engagement with the scene, patterns of alcohol and other drug use, and minority stress.

Aim of the Thesis

The aim of this thesis was to explore the extent that the notion of post-gay is useful in understanding same-sex attracted young adults' experiences with their sexual identity, the lesbian and gay scene, and alcohol and other drug use. The research focused specifically on the experiences of same-sex attracted young women and young men, aged 18 to 25 years, in Sydney, Australia.

Seidman's concepts of normalisation and interpersonal routinisation were used to explore subjective acceptance and social integration of sexual identity. Routinisation was expanded beyond the original parameters to include perceptions of stigma in society and social integration with friends in different nightlife contexts. Relationships between subjective acceptance, perceptions of stigma, and social integration were also explored, via a minority stress framework. A post-gay analysis suggests that same-sex attracted young adults would have high levels of subjective acceptance and social integration, with low perceptions of societal stigma and few experiences of prejudice and abuse.

The relevance of the lesbian and gay scene to same-sex attracted young adults was also examined. Given the often-cited central role of alcohol and other drug use on the scene, patterns of alcohol and other drug use were explored in the context of engagement with the scene. In addition, the association between substance use, scene engagement, and minority stress was examined. Subjective acceptance of sexuality, coupled with increased social integration, reduced societal stigma and declining scene engagement may be associated with less problematic substance use.

Same-sex attracted young adults were selected as the focus of this study because they represent a generation who have presumably been raised in the posited post-gay era. They are the adult age group least likely to have experienced widespread social and political prejudice associated with non-heterosexual identity. In addition, they were legally able to enter licensed venues well after Sydney's lesbian and gay scene was said to have commenced its decline.

Research Design

This research used a cross-sectional survey design with an Internet-based questionnaire. An inductive, exploratory approach was used to develop the questionnaire. First, a comprehensive review of the literature on sexual identity, the lesbian and gay scene, and alcohol and other drug use was conducted. Based on this review, a formative qualitative study involving in-depth, semi-structured interviews was conducted with 19 same-sex attracted young women and men to identify key themes. The themes that were developed during analysis of these interviews, together with the literature review, were used to guide the development of the survey instrument. The survey then examined experiences with sexual identity, the lesbian and gay scene, and

alcohol and other drug use among a larger sample of same-sex attracted young people in Sydney ($n = 572$).

Thesis Overview

This thesis consists of eight chapters. Chapter 2 provides a critical review of the literature around the notion of post-gay, the changing experience of sexual identity and lesbian and gay life, including the lesbian and gay scene and alcohol and other drug use. Based on the information presented in Chapters 1 and 2, Chapter 3 presents the research design and methods chosen to address the aim of the thesis.

Chapters 4 through 7 present the results of the study. Chapter 4 presents demographic information about the survey respondents, including data on sexual orientation and the degree of consistency between respondents' sexual identity, sexual attraction and sexual experience.

Chapter 5 considers whether the experiences of survey respondents in coming to terms with and disclosing their sexual orientation can be understood using Seidman et al.'s (1999) concepts of normalisation and routinisation. In addition, the presence of minority stressors is examined (Meyer, 1995, 2003), as well as the relationship between minority stress and the mental health of respondents.

Chapter 6 reports findings about respondents' engagement with the lesbian and gay scene. The chapter explores the extent that respondents utilise and value the scene as a leisure space, amid post-gay claims that the scene is declining in relevance as same-sex attracted people become more integrated with wider society.

Chapter 7 presents findings about respondents' patterns of alcohol and other drug use. It considers the relationship between substance use, minority stress, and engagement with the lesbian and gay scene. In particular, it examines the hypotheses

that minority stress and scene engagement are two of the main contributors to high rates of substance use and substance use problems in same-sex attracted young people, amid post-gay claims that minority stress and scene engagement are diminishing.

Finally, Chapter 8 provides a general discussion of the study findings and draws some conclusions. The implications of the work are considered, as well as the limitations of the study, and some possible directions for future research.

CHAPTER TWO

LITERATURE REVIEW

This chapter presents a comprehensive review of the literature on sexual identity, the lesbian and gay scene, and alcohol and other drug use among same-sex attracted people, with an emphasis on research conducted with young people. While the term young people is understood to include adolescents (10 to 18 year olds) and emerging adults (18 to 25 years; Arnett, 2000), the focus of the current thesis is on emerging (or young) adults. The review draws on the concept of post-gay, and how this concept has been used to examine the changing dynamics of lesbian and gay life.

The chapter is divided into three sections. The first section explores transformations in lesbian and gay life, and examines changes in the way sexual identity has been negotiated in different generations of same-sex attracted people in the twentieth century as well as more recently. This includes a discussion of the features of the notion of “post-gay”, a review of the literature that supports or contradicts post-gay’s claims, as well as a discussion of the theory of minority stress. The second section examines the role of the lesbian and gay scene in the lives of same-sex attracted people, and the ongoing relevance of the scene in the context of improved social attitudes towards sexual minorities. The final section explores patterns of alcohol and other drug use in same-sex attracted people, the normalisation of substance use on the lesbian and gay scene, and the relationship between substance use and minority stress in same-sex attracted people.

Transformations in Lesbian and Gay Life

Lesbian and Gay Life in the Twentieth Century

For much of the twentieth century, lesbian and gay life was defined by the notion of *the closet*. The closet can be understood as a historical construct that pressured same-sex attracted people to conceal their homosexuality. Eve Kosofsky Sedgwick described it as “the defining structure for gay oppression”, and that there were few lesbians and gay men “in whose lives the closet [was] not a shaping presence” (1990, pp. 68, 71). Prior to the 1970s, many lesbians and gay men assumed a heterosexual life with little or no contact with other same-sex attracted people. Others led a double life, passing as straight in everyday interactions while participating in a covert homosexual subculture of specific bars, cruising locations (beats), and word of mouth gatherings at private homes. A closeted existence often required vigilance to maintain the illusion of heterosexuality.

Lesbians and gay men in this era described considerable pressure to conform to the social norms of heterosexual marriage and children. While this meant that one could pass as heterosexual with relative ease in public, it was an unhappy and difficult experience for many people (Faderman, 1992; Robinson, 2008; Stein, 1997; Wotherspoon, 1986). Because of the hostile attitudes towards homosexuality in Western society at this time, gay men were “painfully aware of the need...to conceal, at all costs, [their] homosexuality from the world at large and, above all, from family and workmates” (Wotherspoon, 1986, p. 80). There was very little information about homosexuality that was not disapproving. As such, lesbians and gay men of this era described a great sense of relief and support when they were able to meet other same-sex attracted people socially (D'Emilio, 1983; Faderman, 1992). Many of these women and men never publicly acknowledged their sexuality, leading a closeted existence or a

double life. Themes of isolation and despair were common (Parks, 1999a; Stein, 1997; Weeks, 1977; Wotherspoon, 1986).

The police raid and ensuing riots at New York's Stonewall Inn in 1969 are commonly regarded as a turning point for lesbians and gay men in Western countries, and many commentators refer to lesbian and gay life in terms of pre- and post-Stonewall (Carter, 2004; Deitcher, 1995). The events at Stonewall are widely credited with the birth of the gay liberation movement, although some historians have questioned the accuracy of this claim (Armstrong & Crage, 2006; D'Emilio, 1992). Gay liberation symbolised a shift away from the way that same-sex attracted people had to this point negotiated the closet. It encouraged lesbians and gay men to "come out of the closet" and publicly declare their same-sex attractions (Carter, 2004; D'Emilio, 1992; Weeks, 1977). Gay residential and commercial areas began to thrive in Australia and other Western countries, and many same-sex attracted people began to organise their lives around their sexuality (Altman, 1982; Faderman, 1992; Reynolds, 2002). A lesbian and gay identity and subculture offered exciting social and sexual opportunities, as well as relief from the pressures of living in a homophobic society (Achilles, 1967; Dowsett, 1996; Jennings, 2007; Wotherspoon, 1991). In this way, coming out was framed as a crucial developmental milestone for lesbians and gay men, and homosexuality came to be negotiated as a primary or core identity (Altman, 1982; Seidman, et al., 1999; Stein, 1997).

Women and men who came of age after 1960 were the first generation of lesbians and gay men to "come out publicly and *en masse*" in urban areas (Robinson, 2008, p. 52). However, public identification could be difficult for same-sex attracted people of this era, many of whom recounted experiencing anguish in coming to terms with their sexuality and rejection from family and friends following disclosure

(Grierson & Smith, 2005; K. Plummer, 1989; Robinson, 2008; Schneider, 1989).

Adopting a gay identity was often characterised by “a rupture from a previous self-image rather than a transitional process” (Grierson & Smith, 2005, p. 60). Coming out usually happened after forming friendships with other same-sex attracted people and becoming involved with the lesbian and gay subculture. This often involved letting go of old friends because of the change in social environment and living circumstances (Altman, 1982; Grierson & Smith, 2005; Robinson, 2008; Stein, 1997).

By the early 1990s, the public visibility of homosexuality in Australia and other Western countries had increased considerably, and this coincided with improvements in the social position of sexual minorities. Same-sex attracted people who became adults in this period tended to experience coming out as less traumatic than previous generations, although most still regarded this as a significant event preceded by considerable apprehension and anguish (Cass, 1984; Grierson & Smith, 2005; Horowitz & Newcomb, 2001; Robinson, 2008; Troiden, 1988). Particularly among younger people, coming out to friends and family before engaging with the lesbian and gay subculture became more common, and there was a reduced sense of rupture with the past after coming out (Grierson & Smith, 2005; Parks, 1999a; Reynolds, 2008; Swann & Anastas, 2003). Some commentators at this time questioned whether homosexual identities had begun to outlive their usefulness, as many of the social and political battles of the gay rights movement had been achieved (Watney, 1993). Some called this the “end of gay” (Willett, 2000, p. 238). Others questioned whether post-Stonewall identities and the lesbian and gay subculture would be usurped by what some were calling “post-gay”, an emerging era where it will be less necessary to organise an identity and life around one’s sexual orientation (Bech, 1997; Harris, 1996; Sinfield, 1998).

Emergence of Post-Gay

In 1998, discussion around the concept of post-gay gained some momentum. A symposium on post-gay was held at the New School for Social Research in Manhattan, where participants discussed changes to the organisation of lesbian and gay life. An article followed in the New York Times shortly after, where post-gay was described as:

...a fledgling, somewhat murky idea that describes a homosexual identity in which sexual behavior no longer defines one's life. It's not bisexuality. It's not retreating to the closet. It is a way of saying, "We've come a long way, so calm down." In a post-gay world, homosexuals have won their battle for acceptance and are now free to move beyond identity politics. (New York Times, 1998, ¶ 2).

The symposium attracted some controversy, and the organisers were criticised for their position on lesbian and gay identity. Gay rights activists claimed that post-gay overstated the gains sexual minorities had made in the fight for equality, and downplayed the significant inequities still present in Western society (Signorile, 1999). Enthusiasts of queer politics contended that the post-gay movement provided a platform for a conservative gay political agenda, and was interested only in assimilation into the heterosexual mainstream, thus failing to challenge the heterosexual order (Goldstein, 2003; M. Warner, 1999). Goldstein (2003) and Warner (1999) attested that assimilation came at a price, and was only available to lesbians and gay men who conformed to “respectable” heterosexual values of gender-appropriate behaviour and monogamous sexual relationships. What this amounted to was a “policing [of] the sexual order” (Goldstein, 2003, p. 6), as enforcing boundaries of appropriate homosexuality kept in place social stigma towards groups “further down the ladder of respectability” including

bisexuals, transgendered people, sex workers, “pansies” and “leathermen” (M. Warner, 1999, p. 64).

In an attempt to alleviate some of these concerns, James Collard, editor at the time of *Out* magazine (who co-convened the symposium), offered that:

Post-gay doesn't mean “The struggle's over, so let's shop!” The struggle isn't over, and neither is the health crisis [HIV/AIDS]. But there's a pressure to conform within gay-activist politics, one that ultimately weakens its fighting strength by excluding the many gay people who no longer see their lives solely in terms of struggle. (Collard, 1998, ¶ 9).

What Collard seemed to be suggesting was that sexual minorities had achieved a level of social and legal equality sufficient for many same-sex attracted people to feel comfortable in stepping away from gay politics and the “gay community”. Other commentators noted that same-sex attracted people were becoming indifferent towards gay activism and institutions such as Gay Pride marches, suggestive of a “new mellowness” around gay identity (Reitz, 1998, ¶ 7). However, Collard also appeared to acknowledge that post-gay may have downplayed the ongoing struggle of sexual minorities for social legitimacy, as well as the daily and cumulative struggles associated with the HIV/AIDS epidemic. This sounded like an admission that post-gay had overstated its claims of equality and acceptance.

In 1996, two years prior to the New School symposium, a U.S. opinion poll found that 52% of Americans considered “homosexual relations” to be “morally wrong” (Cosgrove-Mather, 2003). Little had changed when the question was posed again in 2003, where 49% of people surveyed opined that same-sex sexual relations were immoral (Cosgrove-Mather, 2003). While opinions on legally recognised same-sex unions were not solicited in 1996, in 2003 the majority of Americans were opposed to

same-sex marriage (61%) and same-sex civil unions (54%; Cosgrove-Mather, 2003). In the years preceding and following the New School symposium, only half of the U.S. population appeared to be tolerant or accepting of same-sex attracted people, with even fewer in support of same-sex marriage. Acknowledging that opinion polls provide a representative yet crude gauge of the social acceptance of sexual minorities, the results of these polls undermine the post-gay view that lesbians and gay men had achieved social legitimacy in 1998, at least not in the U.S.

The New School symposium happened only two years after the introduction of highly active antiretroviral treatments (HAART) for HIV/AIDS. HAART improved the health and life expectancy of people living with HIV/AIDS, and dramatically reduced the death toll (Aalen, Farewell, De Angelis, Day, & Gill, 1999; Dore, Li, McDonald, Ree, & Kaldor, 2002; Palella et al., 1998). Before HAART, many gay men lost their lives, and many people lost partners and friends to AIDS-related illnesses. Retrospective accounts of the epidemic have reported that entire social networks were wiped out by AIDS (Nord, 1997; Oram, Bartholomew, & Landolt, 2004; Schwartzberg, 1992). In 1998, only two years after the introduction of HAART, it is difficult to refute the claim that the lesbian and gay community was still coming to terms with the effects of the epidemic and dealing with the collective loss associated with the death of large numbers of gay men (Rofes, 1998; Watney, 2000).

The journalist Michelangelo Signorile argued that the new antiretroviral treatments provided gay men and lesbians with the space to move beyond the “common focus [of] death and disease...[and] discuss things as seemingly silly as whether we were too gay” (Signorile, 1999, p. 73). He saw post-gay as attempting to capitalise on the apathy of gay men and lesbians who were weary after more than 15 years of activism and community building activities around the HIV/AIDS epidemic. While the

New School symposium attempted to speak to political and social changes that were influencing the organisation of gay and lesbian life, Signorile considered the discussion insensitive so soon after the introduction of HAART, and erroneous, because it downplayed the homophobic prejudice and abuse still experienced by many same-sex attracted people in Western societies (Signorile, 1999). The sociologist Amy Agigian was also uneasy with the notion of post-gay, and, on learning of the New School symposium, responded that she “would rather see us entering a different era. Heterosexuals have all the power. It's time they got over themselves and became 'post-straight'” (New York Times, 1998, ¶ 5).

Characteristics of Post-Gay

Different theorists have focused on different aspects of the notion of post-gay. Some have examined whether greater tolerance of sexual minorities provides greater opportunities for fluidity or flexibility between sexual identity, sexual attraction and sexual experience in heterosexuals and same-sex attracted people alike. Others have examined whether the life choices of heterosexuals and same-sex attracted people are increasingly converging, as same-sex attracted people socially integrate their sexuality and experience less internal conflict about their sexuality. Others have explored whether younger generations of gay men experience their sexuality as less central to their overall identity and consequently disengage from lesbian and gay institutions such as the scene.

Blurring of sexual boundaries. Alan Sinfield was one of the first academic writers to embrace the notion of post-gay. In *Gay and After*, Sinfield defined the post-gay era as “a period when it will not seem so necessary to define, and hence to limit, our sexualities.” (Sinfield, 1998, p. 14). He argued that post-Stonewall sexual identities have been framed by a binary model of sexuality, where identities other than straight or

gay are viewed with suspicion and considered illegitimate. Because of the social and political struggles to attain legitimacy and equality for lesbians and gay men, claiming a sexual identity that was primarily same-sex oriented but with occasional attractions and experiences with opposite-sexed individuals “seemed just too complicated, and scarcely plausible” (Sinfield, 1998, p. 10). There was an internal pressure within gay politics to present a united front in what constituted homosexual identity. Bisexuals were derided by lesbians and gay men because they were uncommitted to homosexuality and unwilling to “relinquish a protective stake in heterosexuality” (Sinfield, 1998, p. 10).

However, by the 1990s, Sinfield argued that progress in the social and political legitimacy of lesbians and gay men meant that same-sex attracted people were experiencing less pressure to limit their sexualities exclusively to their own gender. This was especially true for young people, coming of age in an era of greater social tolerance and visibility compared to previous generations. At the same time, a similar relaxation of boundaries was said to be occurring among heterosexuals, where people who “scarcely allowed themselves fantasies [were] now having covert same-sex experience” (Sinfield, 1998, p. 13). As Sinfield put it, the gains of lesbian and gay political action have “allowed everyone to move one space across” (p. 13) in the way they define and practise their sexual attractions and sexual experiences. He used post-gay to describe the superseding of post-Stonewall identities by a growing propensity for sexual fluidity and the subsequent rejection of fixed sexual identity labels.

Bert Archer, in his book *The End of Gay (and the Death of Heterosexuality)*, was in broad agreement with Sinfield about the relaxation of sexuality boundaries and the greater scope for sexual fluidity that was emerging in Western societies (Archer, 2002). However, Archer was somewhat more enthusiastic than Sinfield, with an apolitical, almost utopian vision of free sexuality, accompanied by the abandoning of

sexuality identity labels by straights and gays alike. Archer was interested in “the possibility of a sexual attraction that is neither primarily nor exclusively based in anatomy nor especially relevant to your sense of self.” (Archer, 2002, p. 18). Drawing on his own difficulties reconciling a gay identity with sexual attraction to women, Archer concluded that sexual identity categories are unnecessarily limiting. He considered gay identity an historical construct that has outlived its usefulness, and hoped to see “the identity vacuum...replaced by nothing at all” as sexuality begins “to be governed by circumstances, by the moment and the context, rather than by an identity” (Archer, 2002, p. 50).

The main problem with Archer’s thesis is that, in his eagerness to dispense with sexual identity, he failed to acknowledge evidence that the demise of homosexuality is less imminent than he would have hoped. Firstly, many same-sex attracted people, particularly men, report same-gendered sexual attractions only, so a label like gay is congruent with their sexual attractions, and a straightforward way to describe their sexuality (Floyd & Bakeman, 2006; Hillier, et al., 2010; Pitts, Smith, Mitchell, & Patel, 2006).

Secondly, some same-sex attracted people may also be reluctant to relinquish sexual identity labels for political reasons, because of continued hostility in society towards non-heterosexuals (McNaron, 2007; Stein, 2010). It may also reflect fears about the loss of lesbian and gay space and community (Reynolds, 2009; Stein, 2010), although attachment to gay communities appears to be waning among younger people who are increasingly ambivalent about lesbian and gay life (Fraser, 2008; Reynolds, 2008). However, the majority of same-sex attracted young people continue to adopt labels like lesbian, gay and bisexual to describe their sexual orientation (e.g., Hillier, et al., 2010; Russell, Clarke, & Clary, 2009).

Further, Archer largely overlooked issues of social intolerance and institutional inequality facing sexual minorities. These issues were mentioned only in passing, typically in reference to what he perceived as the antiquated struggles of lesbian and gay activists. On the other hand, Sinfield approached the social evolution of homosexuality (and heterosexuality) with more trepidation. He was reticent to dispense with sexual identity labels just yet, and cautioned that the relaxation of boundaries between straight and gay does not equate to social acceptance and equality for sexual minorities. Instead, he warned that same-sex attracted people should not be “excessively grateful for a few crumbs from the table” (Sinfield, 1998, p. 170). Like Goldstein and Warner, Sinfield was suspicious of a conservative political push towards lesbian and gay assimilation, and was wary about letting go of the subculture that had taken decades to build. In fact, Sinfield argued that because we are moving into the post-gay, where sexual identities will become more fragmented, more, not less, energy should be invested into the lesbian and gay subculture. Lesbians and gay men should not be so quick to disassemble, he said, “so we can take evasive action when [heterosexuals] get vicious” (Sinfield, 1998, p. 42).

Evidence for sexual fluidity. Lisa Diamond, a well-known researcher of women’s sexuality, defines sexual fluidity as “situation-dependent flexibility in women’s sexual responsiveness. This flexibility makes it possible for some women to experience desires for either men or women under certain circumstances, regardless of their overall sexual orientation” (Diamond, 2009, p. 3).

In a longitudinal cohort of same-sex attracted young women followed for eight years, Diamond (2005) found that over time, many women were highly variable in the gender of their sexual attractions and sexual partners. Rather than dispensing with sexuality labels, she distinguished between *stable lesbians* who maintained a consistent

lesbian identity, *fluid lesbians* who identified as lesbian and non-lesbian at different points in time, and *stable nonlesbians* who consistently did not use a lesbian label (Diamond, 2005). Fluid lesbians and stable nonlesbians were more likely than stable lesbians to be attracted to and have sex with both women and men. These findings suggest that same-sex attracted women are not “equally plastic in their sexuality” (Diamond, 2005, p. 126), and women with the least plasticity are most likely to identify as lesbian.

A criticism of Diamond’s work is that she understates the potential for sexual fluidity in men. Other studies have explored sexual fluidity in men, although not longitudinally. In the most recent *Writing Themselves In* study, the largest periodic national survey of same-sex attracted young people aged 14 to 21 in Australia, more than 80% of the young men identified as gay and were exclusively attracted to men (Hillier, et al., 2010). Among young women, 42% identified as bisexual and 39% identified as lesbian, and less than 40% were exclusively attracted to women. Similar disparities in the sexual identity and sexual attractions of same-sex attracted young men and women were reported in previous *Writing Themselves In* surveys (Hillier et al., 1998; Hillier, Turner, & Mitchell, 2005). Other studies have also reported that same-sex attracted women are more likely to identify as bisexual and have more opposite sex partners than same-sex attracted men (Floyd & Bakeman, 2006; Pitts, et al., 2006). While this suggests that same-sex attracted women have greater sexual plasticity than men, both same-sex attracted women and men tend to report a high level of congruence between their identity, attractions, and sexual experience (Diamond, 2005; Floyd & Bakeman, 2006; Hillier, et al., 2010; Pitts, et al., 2006).

Similar disparities in sexual fluidity are found in women and men who identify as heterosexual. In a representative sample of Australian adults, 2.2% of women and

2.5% of men identified as gay, lesbian or bisexual, yet 15.1% of women and 8.6% of men reported same-sex sexual attraction or sexual experience (Smith, Rissel, Richters, Grulich, & de Visser, 2003). In a U.S. study of heterosexual young adults, 10% of men and almost 40% of women reported that at least 10% of their sexual attraction was same-gendered (Vrangalova & Savin-Williams, 2010). Greater sexual fluidity in women may reflect a lower degree of social conflict in challenging gender and sex roles compared to men (Blumstein & Schwartz, 1990; Shibley-Hyde & Durik, 2000). Diamond (2005) rejects this explanation as incomplete, proposing instead that women's sexuality is "fundamentally fluid" (p. 9).

Taken together, this research suggests that sexual fluidity is not a new phenomenon. A major theory of Freud was that people were born bisexual but then socialised as heterosexual (Freud, 1962). Later, Kinsey showed that many heterosexual men and women had had same-sex sexual experiences (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). According to some post-gay theorists, increased social acceptance of lesbians and gay men relaxes the current demarcation between heterosexuality and homosexuality, allowing greater sexual flexibility on both sides of the sexual orientation divide.

"Homo-genizing" of Western societies. Like Sinfield and Archer, Henning Bech (1997) was also interested in the idea that sexual orientation was of diminishing importance as a marker of difference. Sidestepping any theorising about sexual fluidity, Bech analysed the different ways that same-sex attracted people were gaining social legitimacy in Western cultures and the effects this had on gay identity and gay subcultures. He argued that in the United States, social legitimacy is possible for same-sex attracted people to the extent that their "sexual desires and practices...are constructed in accordance with comparatively moralistic norms of life conduct" (Bech,

1999, p. 344). To gain social legitimacy, same-sex attracted people in these settings have to conform to the values of wider heterosexual society, in particular long-term, monogamous sexual relationships.

However, he described a different pattern of social legitimacy for same-sex attracted people emerging in Europe, using Denmark as a case study (Bech, 1997). He claimed that rather than same-sex attracted people assimilating into the wider culture by adopting the social norms of conservative heterosexuals as was the case in the United States, the opposite trend was occurring in Europe in the 1990s. He argued that the differences between heterosexuals and homosexuals were becoming increasingly blurred, as growing numbers of heterosexuals were adopting “lifestyles, character traits, outlooks [and] intimate arrangements” that fell outside of the traditional notions of long-term monogamy, marriage, and childbearing (Bech, 2006, p. 152). Instead, for many people, “families of choice” consisting of friends in addition to, or in place of, traditional families, as well as different kinds of intimate relationships, had replaced the traditional options available to heterosexuals (Weeks, Heaphy, & Donovan, 2001, p. 1). Bech called this a “*homo*-genization” of the Danish way of life. There is only a need to distinguish between homosexual and heterosexual identities, he said, when their lives are very different or when sexual minorities are devalued in society. With fewer differences in the way same-sex attracted and heterosexual people live, resulting from improved social acceptance of sexual minorities, he argued that it is time for heterosexuality and homosexuality as distinctive identities to “disappear” (Bech, 1997).

Diminishing role of the closet. Steven Seidman (2002) was also interested in exploring the social changes that were affecting same-sex attracted people, focusing specifically on the experience in the United States. He and his colleagues examined the ongoing usefulness of the concept of “the closet” as an organising principle for lesbian

and gay lives, examining the hypothesis that same-sex attracted people were increasingly living “beyond the closet” (Seidman, et al., 1999, p. 11).

They suggested that gains in the social legitimacy of sexual minorities afforded lesbians, gay men and bisexuals greater ease in subjectively accepting or “normalising” their sexuality (Seidman, et al., 1999). As same-sex attracted people increasingly normalise their sexuality, they feel better equipped to socially integrate their sexuality into their wider lives. This social integration was termed the “interpersonal routinisation” of sexuality (p. 11). It included coming out to important people in their lives and being accepted by these people, as well as having publicly acknowledged same-sex relationships. A third process was referred to as “institutional routinisation” (p. 11). This included institutional policies and practices that provide a safe and equitable environment for same-sex attracted people.

Seidman et al.’s (1999) study explored whether there was a trend towards the normalisation and interpersonal routinisation of sexuality, using qualitative interviews with 25 lesbians, gay men and bisexuals. People without strong ties to a lesbian and gay subculture were specifically recruited, because such people were expected to be more closeted and less likely to have normalised and interpersonally routinised their sexuality. To the extent that homosexuality is devalued in society, these authors were interested in exploring whether normalisation and interpersonal routinisation would be “incomplete”. Incomplete normalisation was defined as “sustained feelings of shame and guilt around homosexuality” (Seidman, et al., 1999, p. 20). Other researchers have referred to incomplete normalisation by the similar concepts of *internalised homophobia* (Meyer, 1995, 2003), *internalised homonegativity* (Ross et al., 2001), or *internalised sexual stigma* (Herek, 2007). Incomplete interpersonal routinisation was defined as “intolerance by heterosexuals” (Seidman, et al., 1999, p. 20), which might

include experiencing rejection from family and friends following sexuality disclosure, or experiencing intolerance or homophobic abuse from acquaintances or unknown people.

The authors found conflicting evidence for their thesis of increased normalisation and routinisation. The closet was a more defining feature of the lives of older interviewees, particularly those born before the 1970s, than for younger interviewees. While older interviewees were more likely to have a clear sense of separation between their gay life and other parts of their life, younger people had a greater sense of continuity between how their sexuality was expressed in different settings (Seidman, et al., 1999). Younger people also experienced less anguish in coming to terms with their sexuality, and thus experienced greater ease in interpersonally routinising their sexuality, without engaging in a double life organised around the closet. The authors concluded that the changing position of lesbians and gay men in society took some of the emphasis off organising a life around one's sexuality. Normalisation and routinisation thus had the effect of transforming homosexuality from a primary or core identity to a "partial, more voluntary aspect of identity and basis for community" (Seidman, et al., 1999, p. 12).

Generational changes in lesbian and gay life. Australian historian Robert Reynolds was also interested in the post-gay phenomenon, and explored how different generations of gay men in Sydney experienced their sexual identity and the gay community at the time they were coming out, as well as in the context of social changes affecting gay life (Reynolds, 2007). He found that older men, born between 1950 and 1980, had a different relationship to gay identity and the gay community compared to the youngest men in his study, born in the early 1980s. The younger men saw sexuality as an "increasingly unremarkable" feature of their identity (Reynolds, 2008, p. 226);

most of the young men were organising their lives around aspects of themselves other than sexual orientation. While they considered their sexuality important, it was less central to their identity than among the older men. Similar findings have been reported in other Australian studies, where young gay and bisexual men defined their sexuality as just one part of their identity (Bernard, Holt, & Race, 2008; Fraser, 2008).

Coming to terms with their sexual orientation, and disclosure to family and friends, was also considerably less anguished for young men (Reynolds, 2007). Coming out was less of a transformative experience, with young men reporting a greater sense of continuity in their lives before and after publicly identifying as gay compared to older men. One interviewee remarked how “little his life changed after he came out as gay”, as he was easily able to integrate his sexuality into his existing life because of the positive response he received from family and friends (Reynolds, 2008, p. 221).

Many of the young men expressed a lack of interest in the lesbian and gay subculture, and felt a weaker connection to it than the older men (Reynolds, 2007). Instead, social lives were more often organised around friendship networks of straight and gay people with shared interests. The young men did not feel limited to the lesbian and gay scene for socialising because they were able to express themselves in a wide variety of settings without feeling threatened or unsafe (Reynolds, 2008). This is not to say that the older men socialised exclusively on the gay scene, rather that they placed a higher value on the scene because of their nostalgic connections with it, and the more central place that sexuality occupied in their identity (Reynolds, 2009).

Reynolds’ study is important because it was one of the first to move beyond speculation and collect data that validated some of the claims of post-gay. Taking Sinfield’s work as the starting point for the emergence of post-gay, he noted that the young men he interviewed were unique because they were the first to become adults in

this proposed post-gay era (Reynolds, 2008). His findings provide support for the theses of Bech, Sinfield, and Archer that gay life is “undergoing substantial reconfiguration” as sexual orientation shifts from a central identity to just one aspect of identity (Reynolds, 2008, p. 205). The main limitation of this work is that only three young men were interviewed. It is unlikely that the breadth of experiences of gay identity and sociality would be adequately covered with this number of participants, and as a consequence it is difficult to extrapolate these findings to the wider population of same-sex attracted young men in Sydney or Australia. The exclusion of women from participation also limits the scope of these findings as it is possible that women have had a different experience of changes to lesbian and gay life.

In terms of how social changes might proceed, Reynolds was more circumspect than Bech and Archer, and more consistent with Sinfield in exercising caution in heralding “the end of gay” (Willett, 2000, p. 238). He suggested that post-gay will most likely coexist with a more conventional notion of gay, although gay will increasingly “become an elective identity” (Reynolds, 2008, p. 227). Arlene Stein (2010) interpreted the social changes affecting lesbian life in the United States in a similar way. She predicted that sexual orientation will increasingly diminish as a marker of difference as the life choices of heterosexuals and non-heterosexuals converge. However, rather than heterosexuals relinquishing life choices such as marriage and children, Stein suggested that same-sex attracted people are more likely to adopt lifestyles such as these that were previously available only to heterosexuals. Cohler and Hammack (2007) also proposed that changes to lesbian and gay identity saw the co-existence of a more traditional “narrative of struggle and success” characterised by social stigma and overcoming prejudice, with a more contemporary “narrative of emancipation” characterised by diminished personal anguish about same-sex attraction (p. 49).

Disclosure to family and friends. Over time, the proportion of lesbians and gay men who disclose their sexuality to family, friends and others appears to have gradually increased, although there is a lack of conclusive data to confirm this (Savin-Williams, 2005). In Australia, the *Writing Themselves In* study reported substantial growth in the number of same-sex attracted young people disclosing their sexuality to parents between 1998 and 2010 (Hillier, et al., 1998; Hillier, et al., 2010). In 1998, less than 40% of young people had disclosed to their mother and less than 20% to their father (Hillier, et al., 1998). By 2010, approximately two-thirds had disclosed to their mother and half had disclosed to their father (Hillier, et al., 2010).

Supporting this, younger same-sex attracted people appear to be disclosing their sexuality to family, friends and others at younger ages. A study of almost 3,000 gay, lesbian and bisexual adults in New York and Los Angeles found that 18 to 24 year olds were younger than other age groups when they first came out to others (Grov, Bimbi, Nanín, & Parsons, 2006). For example, young women disclosed their sexuality to somebody approximately 10 years earlier than women aged over 55 (17 years versus 27 years), while young men disclosed seven years earlier than men aged over 55 (17 years versus 24 years). Another U.S. study found that among people who self-identified as lesbian, gay or bisexual in adolescence, those who self-identified after 1988 disclosed to a parent when they were four years younger and to a non-parent when they were three years younger, compared to those who self-identified prior to 1988 (Floyd & Bakeman, 2006). In addition, a U.S. study of gay men born after 1960 found that the age at disclosure to a family member was reducing by 3.2 years each decade, while disclosure to non-family was reducing by 1.4 years per decade (Drasin et al., 2008). While the earlier age at disclosure in these studies is partially due to the earlier age of self-identification as same-sex attracted among younger generations, increased social

acceptance and visibility of sexual minorities may also make it easier to come out rather than delaying disclosure because of a fear of negative consequences.

Interviewing parents of lesbian and gay children in the late 1980s, Bernstein (1990) found that the greatest barrier to accepting their child's sexual orientation was fear of social stigma, in particular being perceived as a bad parent and having a "sick and deviant" child (p. 39). The parents variously expressed anger and humiliation, as well as fears for their child, including the potential for social ostracism and homophobic violence (Bernstein, 1990). Over the past several decades, parental reactions to disclosure have gradually become more positive, which appears to be related in part to reduced anguish about having a same-sex attracted child, subsequent to fewer people thinking that homosexuality is immoral and the increased visibility of same-sex attracted people (Ben-Ari, 1995; Cramer & Roach, 1988; Grierson & Smith, 2005; LaSala, 2000; Remafedi, 1987; Rossi, 2010; Savin-Williams & Dubé, 1998; Valentine, 1993; Wakeley & Tuason, 2011). In Australian and international research in the past decade, the proportion of same-sex attracted young people who report acceptance from parents following sexuality disclosure has ranged from 23% to 57% among fathers and 33% to 57% among mothers (D'Augelli, 2002, 2003; D'Augelli, Grossman, & Starks, 2005; Fankhanel, 2010; Hillier, et al., 2010; Ryan, Huebner, Diaz, & Sanchez, 2009). Same-sex attracted young people who have experienced acceptance from parents are less likely to report psychological distress, illicit drug use, and suicidal ideation and behaviour (D'Augelli, 2002, 2003; Doty, Willoughby, Lindahl, & Malik, 2010; Hillier, et al., 2010; Needham & Austin, 2010; Ryan, et al., 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Sheets & Mohr, 2009).

There is comparatively little in the literature about experiences of coming out to friends. In *Writing Themselves In*, the proportion of young people who had disclosed

their sexuality to friends increased by 10% between 1998 and 2010: from 80% to 90% for female friends and 75% to 85% for male friends (Hillier, et al., 1998; Hillier, et al., 2010). In addition, almost all young people in 2010 who disclosed to a friend experienced a supportive response, compared to 70-75% of young people in 1998. However, young people still experience rejection from friends. In one U.S. study, more than one-third of young people had lost friends after disclosing their sexual orientation (D'Augelli, 2002). Many young people have cited fears of rejection from friends as a reason to delay disclosure (D'Augelli, 2003; Pilkington & D'Augelli, 1995).

Institutional and social changes affecting sexual minorities. The institutional and social legitimacy of sexual minorities has improved gradually over the past 40 years. Homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) in 1973. In Australia, decriminalisation of sex between men began in 1972 in South Australia, although it was not until 1997 that male homosexuality had been decriminalised in every state and territory (Bernardi, 2001; Bull, et al., 1991). Female homosexuality was never penalised under Australian law, although was the target of police surveillance (Jennings, 2009).

While New South Wales became the first Australian jurisdiction to prohibit discrimination against homosexuals in 1983, discrimination against same-sex couples has only recently begun to be addressed by governments. In 2008, the Australian Senate passed reforms to remove discrimination against same-sex couples from 85 Commonwealth laws, with the exception of same-sex marriage (Attorney General's Department, 2011). Before these reforms, same-sex couples were recognised in very few circumstances by the federal government.

Public opinion towards sexual minorities has also improved (acknowledging that opinion polls do not adequately account for the complexity of people's attitudes and

beliefs). In 2001, 36% of people in a representative Australian sample considered that homosexuality was “immoral” (Roy Morgan Research, 2010a). In the same year, the Australian Study of Health and Relationships, a representative study of people aged 16 to 59 years, found that 37% of men and 27% of women considered that “sex between two adult men is always wrong”, while 21% of men and 25% of women considered that “sex between two adult women is always wrong” (Rissel, Richters, Grulich, de Visser, & Smith, 2003). More recently, in the 2009 Australian Survey of Social Attitudes, 32% of respondents said that “sexual relations between two adults of the same sex” are always wrong, while a further 5% reported this was almost always wrong (Australian Social Science Data Archive, 2011). In a 2010 opinion poll, a lower proportion of Australian endorsed negative attitudes towards same-sex attracted people than was reported in 2001, with 27% endorsing the statement that “homosexuality is immoral” (Roy Morgan Research, 2010a). This suggests that a considerable proportion of Australians continue to hold intolerant attitudes towards homosexuality. However, these sentiments are also geographically located. Intolerance of homosexuality was lowest in inner-city and affluent urban areas of Sydney and Melbourne, where 9% and 11% of the population, respectively, considered homosexuality to be immoral. Intolerance was highest in poorer urban areas, and in regional and rural areas. However, in no geographical area did more than half of the population endorse these negative attitudes towards homosexuality (Roy Morgan Research, 2010b).

Social attitudes towards same-sex unions have undergone a growth in support in the past two decades. In 1995, 23% of Australians endorsed the statement that same-sex couples be “treated the same way in law as married couples” (Willett, 2000, p. 240). Nine years later, 38% of a representative sample of Australian adults indicated their support for same-sex marriage (Wilson, 2004). The most recent national poll of

attitudes towards same-sex union, conducted in October 2010, indicates that the majority of Australians (62%) believe same-sex couples should legally be able to marry (Galaxy Research, 2010). Support was highest among young people aged 24 and under (80%).

Similar gains in the social legitimacy of same-sex attracted people have occurred in other Western societies. For example, a U.S. opinion poll recently reported that for the first time the majority of Americans express tolerant attitudes towards homosexuality (Blow, 2010). Many countries have also passed legislation allowing same-sex couples to marry, including the Netherlands, Canada, Spain, and Iceland, as well as some U.S. states.

Evidence in Opposition to the Notion of Post-Gay

While social attitudes towards sexual minorities have liberalised over time and provided a space for a post-gay notion of sexual identity, intolerant social attitudes have persisted in some segments of the population. Many same-sex attracted people continue to experience prejudice and discrimination because of their sexual orientation. Same-sex attracted people also continue to experience a higher prevalence of mental health problems and suicidality compared to heterosexuals, which may be due to minority stress. This provides contravening evidence to the post-gay hypothesis.

Experience of homophobic abuse. Despite social attitudes towards homosexuality becoming more accepting over time, rates of homophobic prejudice and abuse remain high. In the most recent *Writing Themselves In* survey, 61% of young people reported experiencing verbal abuse because of their sexuality, while 18% reported experiencing physical abuse (Hillier, et al., 2010). Homophobic abuse is generally more common among younger same-sex attracted people. In one Australian

study, gay and bisexual men aged under 20 reported the highest rates of abuse (67%), followed by men aged 20 to 24 (47%; Van de Ven, Kippax, Crawford, Race, & Rodden, 1998). Similar results were recently reported in a Queensland study, where 61% of same-sex attracted women and men aged 18 to 24 had experienced homophobic abuse in the previous two years, compared to 55% among 25 to 34 year olds and 37% to 48% in older age groups (Berman & Robinson, 2010).

In a review of 19 studies conducted with lesbians and gay men in the United States during the 1970s and 1980s, homophobic verbal abuse was reported among 52-87% of study participants, while physical assault was reported among 9-21% of participants (Berrill, 1990). Findings from Australian and international studies conducted since then suggests that homophobic abuse has remained stable. The proportion of people in these studies who had experienced homophobic verbal abuse ranged from 50-80%, while physical abuse ranged from 11-35% (Attorney General's Department of NSW, 2003; D'Augelli, 2003; D'Augelli, Pilkington, & Hershberger, 2002; Hunt & Jensen, 2007; McNair & Thomacos, 2005; Pilkington & D'Augelli, 1995; Pitts, et al., 2006; Saewyc, Konishi, Poon, & Smith, 2011).

While some same-sex attracted people report experiencing verbal and physical abuse from family and peers (D'Augelli, 2003; Hillier, et al., 2010; Pilkington & D'Augelli, 1995), perpetrators are usually unknown to the victim and usually do not act alone (Attorney General's Department of NSW, 2003; Berman & Robinson, 2010; Van de Ven, et al., 1998). For same-sex attracted adolescents, school is often the most common setting where homophobic abuse occurs, and in these settings perpetrators are usually male and known to the victim (D'Augelli, et al., 2002; Hillier, et al., 2010; Hunt & Jensen, 2007; Saewyc, et al., 2011).

The experience of homophobic abuse in same-sex attracted people has been associated with higher levels of psychological distress and mental health problems, including depression, anxiety, self-harm, suicidal ideation, attempted suicide, and problems with alcohol and other drugs (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Birkett, et al., 2009; Bontempo & D'Augelli, 2002; D'Augelli, et al., 2002; Hillier, et al., 2010; Szymanski, 2009; Waldo, Hesson-McInnis, & D'Augelli, 1998; J. Warner et al., 2004; Willoughby, Doty, & Malik, 2010). For example, same-sex attracted young people in Australia were twice as likely to have attempted suicide if they had experienced homophobic verbal abuse and four and a half times more likely to have attempted suicide if they had experienced homophobic physical abuse (Hillier, et al., 2010).

Social support from friends and family, and a supportive school environment for same-sex attracted adolescents, may help to buffer the effects of homophobic abuse on these health outcomes (Birkett, et al., 2009; Doty, et al., 2010; Needham & Austin, 2010; Ueno, 2005). In addition, social acceptance from heterosexuals in the wider community has been associated with increased wellbeing in same-sex attracted young adults irrespective of the presence of interpersonal social support from family and friends (Dane & MacDonald, 2009). Despite consistently high rates of homophobic abuse reported in many studies, some researchers have warned against casting same-sex attracted people as passive victims of abuse (Halberstam, 2003; Hillier & Harrison, 2004; McDermott, Roen, & Scourfield, 2008; Savin-Williams, 2001a). Many young people display great strength and resilience when faced with homophobia, framing the events as something wrong with the perpetrators rather than something wrong with themselves (Hillier & Harrison, 2004; McDermott, et al., 2008). Some young people report downplaying the seriousness of homophobic incidents, verbal remarks in

particular, in order to minimise the impact of such events on their psychological wellbeing (Fine, 2011; McDermott, et al., 2008).

However, same-sex attracted young people may alter their behaviour to avoid being identified as gay and the target of homophobic abuse (Berman & Robinson, 2010; D'Augelli, 1992; Dick, 2008; Faulkner, 2006; Pachankis & Goldfried, 2006; D. C. Plummer, 2001). Young people who display gender atypical behaviours are often read as gay or lesbian by their peers and are more often the target of homophobic abuse, irrespective of whether they identify as same-sex attracted (D'Augelli, 2002; Mishna, Newman, Daley, & Solomon, 2009; D. C. Plummer, 2001; Waldo, et al., 1998). In another study, heterosexual college students “liked” fictitious lesbian and gay characters who were considered stereotypically gay or lesbian less than they liked non-stereotypical characters (T. R. Cohen, Hall, & Tuttle, 2009). Michael Kimmel, a sociologist whose research focuses on men and masculinity, argued that “homophobia becomes a real straightjacket, pushing [straight and gay men alike] towards a very traditional definition of masculinity” (Kimmel, 2000, ¶ 10). However, he has noticed a recent phenomenon emerging in adolescent males. After engaging in behaviour that falls outside of stereotypical masculinity, young males are following this with the catchphrase “no homo” to signify that this was not an admission of homosexuality (Kimmel, 2009). While this still acts to police boundaries of gendered behaviour, it is a step in the right direction as it allows young men to widen their scope of behaviour into more “feminine” displays that would be typically associated with gay males (Kimmel, 2009). Kimmel interpreted this as a consequence of diminishing homophobia in Western societies.

While homosexuality has become normalised and unremarkable in many settings, particularly in large cities, a minority of people still harbour strong negative

opinions of sexual minorities. Groups who oppose homosexuality, such as the religious right and political conservatives, have been vocal in their opposition of homosexuality as sexual minorities gain more rights and increased acceptance and visibility in society (Marr, 2011; Rooney, 2011; Tomazin, 2010). As Kimmel (2000) noted, “the more accepting we become, the more you’re also going to see backlash. Backlash always happens during periods of real change and real progress. It’s two steps forward, one step back...” (§ 5).

Mental health problems in same-sex attracted people. Representative population surveys typically report that lesbians, gay men and bisexuals have an elevated risk of experiencing mental health disorders compared to heterosexuals (Cochran & Mays, 2000a, 2000b; Cochran, Sullivan, & Mays, 2003; Gilman et al., 2001; Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; McNair, Kavanagh, Agius, & Tong, 2005; Sandfort, de Graaf, Bijl, & Schnabel, 2001). Higher rates of suicidal ideation and attempted suicide are also commonly reported among same-sex attracted people compared to heterosexuals (Cochran & Mays, 2000a; Eisenberg & Resnick, 2006; Fergusson, Horwood, & Beautrais, 1999; Garofalo, Wolf, Wissow, Woods, & Goodman, 1999; Gilman, et al., 2001; Herrell et al., 1999; Remafedi, French, Story, Resnick, & Blum, 1998; Russell & Joyner, 2001). A recent meta-analysis examining studies comparing mental health in heterosexual and sexual minority young people up to 21 years of age found that non-heterosexual young people had significantly higher rates of depressive symptoms, twice the odds of reporting suicidal ideation and more than three times the odds of reporting a suicide attempt (Marshall et al., 2011). Within non-heterosexuals, people with a bisexual orientation often have the highest likelihood of experiencing mental health problems and suicidality (Jorm, et al., 2002; Marshall, et al., 2011).

Few Australian studies have compared mental health and suicidality in different sexual orientation groups. A random sample of almost 5000 adults in Canberra compared the mental health of heterosexuals, bisexuals, lesbians and gay men in two age groups: 20 to 24 year olds and 40 to 44 year olds (Jorm, et al., 2002). Compared to heterosexuals, the same-sex attracted groups were significantly more likely to report symptoms of depression and anxiety, and scored higher on a scale measuring suicidal thoughts and behaviours. Bisexuals also had significantly more symptoms of depression and anxiety than lesbians and gay men (Jorm, et al., 2002). Unfortunately, gender differences were not examined due to the small number of participants identifying as non-heterosexual. In addition, demographic and other variables that may have attenuated the sexual orientation differences in mental health were not examined.

A further study was a longitudinal study of a random sample of more than 40,000 women, the *Australian Longitudinal Study on Women's Health*. Among women aged 22 to 27, those who were not exclusively heterosexual were more likely than exclusive heterosexuals to report a diagnosis of depression in the preceding four years (10.9% versus 24.2 – 29.6%) and self-harm or attempted suicide in the preceding six months (2.7% versus 11.1 – 18.7%; McNair, et al., 2005). Bisexual and mainly heterosexual women were also more likely to report a diagnosis of anxiety in the preceding four years (15.4%), compared to exclusively heterosexual women (11.0%). These effects were attenuated but remained significant after controlling for stress, social support, and the experience of any form of abuse (McNair, et al., 2005). A further Australian study compared suicidal attempts in 54 heterosexual and 57 gay young men and found that gay youth were 3.7 times more likely to report attempting suicide (Nicholas & Howard, 1998). However, the small number of respondents limits the validity of these findings.

While the evidence indicates there are mental health disparities between heterosexuals and non-heterosexuals, most same-sex attracted people do not report problems with their mental health (Cochran & Mays, 2000a, 2000b; Cochran, et al., 2003; Jorm, et al., 2002; McNair, et al., 2005). Several studies have shown that differences in mental health outcomes between heterosexuals and same-sex attracted people are attenuated when controlling for demographic characteristics (Cochran & Mays, 2000a, 2000b) and psychosocial variables (Almeida, et al., 2009; Frisell, Lichtenstein, Rahman, & Langstrom, 2009; Mays & Cochran, 2001; McNair, et al., 2005; Safren & Heimberg, 1999). For example, in some studies, discrimination experiences (not necessarily related to sexuality) have accounted for much of the disparity in mental health disorders and current psychological distress between heterosexual and non-heterosexual adults (Frisell, et al., 2009; Mays & Cochran, 2001). Among adolescents, victimisation experiences have accounted for most of the sexual orientation differences in depressive symptoms in both girls and boys, as well as sexual orientation differences in suicidal ideation and behaviour among boys (Almeida, et al., 2009). In young people, the school environment can play a supportive role. For example, a recent Australian study reported that young people who knew that their school had a policy about homophobia and were supportive of same-sex attracted students were less likely to self-harm and attempt suicide (Hillier, et al., 2010). In a U.S. survey of school students, family connectedness and a safe school environment partially attenuated the differences in suicide ideation and attempts between heterosexual and same-sex attracted students (Eisenberg & Resnick, 2006).

Minority stress. An influential explanation for elevated rates of mental health disorders, substance use disorders, and suicidality in same-sex attracted people is offered by *minority stress theory* (Brooks, 1981; Meyer, 1995, 2003). The premise of

minority stress theory is that lesbians, gay men and bisexuals are confronted with negative attitudes in society towards their sexual orientation. Faced with prejudice, discrimination, and experiences of homophobic abuse, sexual minorities are “subjected to chronic stress related to their stigmatization” (Meyer, 1995, p. 38). This chronic psychosocial stress is then thought to lead to a greater likelihood of experiencing psychological distress and mental health problems (Meyer, 1995, 2003). Hatzenbuehler (2009) posited that chronic minority stress creates social and interpersonal problems, and problems with emotion regulation and cognitive processes. Problems in these areas then mediate the relationship between the experience of minority stressors and their effect on mental health problems.

Minority stress theory was first applied to sexual minorities in the early 1980s in a study of lesbians (Brooks, 1981), and later popularised by Meyer (1995) who examined the relationship between minority stress and mental health problems in gay men. Meyer proposed three categories of psychosocial stressors in his theory of minority stress: *internalised homophobia*, *perceived stigma*, and *prejudice events* (Meyer, 1995).

Internalised homophobia refers to the process of same-sex attracted people internalising society’s negative attitudes towards homosexuality. This is said to occur long before self-identification as non-heterosexual, and to be a result of growing up in a society that privileges heterosexuality while devaluing homosexuality (Meyer, 1995). When self-identification occurs, same-sex attracted people “direct [these] negative social attitudes toward the self, leading to a devaluation of the self and resultant internal conflicts and poor self-regard” (Meyer & Dean, 1998, p. 161). Internalised homophobia in both women and men has been associated with elevated rates of depression and anxiety, low self-esteem, perceived lack of social support, and being more closeted

(Herek, Cogan, Gillis, & Glunt, 1997; Herek, Gillis, & Cogan, 2009; Igartua, Gill, & Montoro, 2003; Rosser, Bockting, Ross, Miner, & Coleman, 2008; Szymanski, Chung, & Balsam, 2001). Some studies have also reported an association between internalised homophobia and substance use and substance use problems (Brubaker, Garrett, & Dew, 2009). Internalised homophobia is sometimes referred to as *internalised homonegativity* (Currie, Cunningham, & Findlay, 2004; Ross, et al., 2001), *internalised heterosexism* (Szymanski, Kashubeck-West, & Meyer, 2008), or *sexual self-stigma* (Herek, 2007).

Perceived stigma refers to the extent that same-sex attracted people perceive that people in the wider, predominantly heterosexual, population hold negative attitudes towards homosexuality. This includes the level of expectation that same-sex attracted people will experience prejudice and discrimination in their day-to-day interactions with heterosexuals (Meyer, 1995, 2003). Non-heterosexuals with strong perceptions of societal stigma towards sexual minorities may feel that ongoing vigilance is required to “avoid being harmed” (Meyer, 1995, p. 41). Perceived stigma is thought to influence decisions about disclosure such as remaining closeted for fear of rejection from family and friends, or not disclosing in other circumstances for fear of social ostracism or discrimination (Hatzenbuehler, 2009; Meyer, 2003). Monitoring one’s behaviour to avoid being the target of homophobia is another way that perceived stigma is managed. Perceived stigma is also referred to as *felt stigma* (Herek, 2007).

The third minority stress process is the experience of prejudice events. Meyer (1995) defined this as experiences of rejection, violence and discrimination that same-sex attracted people face because of their sexual orientation. He assessed this as the experience of attempted or actual homophobic violence, or the experience of discrimination related to sexuality or HIV/AIDS in the previous year among gay men (Meyer, 1995). To avoid limiting the scope of what is defined as a prejudice event,

these factors may benefit from being expanded to include other common forms of homophobia, such as verbal abuse and social exclusion.

In his study of minority stress and mental health in gay men, Meyer (1995) found that internalised homophobia, perceived stigma, and prejudice events were independently associated with various measures of psychological distress, including demoralisation, guilt, suicidal ideation and behaviour, and AIDS-related distress. When the three indicators of minority stress were combined, men with high minority stress were two to three times more likely to report high or very high levels of psychological stress (Meyer, 1995). In addition, a strong association between the interaction of internalised homophobia and prejudice events on psychological distress suggested that gay men who interpreted prejudice events as something wrong with them rather than something wrong the perpetrator experienced higher levels of distress (Meyer, 1995).

In recent years there has been growing interest in minority stress theory. The results of a number of studies have supported the notion that internalised homophobia, negative social attitudes towards homosexuality, and sexuality-related prejudice can be psychologically harmful to same-sex attracted individuals (Hamilton & Mahalik, 2009; Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Kelleher, 2009; Kuyper & Fokkema, 2011; Lehavot & Simoni, 2011; R. J. Lewis, Derlega, Brown, Rose, & Henson, 2009; Van den Berghe, Dewaele, Cox, & Vincke, 2010). However, many of these studies have incompletely assessed both minority stress and associated mental health outcomes. While subjective feelings about one's sexuality were assessed in all of the studies, many failed to assess perceived stigma (Kuyper & Fokkema, 2011; Lehavot & Simoni, 2011; R. J. Lewis, et al., 2009) and/or sexuality-related prejudice events (Van den Berghe, et al., 2010). Others measured prejudice by focusing on a limited set of experiences, for example, workplace heterosexism (Kelleher, 2009), and "negative

reactions” from others (Kuyper & Fokkema, 2011, p. 235). A similar problem has plagued the measurement of mental health outcomes in these studies, with many opting for a single measure of mental health such as depressive symptoms (R. J. Lewis, et al., 2009; Van den Berghe, et al., 2010), or a general measure of psychological distress (Kelleher, 2009; Kuyper & Fokkema, 2011). This is despite Meyer’s recommendation that a single measure of mental health is inappropriate to examine the relationship between minority stress and mental health (1995, 2003, 2010). This is because minority stress is believed to influence a range of health outcomes, rather than a single condition such as depression. Other studies have used more than one measure of mental health, such as depression and anxiety, and problems with alcohol or other drugs (Hamilton & Mahalik, 2009; Hatzenbuehler, Nolen-Hoeksema, et al., 2008; Lehavot & Simoni, 2011).

The minority stress model has not been tested in an Australian sample of same-sex attracted people, nor has it been examined within a post-gay framework. A post-gay reading of minority stress theory suggests that as social attitudes towards sexual minorities become more tolerant, minority stress and related mental health problems in same-sex attracted people may diminish. Meyer, Dietrich and Schwartz (2008) alluded to this when they interpreted lower rates of mood disorders in same-sex attracted young people compared to their older counterparts as potentially due to the “liberalization of social attitudes towards homosexuality over the past few decades” (p. 1006).

The Lesbian and Gay Scene

Emergence of the Lesbian and Gay Scene in Sydney

A lesbian and gay “scene” is a grouping of licensed venues, including bars, nightclubs and dance parties, which cater directly to same-sex attracted people. Lesbian

and gay scenes have typically emerged in capital cities and other large cities with a large non-heterosexual population, and the venues tend to be located within close proximity of one another in a specific geographical area (e.g. Oxford Street in Sydney, The Castro in San Francisco, Soho in London).

Before the emergence of a commercial lesbian and gay scene in Sydney, sociality among same-sex attracted people embodied a “hidden world” (Wotherspoon, 1991, p. 251). Same-sex attracted people usually socialised with each other in homes and private parties that were carefully guarded secrets (Jennings, 2009; Wotherspoon, 1991). Efforts during the 1950s to curb homosexuality in Australian society meant that these gatherings were often the target of police raids, so vigilance was required from hosts and attendees to avoid detection. Some homosexual men frequented a few pubs in the Central Business District of inner city Sydney, although these were not openly gay establishments. Until the mid-1950s licensing laws required pubs to close at 6 p.m., which also limited the utility of these spaces for gay sociality (Wotherspoon, 1991).

In the late 1950s, a fledgling bar scene catering directly to gay men began to emerge in the inner Sydney suburb of Kings Cross. In the 1960s, lesbian and gay venues began to open in nearby Oxford Street, and over a relatively short period of time this area became the centre of the commercial lesbian and gay scene and gay life in Sydney. The scene remained fairly secretive until the 1970s because of widespread public intolerance of homosexuality. This began to change with the birth of the gay liberation movement and its emphasis on a publicly declared, “out” homosexuality (Jennings, 2009; Wotherspoon, 1991). The lesbian and gay scene flourished during the 1970s and 1980s, with the growth in the number of venues and patrons occupying the scene coinciding with growing social and political visibility of gay men and lesbians. During this time, many gay men and lesbians moved into the Oxford Street area,

attracted by the high concentration of same-sex attracted people and cheap real estate. Businesses owned and operated by gay men and lesbians also flourished (Faro & Wotherspoon, 2000; Wotherspoon, 1991). The large number of gay bars, other businesses and same-sex attracted patrons and residents meant that the area around Oxford Street became characterised as a “gay ghetto”, and fostered a sense of community where homosexuality was accepted and celebrated (Faro & Wotherspoon, 2000; Levine, 1979; Wotherspoon, 1991).

Gay men involved in Sydney’s lesbian and gay scene in the 1970s have retrospectively described their relationship with Oxford Street in territorial terms (Reynolds, 2009). In the context of widespread intolerance and invisibility of homosexuality in society, Oxford Street symbolised the “claiming [of] space” (Reynolds, 2009, p. 81). This helped cultivate a sense of belonging to a community of lesbians and gay men and reduced feelings of isolation common among same-sex attracted people not involved with lesbian and gay subcultures (Murphy & Watson, 1997; Robinson, 2008; Wotherspoon, 1986).

Traditional Role of the Scene

For the past several decades, the lesbian and gay scene has played a crucial role in the lives of same-sex attracted people in Western countries. It has provided a space for same-sex attracted people to congregate, providing opportunities to meet new friends as well as sexual and romantic partners (Ellis, 2007; Faderman, 1992; Hequembourg & Brallier, 2009; Holt & Griffin, 2003; Valentine & Skelton, 2003). The scene has traditionally offered a respite from the pressures associated with living in a heterosexual society that has tended to hold negative attitudes towards homosexuality (D’Emilio, 1983; Faderman, 1992; Lauria & Knopp, 1985; Ridge, Plummer, & Peasley,

2006; Weeks, 1977). The lack of alternative spaces for same-sex attracted people to congregate away from the potentially unsafe and hostile gaze of heterosexuals has heightened the significance of the scene for its patrons, and continues to be an incentive for attending these venues (Ellis, 2007; Holt & Griffin, 2003; Lauria & Knopp, 1985; Valentine & Skelton, 2003).

Experiences of coming into contact with the scene for the first time have been described with a mixture of uncertainty about what it will be like, and elation and a sense of freedom upon discovering a safe and supportive space where same-sex attracted people can “be themselves” (Ellis, 2007; Holt & Griffin, 2003; Ridge, et al., 2006; Robinson, 2008). Engaging with the scene for the first time is often perceived as “crossing a boundary from a heterosexual to a gay world” (Valentine, 1993, p. 111). The scene has served many same-sex attracted people as a rite of passage into lesbian and gay life, proving a space to explore and come to terms with their sexuality in a safe, comfortable and supportive environment (Holt & Griffin, 2003; Ridge, et al., 2006; Valentine & Skelton, 2003). Being around other same-sex attracted people can foster feelings of solidarity and connection with the wider lesbian and gay subculture, and may represent “a first space of belonging” for same-sex attracted young people in particular (Valentine & Skelton, 2003, p. 854). Feeling connected to a lesbian and gay community can have positive effects on mental health, and has been associated with lower levels of internalised homophobia (Cox, Van den Berghe, Dewaele, & Vincke, 2010), less depression (McLaren, Jude, & McLachlan, 2008), and greater social wellbeing (Kertzner, Meyer, Frost, & Stirratt, 2009). Participation in the scene may “counter the processes of marginalization that young lesbians and gay men experience in everyday heterosexual space” (Valentine & Skelton, 2003, p. 856), and buffer the effects of homophobic prejudice and perceived stigma on their wellbeing.

While the scene can have social and psychological benefits for its participants, it is not universally experienced as welcoming and supportive. A variety of exclusions operate in these spaces, and as such, not all people negotiate the scene with ease. For example, same-sex attracted women have reported feeling excluded from predominantly male-oriented gay venues by gay men and their straight female guests, concerns that are heightened when there is a lack of lesbian venues or dedicated female-only nights (Casey, 2004). Working-class women in the U.K. have reported feeling excluded from the lesbian scene because of its “cosmopolitan gloss” and the high monetary cost associated with participation (Taylor, 2008).

Both women and men have reported experiencing pressure to conform to dominant stereotypes on the scene in order to feel included (Holt & Griffin, 2003; Lemon & Patton, 1997; Ridge, Minichiello, & Plummer, 1997; Taylor, 2008; Valentine & Skelton, 2003). For example, “butch” women (those with a more stereotypically masculine self-presentation) have felt excluded by straight women and gay men on the scene because they do not conform to traditional notions of femininity (Eves, 2004). “Femme” women (those with a more stereotypically feminine self-presentation) have reported feeling excluded by butch women because they are not perceived to be “authentic” lesbians and are often misread as “fag hags”, a term used to describe straight women who regularly socialise with gay men (Eves, 2004). Among men, those who are not young and attractive, with a fit, masculine body and a high disposable income, are often devalued or excluded on the scene (Ridge, et al., 1997; Robinson, 2008). Among gay Asian men in Sydney and Melbourne, many have reported feeling accepted on the scene only to the extent that they changed aspects of themselves such as clothing and body shape to assimilate with images valued by dominant groups (Caluya, 2008; Mao, McCormick, & Van de Ven, 2002; Ridge, Hee, & Minichiello, 1999).

Gay men in Sydney and Melbourne also report that their experiences on the scene are often marred by the superficiality of social interactions and a lack of strong connection with other scene participants (Bernard, et al., 2008; Fraser, 2008; Holt, 2011; Ridge, et al., 1997; Robinson, 2008). The scene has been variously described as shallow, meaningless, vacuous, contrived, and a meat market, making it difficult to forge genuine relationships (Ridge, et al., 1997; Robinson, 2008). The few studies that have explored women's perceptions of the scene have reported similar obstacles to making genuine social connections, often because of the emphasis placed by scene participants on meeting sexual partners (Ellis, 2007; Taylor, 2008). No published study to date has explored women's experiences with the scene in Australia.

The desire to connect with people on the scene, coupled with difficulties in forging meaningful relationships, often contributes to feelings of ambivalence about the scene among gay men (Bernard, et al., 2008; Dowsett, 1996; Holt, 2011; Holt & Griffin, 2003; Robinson, 2008; Rowe & Dowsett, 2008). This ambivalence tends to be extrapolated to the wider gay community, as concepts of scene and community are often conflated by gay men (Holt, 2011; Rowe & Dowsett, 2008). Despite wanting to feel part of the gay community, poor social relationships and other negative experiences mean that many men keep the scene and community "at arm's length" (Holt, 2011, p. 862). This could be a source of disappointment for people who feel there is a lack of alternatives to the scene to socialise with other same-sex attracted people. Not feeling included in predominantly heterosexual spaces may heighten the desire to find one's place on the scene (Holt, 2011; Rowe & Dowsett, 2008). In addition, the failure of the scene to deliver an inclusive and supportive environment may be particularly distressing for young people who have recently come out, or have experienced rejection from family or friends due to their sexuality (Valentine & Skelton, 2003). Same-sex attracted

people in regional and rural areas may feel particularly isolated because there are fewer options for lesbian and gay sociality, which may render the scene an important space when these people travel to city environments (Kennedy, 2010; McCarthy, 2000).

HIV/AIDS Epidemic and Community Mobilisation

When the HIV/AIDS epidemic emerged in the early 1980s, gay men and lesbians quickly mobilised to deal with the day-to-day social and political challenges associated with the epidemic. The urgency and seriousness of the epidemic provided a common focus for gay men and lesbians, many of whom were personally affected by the crisis, either by being infected themselves or having friends and partners who were infected (Rofes, 1998; Watney, 2000). During this time and throughout the 1990s, large-scale dance parties were regularly held in Sydney and attended by gay men and smaller numbers of lesbians. The parties, and the dancing and drug use that took place there, have been understood as a declaration of vitality and survival in the face of the HIV/AIDS epidemic (L. A. Lewis & Ross, 1995). The parties provided respite from the crisis and fostered a “community spirit [that] was carried over into the day to day tasks associated with dealing with an epidemic” (Race, 2003, ¶ 6).

However, the introduction of HAART in 1996 improved the health and life expectancy of people living with HIV/AIDS, and dramatically reduced mortality rates (Aalen, et al., 1999; Dore, et al., 2002; Palella, et al., 1998). Around this time, attendance at gay dance parties began to decline. Race (2003) suggested that the dwindling popularity of gay dance parties could be attributed in part to the success of HAART because the important function that the dance parties served was no longer as urgent or relevant. While this is a credible argument, other factors may also have contributed to the decline of the dance party experience, for example, changes in

patterns of illicit drug use due to changes in drug availability, drug purity, and the emergence of new drug classes. Over time, the pharmacological composition of ecstasy tablets may have contained smaller or fluctuating amounts of MDMA, potentially reducing euphoria and emotional closeness commonly experienced among ecstasy users (Morefield, Keane, Felgate, White, & Irvine, 2011; Vogels et al., 2009). In addition, drugs like crystal methamphetamine, ketamine and GHB increased in popularity in party settings which may also have contributed to a different atmosphere at dance parties (Degenhardt & Topp, 2003; Moore & Measham, 2008; Rodgers, Ashton, Gilvarry, & Young, 2004). Crystal methamphetamine is often said to have moved gay sociality away from the dancefloor and into the bedroom, as it is commonly used by gay men to improve enjoyment and endurance during sex (Green & Halkitis, 2006; Reback, 1997; Semple, Patterson, & Grant, 2002). Changing patterns of drug use associated with drug purity, new drug classes and increased alcohol consumption have also been attributed to effecting unwanted changes to the atmosphere of the rave scene for heterosexual clubbers (Measham, 2004; Siokou & Moore, 2008).

Changing patterns of drug use are important for Race's thesis because the feelings of "interpersonal understanding and emotional warmth" facilitated by ecstasy use were considered to be instrumental in creating the "community spirit" experienced at the dance parties (Race, 2003, ¶ 6). It seems likely that the introduction of HAART was just one of many contributing factors to the changing dynamics of gay dance parties. Unfortunately, the relationship between the HIV/AIDS epidemic and the broader lesbian and gay scene of bars and nightclubs was not explored by Race (2003) or Lewis and Ross (1995). However, interviews with gay men have shown that many feel that effective treatments for HIV have "contributed to the erosion of a sense of gay community" (Holt, 2011, p. 863).

Structural Decline of the Scene

Over the past decade, attention has broadened from considering the changing dynamics of gay dance parties to social and structural changes occurring in lesbian and gay subcultures more generally. In 2007, delegates at an international HIV/AIDS conference were surveyed about whether gay communities were “dying or just in transition” (Rosser, West, et al., 2008, p. 589). Focusing mainly on the experience of gay men, conference delegates reported that gay scenes in cities from North America, Europe, South Africa, New Zealand and Australia were experiencing a “structural decline” (Rosser, West, et al., 2008, p. 590). This included the closure of many gay venues and reduced patronage on the scene. At the time, New York and London were considered exceptions to this trend, as the gay scenes in both cities were thought to be experiencing growth. This assessment of gay communities in decline has been mirrored in the accounts of gay men in Sydney, who perceived that Oxford Street had become “de-gayed” in recent years (Bernard, et al., 2008, p. 8). This “de-gaying” of lesbian and gay space has a number of features, and appears to be a consequence of the combined effects of increased social legitimacy of same-sex attracted people (Reynolds, 2008, 2009), technological advances in sociality associated with the Internet (Zablotska, Holt, & Prestage, 2011), and the gentrification of lesbian and gay neighbourhoods (Collins, 2004; Ruting, 2008).

While the lesbian scene in Sydney has not had a dedicated venue since the 1980s, a number of regular nights are hosted at gay or mixed venues. Over the past two decades the number of lesbian nights/venues in Sydney has remained relatively stable. In January 1990, there were six nights/venues catering specifically to same-sex attracted women, while in January 2000 there were eight (Lesbians on the Loose, 1990, 2000). In March 2010, when the current study began recruiting participants, four weekly nights

and four monthly nights were promoted in the lesbian and queer women's street press as catering specifically to same-sex attracted women (Cherrie magazine, 2011). However, over the same time period there has been a decline in the number of venues on the scene that cater predominantly to same-sex attracted men. In January 1990 there were 20 venues listed in the gay street press, while in January 2000 there were 16 (Sydney Star Observer, 1990, 2000). In March 2010, the number of dedicated scene venues listed in the gay street press had reduced to 10 (SX News, 2011).

Many of the licensed venues in Sydney that used to service lesbians and gay men have changed owners and their branding, and now attract a predominantly heterosexual clientele (Ruting, 2007, 2008). Other bars have never exclusively catered to lesbians and gay men but have encouraged a gay-friendly attitude for many years. The increase in straight bars and clubs resulted in an influx of heterosexual men and women into the Oxford Street area, particularly on Friday and Saturday nights. In addition, many of the gay bars that remained open began to attract more heterosexual patrons. This created anxiety among some lesbians and gay men because it threatened the continued viability of Oxford Street as a gay space (Reynolds, 2009). The increased presence of heterosexuals on Oxford Street was also perceived as a threat to the safety of same-sex attracted people. For example, young heterosexual men were seen as responsible for claimed increases in homophobic attacks in the area in recent years, although whether there were actual increases in homophobic violence is unclear (Reynolds, 2009; Ruting, 2008).

Coinciding with the closure of gay venues, patterns of scene engagement among lesbians and gay men appear to have changed both in Sydney and internationally. Same-sex attracted people were spending less time in gay venues and more time in gay-friendly straight venues, creating a more "mixed" atmosphere in some bars and clubs

(Rosser, West, et al., 2008; Ruting, 2007). This may have been a contributing factor to the closure of at least some gay establishments. In line with a post-gay perspective of the scene, same-sex attracted people may feel comfortable expressing their sexuality in non-gay settings to a greater extent than previously as society becomes increasingly accommodating of non-heterosexuality, especially in cosmopolitan, urban centres (Rushbrook, 2002; Ruting, 2008). Some same-sex attracted people, particularly young people, were thought to be rejecting the scene outright, preferring to socialise in spaces that catered to interests other than their sexuality (Reynolds, 2009; Ruting, 2007, 2008).

The Internet has also been influential in moving gay sociality away from the scene. In recent years, growing numbers of gay men have used websites like gaydar and Manhunt to find sexual partners, either instead of or as an adjunct to going out on the scene (Bernard, et al., 2008; Rosser, West, et al., 2008). Smartphone applications like Grindr and Scruff, where users can access photos and the geographical proximity of other men, have also quickly become a popular method for gay men to find sexual partners. Behavioural surveillance surveys of gay and bisexual men in Australia have shown that between 1998 and 2008, the proportion of men who used gay bars, beats and sex-on-premises venues to find sexual partners reduced by around 25%, while the number of men using the Internet for this purpose increased by 50% (Zablotska, et al., 2011). Less is known about same-sex attracted women's use of the Internet to find romantic and sexual partners, and the relationship between women's use of these websites and their patterns of engagement with the scene.

Furthermore, the gentrification of lesbian and gay neighbourhoods meant that rents and property values increased, and poorer lesbians and gay men who may otherwise have lived in these neighbourhoods could no longer afford to (Rosser, West, et al., 2008; Ruting, 2008). In addition, the mainstreaming of lesbian and gay life meant

that many same-sex attracted were moving out of gay enclaves into the suburbs while wealthier heterosexuals moved in (Ruting, 2007). The change in the demographic profile of residents, coupled with the decline in the number of gay venues and diminishing engagement with the scene, contributed to a sense that “gay neighbourhoods...were disappearing” (Rosser, West, et al., 2008, p. 590).

Relevance of the Scene to Young People

Changes to lesbian and gay sociality appear to be more acutely felt by older same-sex attracted people, particularly those who have organised a life around the scene and community (Reynolds, 2009; Robinson, 2008; Rosser, West, et al., 2008). In an Australian study, men born before 1976 were more likely than younger men to regard the scene and community “as an all-encompassing part of their lives” (Bernard, et al., 2008, p. 7). How central sexuality is to a same-sex attracted person’s sense of identity appears to correspond with the value they ascribe to the scene. Young men who describe their sexuality as just one aspect of identity are more likely to respond with negativity or indifference towards the gay scene, gay community and institutions like Mardi Gras (Fraser, 2008; Reynolds, 2008, 2009). Seidman (2002) proposed that disengagement from traditional modes of gay sociality was a logical consequence of the normalisation and routinisation of homosexuality. As sexuality fragments and becomes a decentred identity for a growing proportion of same-sex attracted people, the lesbian and gay scene also fragments and “becomes just one form of community, rather than the emblem of gay community” (Seidman, et al., 1999, p. 30).

Post-gay writers have offered similar predictions for the future of gay sociality. Bech (1997) suggested that gay community in its current form will be superseded by smaller, more specific, subcultures, where people will come together to express an

interest in a shared sexual taste (e.g., leather, S/M). Reynolds (2008, 2009) offered that “gay” and “post-gay” lifestyles are likely to coexist. While some same-sex attracted people will subscribe to traditional notions of gay identity and gay community, sexual identity and the gay subculture will play a less prominent role in determining how other same-sex attracted people organise their lives, especially young people. Stein (2010), examining what this may mean for same-sex attracted women, agrees that the integration of lesbians into wider society will have a significant impact on lesbian sociality. Greater freedom of sexual expression associated with gains in social acceptance means that many same-sex attracted women are likely to experience a relaxation of the urgency to socialise in lesbian spaces (Stein, 2010). Like Bech, Reynolds and Seidman, Stein does not envisage the lesbian scene disappearing. Instead, she sees these spaces continuing, but in a more specific and radical form, perhaps not unlike Bech’s notion of taste cultures.

Already the scene appears to be a less important feature in the lives of same-sex attracted young adults. Compared to older generations, they are less likely to have experienced widespread social and political prejudice associated with non-heterosexual identity. They have also come of age in an era where there are positive lesbian and gay role models in society, including openly gay celebrities and positive portrayals of same-sex attracted people in mainstream television and film (Dove-Viebahn, 2007; Fraser, 2006; Reed, 2009; Streitmatter, 2009). The Internet allows young people to discreetly search for information about homosexuality, and creates possibilities to connect with other same-sex attracted people either before or after they disclose their sexuality to family and friends (Crowley, 2010; Hillier & Harrison, 2007). These factors considered together suggest that the sense of isolation common in earlier experiences of growing up gay may be diminishing. In addition, there is some evidence that same-sex attracted

young people are increasingly likely to disclose their sexuality to heterosexual friends and be accepted by those friends (Fankhanel, 2010; Hillier, et al., 2010). For these reasons, the need to connect with a lesbian and gay subculture may be experienced less acutely.

Indeed, there appears to be a trend towards the “blurring of boundaries between gay and straight worlds” (Bernard, et al., 2008, p. 8). Research with young gay men shows that they are increasingly comfortable negotiating their sexuality in predominantly heterosexual licensed venues, which contributes to the creation of mixed straight and gay spaces (Bernard, et al., 2008; Fraser, 2008; Holt, 2011; Reynolds, 2009). It seems likely that same-sex attracted people are strategic in their choice of straight venues and avoid spaces where they do not feel comfortable or where their safety may be compromised. An equivalent phenomenon has been occurring on the U.K. dance scene, where there has been an increase in the number of nightclubs that promote a “queer enough” attitude (Moore, 2004, p. 460). While these clubs are not specifically lesbian and gay venues, they attract a mixed clientele and encourage a tolerant attitude towards same-sex attracted people. This would seem to result from the liberalisation of attitudes towards homosexuality, greater visibility of same-sex attracted people in society, and a sense that being same-sex attracted is unremarkable (Reynolds, 2008; Rosser, West, et al., 2008; Savage, 2000). If same-sex attracted people are comfortable expressing their sexuality in non-gay spaces, for example by showing affection to their partner, an important function of the lesbian and gay scene becomes partially redundant. This then calls into question the continued need for segregated venues for same-sex attracted people to meet.

However, despite the improved social position of sexual minorities, same-sex attracted people continue to report very high rates of homophobic prejudice and

victimisation (e.g., Birkett, et al., 2009; Hillier, et al., 2010; Kelleher, 2009). In a climate of enduring intolerance towards same-sex attracted people, the scene may continue to serve some important functions. Young people coming to terms with their same-sex attraction may continue to seek out a place to belong on the scene. This may be especially the case for young people who have experienced rejection from family and friends after disclosing their sexuality, or those who are fearful of negative consequences should they disclose. In addition, people who have experienced prejudice and abuse because of their sexuality may value the safety of the scene as a space to express themselves more comfortably. Young people living in regional and rural areas, where there is usually minimal lesbian and gay visibility and greater hostility towards sexual minorities than in capital cities (Cohn & Hastings, 2010; Kennedy, 2010; Roy Morgan Research, 2010b), may also value the safety of the scene and the concentration of same-sex attracted people in these spaces.

Alcohol and Other Drug Use in Same-Sex Attracted People

Patterns of Alcohol and Other Drug Use

A higher prevalence of substance use and substance use disorders is typically reported among same-sex attracted people, compared to heterosexuals, in representative surveys of adult populations in the U.S. (Cochran, et al., 2004; Hughes, McCabe, Wilsnack, West, & Boyd, 2010; McCabe, et al., 2009; Stall & Wiley, 1988). A substance use disorder is characterised as either substance abuse or substance dependence according to DSM-IV (American Psychiatric Association, 2000). Substance abuse refers to a “maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances” (p. 198). Substance dependence refers to when a person “continues use of the substance despite significant substance-related problems. There is a pattern of repeated self-administration

that can result in tolerance, withdrawal, and compulsive drug-taking behaviour” (p. 192).

The Australian National Drug Strategy Household Survey (NDSHS) published data comparing the prevalence of alcohol and other drug use in heterosexual and non-heterosexual Australians in July 2011, representing the first comparison of this kind at the population level in Australia (Australian Institute of Health and Welfare, 2011). Non-heterosexuals had higher rates of risky drinking than heterosexuals (26.5% versus 16%), defined as at least weekly consumption of more than four standard drinks on one occasion. Non-heterosexuals were also more likely to have ever used illicit drugs (64% versus 39%), and to have used illicit drugs in the previous 12 months (36% versus 14%; Australian Institute of Health and Welfare, 2011). While this data are useful, it has several limitations. Data on non-heterosexuals is reported as a single group, which may conceal important differences between lesbians, gay men and bisexuals. Data comparing substance use by sexual orientation and gender and age are also not reported. In addition, no odds ratios or other statistical comparisons are made to determine the strength of association between sexual orientation and substance use. No data are reported on sexual orientation and patterns of injecting drug use. Finally, no data on alcohol and other drug dependence are reported for any sexual orientation group.

Not all population surveys report higher rates of substance use and substance use disorders among non-heterosexuals. Some representative surveys have reported no significant differences between same-sex attracted and heterosexual adults in rates of alcohol or other drug dependence (Cochran, et al., 2003; Gilman, et al., 2001). Other studies have reported a higher likelihood of alcohol or other drug dependence among same-sex attracted women compared to heterosexual women, but not same-sex attracted

men compared to heterosexual men (Cochran & Mays, 2000b; Drabble, Midanik, & Trocki, 2005; Sandfort, et al., 2001).

However, representative surveys are often limited by the small number of same-sex attracted participants typically recruited. For example, one study included 74 non-heterosexual and 2,843 heterosexual participants, and had confidence intervals so large that odds ratios for elevated alcohol and other drug dependence in same-sex attracted people were not interpretable, although the authors concluded that there was no evidence for heightened risk of substance dependence in this group (Cochran, et al., 2003). While these surveys may be representative of the wider population, the small number of same-sex attracted participants precludes inferring that these people are representative of the wider population of same-sex attracted people. Another important consideration is that while rates of substance use and substance use disorders are typically higher than among heterosexuals in representative samples, the majority of same-sex attracted people in these studies do not report problematic substance use or substance use disorders (Cochran, et al., 2004; Hughes, et al., 2010; McCabe, et al., 2009).

Higher rates of substance use have also been reported among same-sex attracted young people compared to their heterosexual counterparts (Corliss et al., 2010; Hatzenbuehler, Corbin, & Fromme, 2008; Hillier, De Visser, Kavanagh, & McNair, 2003; Lampinen, McGhee, & Martin, 2006; Marshal, et al., 2008; Marshal, Friedman, Stall, & Thompson, 2009; Smith, Lindsay, & Rosenthal, 1999; Talley, Sher, & Littlefield, 2010; Ziyadeh et al., 2007). A recent meta-analysis showed that the odds of alcohol and other drug use were 1.1 times higher in lesbian and gay adolescents, and 4.4 times higher in bisexuals, compared to heterosexual adolescents (Marshal, et al., 2008).

While drug use is typically more common among same-sex attracted young people, comparative patterns of alcohol use are less consistent. Some studies have reported that same-sex attracted young people are more likely to report binge drinking than heterosexuals (Smith, et al., 1999; Talley, et al., 2010), while others report this relationship only among females (Corliss, Rosario, Wypij, Fisher, & Austin, 2008; Ziyadeh, et al., 2007), bisexuals (Russell, Driscoll, & Truong, 2002), or bisexual females (Eisenberg & Wechsler, 2003). Conversely, a study of 3,600 undergraduate students in the United States reported that heterosexual women and men were significantly more likely than same-sex attracted women and men, respectively, to report at least three episodes of heavy drinking in the previous two weeks (McCabe, Boyd, Hughes, & d'Arcy, 2003).

Unfortunately, few studies have reported rates of substance use disorders among same-sex attracted young people, or compared substance use disorders between same-sex attracted and heterosexual young people (Fergusson, et al., 1999; Marshal, et al., 2008; Meyer, et al., 2008). In addition, few studies examining substance use and sexual orientation in young people have been conducted outside of the United States. In Australia, two notable studies have been conducted. These include a nationwide, representative, random survey of binge drinking and injecting drug use in more than 3,000 year 10 and year 12 secondary school students (Smith, et al., 1999). Among males, an equivalent proportion of same-sex attracted and heterosexual students reported binge drinking (47%), although same-sex attracted males were twice as likely to report binge drinking at least three times in the preceding two weeks than heterosexual males (25% versus 13%, respectively). Same-sex attracted females were more likely to report binge drinking in the preceding two weeks than heterosexual females (64% versus 51%), although the proportion who reported binge drinking at least

three times in the preceding two weeks was roughly equivalent (10% versus 12%). Same-sex attracted males were almost four times as likely to report injecting drugs than heterosexual males (7.8% versus 2.0%) while same-sex attracted females were three times more likely to report injecting than heterosexual females (4.6% versus 1.5%; Smith, et al., 1999). A further local study is the Australian Longitudinal Study of Women's Health. Among young women aged 22 to 27, lesbians and bisexuals reported a significantly higher prevalence of substance use than heterosexuals, including risky drinking (7.0% versus 3.9%), injecting drug use (10.8% versus 1.2%), cannabis use (58.2% versus 21.5%) and other illicit drug use (40.7% versus 10.2%) in the previous year (Hillier, et al., 2003).

Apart from these studies and the NDSHS, there is a lack of research comparing substance use between heterosexuals and same-sex attracted people in Australia. Annual surveillance surveys of Australian drug trends, the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS), collect data on sexual orientation, although alcohol and other drug use patterns of heterosexuals and same-sex attracted people are not reported (Sindicich & Burns, 2011; Stafford & Burns, 2011). Even if this data were reported, they would not be generalisable to the wider community because of the requirements for study entry. IDRS participants must have injected drugs at least monthly in the previous six months (Stafford & Burns, 2011), while EDRS participants must have used ecstasy (MDMA) at least six times in the previous six months (Sindicich & Burns, 2011).

Most information on drug use among same-sex attracted men in Australia comes from Gay Community Periodic Surveys (GCPS), conducted annually in five states and one territory using convenience samples (Holt, Mao, Prestage, Zablotska, & de Wit, 2011). Data on same-sex attracted women is not routinely collected in each state and

territory. The Sydney Women and Sexual Health Survey (SWASH) collects biannual data about drug use in convenience samples of same-sex attracted women, but new findings have not been published since 2005 (Richters, Song, Prestage, Clayton, & Turner, 2005). Information about drug use in the GCPS and SWASH is mostly limited to the proportion of respondents reporting use of different drug classes in the previous six months. Drug use prevalence is not stratified by age, so it is unknown whether drug use varies between different age groups (Holt, et al., 2011; Richters, et al., 2005). In the 2004 SWASH survey, 50% of same-sex attracted women reported use of illicit drugs in the previous six months, while 4% reported injecting drugs during this period (Richters, et al., 2005). In the 2010 GCPS in Sydney, illicit drug use was reported by 66% of same-sex attracted men, and injecting drug use by 5% in the previous six months (Lee et al., 2010). This is considerably higher than the proportion of heterosexual Australians aged 14 years and over estimated to have used illicit drugs in the previous 12 months in the most recent NDSHS (Australian Institute of Health and Welfare, 2011). Similar high rates of illicit drug use and injecting drug use have been reported in other samples of same-sex attracted women and men in Australia (Hyde, Comfort, McManus, Brown, & Howat, 2009; Knox, et al., 1999; Murnane, Smith, Crompton, Snow, & Munro, 2000; Prestage, Fogarty, et al., 2007) and internationally (Corliss, Grella, Mays, & Cochran, 2006; Greenwood et al., 2001; Hickson, Bonell, Weatherburn, & Reid, 2010; McKirnan & Peterson, 1989a; Stall et al., 2001).

Substance use and substance use problems may also be more common among same-sex attracted young people than among older same-sex attracted people. In one study of same-sex attracted adults in Victoria, use of illicit drugs was substantially higher among people in their 20s compared to older participants (Murnane, et al., 2000). For example, 36% of females and 65% of males in their 20s had ever used ecstasy

compared to less than 7% of women and less than one-third of men aged over 40. Similarly, other studies have reported higher rates of recent drug use among younger same-sex attracted women and men compared to older same-sex attracted people, although the majority of this research has been with men (Knox, et al., 1999; Parsons, Kelly, & Wells, 2006; Prestage, Degenhardt, et al., 2007; Prestage, Fogarty, et al., 2007; Stall, et al., 2001).

Substance Use and the Lesbian and Gay Scene

Normalisation of Illicit Drug Use

A common explanation for elevated rates of substance use among same-sex attracted people is that drug use is “normalised” on the lesbian and gay scene and in the social networks of many same-sex attracted people (Ireland, et al., 1999; L. A. Lewis & Ross, 1995; Reback, 1997; Slavin, 2004b; Southgate & Hopwood, 2001). To claim that drug use is normalised within a specific subculture or subset of people requires a number of conditions to be met (Measham, Newcombe, & Parker, 1994; Parker, Williams, & Aldridge, 2002). First, illicit drugs are readily available and easy to access. Second, there are high rates of experimentation with illicit drugs among the group, and recent drug use is common. Third, drug use is “socially accommodated” in the group, and most people hold neutral or positive attitudes towards “sensible” or “controlled” drug use (Parker, et al., 2002, p. 947). Finally, there will be a move towards the “cultural accommodation” of illicit drug use (p. 948). In other words, attitudes towards drug use will become more liberal, and controlled drug use will increasingly be regarded as unexceptional or “normal” (Measham, et al., 1994; Parker, et al., 2002).

Historically, negative attitudes towards sexual minorities in society have contributed to the social world of same-sex attracted people being situated in the

licensed venues of the lesbian and gay scene (D'Emilio, 1983; Faderman, 1992; Jennings, 2009; Weeks, 1977; Wotherspoon, 1991). As such, same-sex attracted people have tended to have higher rates of attendance at bars and nightclubs than heterosexuals (Trocki, et al., 2005; Trocki, Drabble, & Midanik, 2009), as these spaces have functioned as a key setting for socialising with other same-sex attracted people. As licensed venues – straight and gay – are common settings for the use of alcohol, and to a lesser extent other drugs, it is unsurprising that use of these substances is often claimed to be a central feature of lesbian and gay sociality across the developed world. At venues on the scene, alcohol is consumed by the majority and illicit drugs by a smaller but substantial number of people (Almeida, et al., 2009; Bernard, et al., 2008; Fraser, 2008; Hughes & Eliason, 2002; Knox, et al., 1999; L. A. Lewis & Ross, 1995). Higher levels of participation in the scene have been associated with recent and regular use of alcohol and other drugs among both women and men (Baiocco, D'Alessio, & Laghi, 2010; Greenwood, et al., 2001; Halkitis & Parsons, 2002; Heffernan, 1998; Hyde, et al., 2009; Kipke et al., 2007; McKirnan & Peterson, 1989a; Parks, 1999b; Prestage, Degenhardt, et al., 2007; Prestage, Fogarty, et al., 2007; Stall, et al., 2001). Venues on the lesbian and gay scene are often thought to more closely resemble a nightclub than a pub, which may facilitate uptake of illicit drug use (Buckland, 2002; Collin & Godfrey, 1998; Slavin, 2004b).

The high prevalence of recent drug use among same-sex attracted people suggests that drugs are readily available and easy to access on the lesbian and gay scene. In one study, gay men in Sydney reported being easily able to access drugs on the scene, and most agreed that drug use was commonplace in scene venues (Bernard, et al., 2008). While some men considered that drug use was socially acceptable in particular contexts, such as partying or sex, many disapproved of the ubiquity of drug

use on the scene (Bernard, et al., 2008). Other studies have reported a similar concern about the level of drug use on the scene (Murnane, et al., 2000). However, echoing the emphasis on “sensible” or “controlled” drug use in the normalisation thesis (Parker, et al., 2002), gay men in many studies have reported engaging in drug use practices that maximised pleasure while avoiding getting out of control (Bernard, et al., 2008; Dowsett, Wain, & Keys, 2005; Greenspan et al., 2011; Ireland, et al., 1999; Reback, 1997; Slavin, 2004a). To date, no study has examined the association between participation in the scene and alcohol and other drug use among same-sex attracted women in Australia, and no study has specifically looked at this in same-sex attracted young people.

It is important to note that the normalisation thesis originated to explain increased drug use among young people in the United Kingdom, and was not specifically concerned with same-sex attracted young people. The normalisation thesis was linked to the ascent of dance culture and “acid house” music in the late 1980s, and the rapid rise in the popularity of ecstasy use in dance and rave settings (Collin & Godfrey, 1998; Measham, et al., 1994; Parker, et al., 2002). More recently, drug use may be becoming more normalised in youth cultures in Australia, particularly among those who regularly attend bars, nightclubs and dance parties, irrespective of sexual orientation (Duff, 2003, 2005). This trend may have coincided with the “mainstreaming” of rave and club cultures in Australia. In their study of clubbing subcultures in Melbourne, Siokou and Moore (2008) found that participants of the early rave scene lamented the loss of the “underground” largely unregulated parties of the late 1980s, expressing disappointment at the evolution of more “mainstream” regulated dance parties and club nights during the 1990s and onwards. It is likely that the increased popularity of nightclubs among young people has contributed to the growth in

drug use and a shift towards drug use being considered commonplace and unexceptional (Duff, 2003, 2005). However, the normalisation thesis has been criticised as being too broad in asserting that drug use is normalised in young people. Shildrick (2002) instead suggested “differentiated normalisation” which allows for greater specificity by characterising illicit drug use as normalised in particular subgroups of young people rather than young people generally (p. 36). The application of the normalisation thesis to same-sex attracted people therefore complies with this more specific notion of normalised drug use.

Drug Use in Clubbing Populations

People who regularly attend bars, nightclubs, and dance parties tend to report higher rates of lifetime and recent use of a range of drug classes compared to the general population. For example, a survey of people attending bars and nightclubs in Melbourne reported that 56% had ever used illicit drugs, with 35% reporting use in the previous month (Duff, 2005). Drug use among dance party attendees is often much higher than this, with one survey of Western Australian ravers reporting drug use among more than 95% of respondents (Lenton, Boys, & Norcross, 1997). Attendees at music festivals also report high rates of drug use. In Melbourne between 2005 and 2008, 44% of respondents surveyed at the Big Day Out festival reported using illicit drugs in the previous month (Lim, Hellard, Hocking, Spelman, & Aitken, 2010). Among attendees at the Big Day Out in Sydney between 2006 and 2009, illicit drug use ranged from 42% to 60% in the previous 12 months (Bryant, Wilson, Hull, Lavis, & Treloar, 2010).

A small number of studies have compared patterns of drug use between heterosexual and same-sex attracted people who regularly attend nightclubs, with mixed

results. In one study of young clubbers in New York, 70% reported having ever used illicit drugs, while 22% reported use of any club drugs (including ecstasy, cocaine, crystal methamphetamine, GHB, ketamine and LSD) in the preceding three months (Kelly, Parsons, & Wells, 2006). Heterosexual men and same-sex attracted women reported higher lifetime rates of drug use compared to heterosexual women and same-sex attracted men, while heterosexual women were less likely to report using club drugs in the preceding three months compared to heterosexual men and same-sex attracted women and men (Kelly, et al., 2006). Another New York study of young adults attending nightclubs and other venues including cafes and social hubs on university campuses reported similarly high rates of club drug use in the preceding six months (Parsons, Halkitis, & Bimbi, 2006). While equivalent rates of recent club drug use were reported among heterosexuals (38.2%) and same-sex attracted people (39.5%), heterosexual and same-sex attracted males reported higher rates of club drug use compared to heterosexual and same-sex attracted females (46.2% versus 31.3%; Parsons, Halkitis, et al., 2006). In the sole Australian study, a survey of regular ecstasy users from the *Party Drugs Initiative* (now known as the EDRS), higher rates of use of most drug classes was reported among same-sex attracted respondents compared to heterosexuals, particularly for more recent drugs to have emerged on the dance scene such as crystal methamphetamine and ketamine, but not GHB (Degenhardt, 2005). Frequency of use in the previous six months did not differ according to sexual orientation for most illicit drug classes, with the exception of cannabis for females and ecstasy for males, where same-sex attracted respondents reported use on more days than heterosexuals (Degenhardt, 2005).

A crucial point of difference between heterosexual and gay club cultures is that as heterosexual club goers age, they typically reduce their consumption of illicit drugs,

and their attendance at raves and clubs diminishes as other aspects of their lives such as employment, marriage and children take precedence (Malbon, 1999; Ter Bogt, Engels, Hibbel, Van Wel, & Verhagen, 2002). This trend occurs to a far lesser extent among same-sex attracted people because there is less social pressure to settle down (Cochran, 2001; Hughes & Eliason, 2002; McKirnan & Peterson, 1989a). In large cities in particular, social ties are often linked to the commercial gay scene, and attendance at bars and clubs may be sustained to maintain social relationships with other same-sex attracted people. However, if the lifestyles of heterosexual and same-sex attracted people increasingly converge as has been suggested (Bech, 1997; Seidman, et al., 1999), it is possible that drug use patterns may also converge. For example, heterosexuals may continue using drugs for a longer period of time than among previous generations because they feel diminished social pressure to get married and have children. Alternatively, as same-sex attracted people increasingly desire long-term monogamy, marriage and children, there may be a move away from the scene and lesbian and gay life (365gay, 2008; Reynolds, 2008; Seidman, et al., 1999). The mainstreaming of lesbian and gay life may influence some people to cease regular drug use at a younger age than previous generations of lesbians and gay men because of the new responsibilities they take on and the reduced need to build lives around the lesbian and gay scene.

However, aside from research that has shown an association between scene attendance and drug use, no study has examined the relationship between alcohol and other drug use among same-sex attracted people and the social changes occurring on the lesbian and gay scene. Specifically, it is unknown whether the hypothesised post-gay shift towards declining participation in the scene is associated with less substance use. If same-sex attracted people, and young people in particular, are spending more time away

from the scene, their patterns of substance use may differ from people who regularly frequent the scene. It is also unclear whether same-sex attracted young people are more likely to use drugs when at venues on the scene compared to other settings.

Minority Stress and Substance Use

While the normalisation thesis may provide some explanation of the higher rates of substance use seen in same-sex attracted people, it is not without limitations. First, it fails to account for the higher rates of alcohol and other drug use commonly reported in same-sex attracted adolescents who are not old enough to legally enter licensed venues. Second, the theory does not adequately explain why there are differences in patterns of drug use between same-sex attracted and heterosexual clubbers.

While the lesbian and gay scene may contribute to higher levels of substance use and substance use problems in same-sex attracted people, an alternative explanation is that alcohol and other drugs are used to cope with anxiety, depression and other problems resulting from chronic minority stress (Hatzenbuehler, 2009; Meyer, 2003). While substance use and substance use problems were not included as mental health outcomes in the minority stress model proposed by Meyer (1995), more recent studies have examined the association between alcohol and other drug use and minority stress. However, only two studies have examined all three indicators of minority stress (i.e., internalised homophobia, perceived stigma, and prejudice events) in relation to substance use, and only in gay men (Hamilton & Mahalik, 2009; Hatzenbuehler, Nolen-Hoeksema, et al., 2008). Hatzenbuehler et al. (2008) found that discrimination experiences were associated with more frequent alcohol and other drug use, although there was no relationship between substance use and internalised homophobia or expectations of homophobic rejection (a proxy measure for perceived stigma). Hamilton

and Mahalik (2009) used a composite measure of minority stress to predict scores on an index of health risk behaviours that included smoking, alcohol use, other drug use, and unsafe sex. They found that higher minority stress was associated with more health risk behaviours, but only for those men who perceived these health risk behaviours as normative. A recent study of lesbian and bisexual women found that internalised homophobia and homophobic victimisation were related to more alcohol and other drug use problems, although the authors did not investigate the association between substance use and perceived stigma (Lehavot & Simoni, 2011). There is a need for more research investigating the relationship between minority stress and substance use, particularly in same-sex attracted women. Studies need to include the three indicators of minority stress, investigating their independent associations with substance use outcomes. In addition, it would be beneficial to examine the relationship between minority stress and alcohol use and other drug use separately, and where possible include an assessment of substance dependence.

Studies have more commonly investigated the association between substance use and individual minority stress components, typically internalised homophobia and prejudice events. Conflicting findings have been reported on the relationship between substance use and internalised homophobia. For example, internalised homophobia has been associated with alcohol use disorders in lesbian, gay and bisexual adults (Weber, 2008), and binge drinking and heavy drinking in young women and men (Baiocco, et al., 2010). However, in other research heavy drinking has been associated with internalised homophobia only in women (Amadio, 2006). Some studies have reported a positive relationship between internalised homophobia and illicit drug use in young men (Rosario, Schrimshaw, & Hunter, 2006), while others have reported a greater likelihood of meeting criteria for a drug use disorder among women and men with higher levels of

internalised homophobia (Weber, 2008). However, some studies have reported an inverse relationship between internalised homophobia and illicit drug use in women and men (Amadio & Chung, 2004; Wright & Perry, 2006), or no relationship at all between substance use and internalised homophobia (Igartua, et al., 2003; Ross, et al., 2001). It has been suggested that an inverse relationship between internalised homophobia and substance use in young people may indicate social isolation from peers resulting in reduced opportunities for experimentation with alcohol and other drugs (Wright & Perry, 2006).

Experiences of victimisation have also been associated with use of alcohol and other drugs in same-sex attracted young people and adults (Espelage, Aragon, Birkett, & Koenig, 2008; Hillier, et al., 2010; Mays & Cochran, 2001; McCabe, Bostwick, Hughes, West, & Boyd, 2010). Several studies have found that higher rates of substance use in same-sex attracted people compared to heterosexuals were attenuated when controlling for experiences of victimisation (Bontempo & D'Augelli, 2002; Busseri, Willoughby, Chalmers, & Bogaert, 2008; Frisell, et al., 2009; Hughes, et al., 2010). Victimization experiences were more commonly reported among same-sex attracted respondents in these studies, although it is unclear whether victimisation was homophobic when directed at the same-sex attracted respondents (Bontempo & D'Augelli, 2002; Frisell, et al., 2009; Hughes, et al., 2010). These findings suggest that victimisation experiences mediate the relationship between sexual orientation and substance use, and provide support for minority stress theory.

Minority stress theory is able to explain some features of substance use in same-sex attracted people that the normalisation thesis cannot. Firstly, it can account for the higher rates of substance use and substance use problems often seen in same-sex attracted adolescents who are too young to legally enter licensed venues. Young people

who identify as same-sex attracted in early adolescence may be more likely to face victimisation and prejudice at school and in the family home than those who do not identify as same-sex attracted until later (Bontempo & D'Augelli, 2002; Busseri, et al., 2008; Espelage, et al., 2008; Hillier, et al., 2010). Victimisation at school has been associated with higher rates of alcohol and other drug use in both same-sex attracted (Bontempo & D'Augelli, 2002; Busseri, et al., 2008; Espelage, et al., 2008; Hillier, et al., 2010) and heterosexual young people (Kuntsche & Gmel, 2004; Luk, Wang, & Simons-Morton, 2010; Tharp-Taylor, Haviland, & D'Amico, 2009; Topper, Castellanos-Ryan, Mackie, & Conrod, 2011).

Second, minority stress theory may help to explain differences in the patterns of drug use in same-sex attracted and heterosexual clubbers. For example, as victimisation has been shown to attenuate sexual orientation differences in substance use, this effect may also apply when comparing same-sex attracted people with other groups with high rates of drug use and fewer experiences of victimisation. To date this remains to be explored.

Post-gay theorists have not explicitly addressed the possible effect changes to lesbian and gay identity and the scene may have on alcohol and other drug use in same-sex attracted people. However, it has been claimed that same-sex attracted people in the post-gay era will “no longer be persecuted and self-loathing” (Harris, 1996, p. 176). A post-gay reading of minority stress might suggest that there will be fewer same-sex attracted people experiencing significant minority stress and associated poor health outcomes. This may be particularly evident in same-sex attracted young people, coming of age in an era of greater social acceptance and equality for sexual minorities. However, only a small number of studies have explored the relationship between substance use and the three components of minority stress (internalised homophobia,

perceived stigma, and prejudice events). No study to date has explored the relationship between minority stress and substance use among same-sex attracted young people, nor has this been examined in an Australian setting.

Summary and Research Questions

The aim of this chapter was to provide a comprehensive review of the literature on sexual identity, the lesbian and gay scene, and alcohol and other drug use among same-sex attracted people, with a particular focus on young people and the changing dynamics of lesbian and gay life. Several research priorities were identified in this review. Firstly, there is a lack of research that has examined changes to lesbian and gay identity and sociality within a post-gay framework. While Seidman and colleagues' (1999) concepts of *normalisation* and *routinisation* have theoretical merit, these concepts are yet to be examined using quantitative methods. Furthermore, while the theory of minority stress has been investigated in a range of studies, to date this concept has not been examined in an Australian setting and few studies have examined minority stress in same-sex attracted women. Secondly, there has been much discussion of the decline of sociality in the licensed venues of the lesbian and gay scene in many Western countries. However, there has been little research that has examined the ongoing relevance of the scene among young people amid claims that it is undergoing a decline, and the extent that minority stress and the social integration of sexuality are related to engagement with the scene. Finally, post-gay theorists have been silent on the higher rates of alcohol and other drug use often reported among same-sex attracted people compared to heterosexuals. The post-gay hypothesis may have some relevance to alcohol and other drug use among same-sex attracted people because minority stress and scene engagement are the two most common explanations for higher rates of

substance use in this group. Specifically, lower levels of minority stress and reduced involvement with the scene may be associated with lower rates of alcohol and other drug use.

This thesis aims to address these research priorities with the following research questions that orient each results chapter:

- Chapter 4: To what extent do same-sex attracted young people in Sydney adopt sexual identity labels to describe their sexual orientation, and to what extent is there concordance between young people's sexual identity, sexual attraction and sexual experience?
- Chapter 5: To what extent have same-sex attracted young people in Sydney experienced psychosocial stressors related to their sexual orientation (minority stress), and are these experiences associated with higher rates of psychological distress and suicidality?
- Chapter 6: To what extent is the lesbian and gay scene relevant to same-sex attracted young people in Sydney, and what is the relationship between engagement with the scene and minority stress?
- Chapter 7: To what extent are minority stress and engagement with the lesbian and gay scene associated with alcohol and other drug use and potentially harmful patterns of use?

CHAPTER THREE

RESEARCH DESIGN

This chapter describes the design of the research conducted to address the aims and questions of this thesis. First, some key definitions are described, followed by an explanation of the study design and a justification for choosing this design. Next, the eligibility criteria for study entry is given, as well as procedures used to recruit participants, summary information about the final sample, and a justification of the sample size. Following this is a detailed description of the content of the questionnaire used in the study. Lastly, an overview of data analysis is given. Information regarding specific outcome variables and data analysis procedures is presented in individual results chapters.

Key Definitions

Post-Gay

As shown in Chapter 2, the hypothesised post-gay shift in sexual identity has many features, and different theorists have focused on different aspects of the changing dynamics of lesbian and gay life. In the current thesis, “post-gay” is understood to include the following:

1. Greater propensity for fluidity in sexual identity, sexual attraction and sexual experience, as well as growth in the proportion of same-sex attracted people dispensing with sexual identity labels such as lesbian, gay and bisexual.
2. Looking at homosexuality in terms other than struggle. In a practical sense, this reflects reduced minority stress, including improvements in the subjective acceptance of sexuality, lower perceptions of social stigma

towards sexual minorities, and fewer experiences of homophobic prejudice and abuse.

3. Increased openness about being same-sex attracted, with fewer people remaining “in the closet”. This allows same-sex attracted people to socially integrate (routinise) their sexual identity into their wider lives and experience greater continuity before and after disclosing their sexuality to family and friends.
4. Same-sex attracted people increasingly organising their lives around aspects of themselves other than sexual orientation, and sexual orientation becomes less central to their broader identity. This leads to diminished engagement and identification with lesbian and gay subcultures, which includes the licensed venues of the scene.

Lesbian and Gay, or GLBT

Participants in the interview phase of the study described licensed venues that cater specifically to same-sex attracted and sex and gender diverse people as either the “gay scene” or the “lesbian and gay scene”. At the same time, they tended to describe community organisations that are concerned with the health and wellbeing of same-sex attracted and sex and gender diverse people as “GLBT organisations” (e.g., ACON and Twenty10). This differentiation has been adopted in this thesis, and licensed venues that cater specifically to same-sex attracted and sex and gender diverse people are described as the “lesbian and gay scene” while organisations that focus on the health and wellbeing of this group are referred to as “GLBT organisations”. The term “lesbian and gay community” is avoided because the focus of the thesis is specifically on engagement with the licensed venues of the scene. The lesbian and gay community is

wider in scope than the scene, and its parameters are sometimes vague and more difficult to define. The community has structural features, which include the scene, as well as GLBT community organisations, businesses, and online social networking websites. The community includes all same-sex attracted and sex and gender diverse people, as well as others who choose to be associated with the community.

Research Design and Justification

This study used a cross-sectional survey design with an Internet-based questionnaire. An inductive, exploratory approach was used to develop the questionnaire. First, a comprehensive review of the literature on sexual identity, the lesbian and gay scene, and alcohol and other drug use was conducted to identify key themes and research priorities. This review formed the basis to conduct a formative qualitative study involving in-depth, semi-structured interviews with same-sex attracted young adults in Sydney. The themes and questions that were developed during the literature review and the qualitative study were then used to guide the development of the survey instrument.

A cross-sectional, Internet-based survey was selected as the research method for a number of reasons. First, Internet-based surveys are a cost-effective and resource-efficient method of quickly recruiting a large number of participants (Gosling, Vazire, Srivastava, & John, 2004; Meyer & Wilson, 2009). This was an important consideration given the funding and time constraints associated with postgraduate research. Second, Internet-based surveys are a good method for recruiting hard-to-reach populations (Gosling, et al., 2004; Meyer & Wilson, 2009). This was particularly important for the current study, which planned to recruit participants with varying levels of engagement with the lesbian and gay subculture, some of whom may not have been accessible via

GLBT community organisations, events, and the licensed venues of the scene.

Recruitment via these more traditional avenues was also conducted, but focusing exclusively on community organisation and venue-based recruitment may have introduced a sampling bias and an overrepresentation of people with regular involvement with lesbian and gay institutions (Hughes & Eliason, 2002; Meyer & Wilson, 2009). Recruiting participants from a variety of sources was intended to reduce sampling bias. The level of anonymity associated with Internet-based surveys may also encourage same-sex attracted people who are less publicly open about their sexuality to participate in research with sexual minorities. Internet-based surveys may also reduce response bias as some studies have shown that socially desirable responding is less of a problem in online surveys compared to pen-and-paper surveys (Gosling, et al., 2004).

Recruiting a probability sample of randomly selected same-sex attracted young people would have allowed generalisation of the study findings to the wider population from which the sample was drawn (Meyer & Wilson, 2009). However, it is often not practical or possible to recruit a probability sample of same-sex attracted people. First, there is limited available data on the number of same-sex identifying people in Australia. The Australian Census does not collect information about sexual orientation, and provides only an estimate of the number of same-sex de facto couples, comprising less than 1% of Australian couples in 2006 (Australian Bureau of Statistics, 2009). The best available data on the number of same-sex identifying people in Australia comes from the 2002 Australian Study of Health and Relationships, a representative population sample where 2.2% of women and 2.5% of men identified as “homosexual” or “bisexual” (Smith, et al., 2003). Second, the current study is focused on a specific age group in a specific geographical location within an already small population. A very large number of people would need to be screened in order to gain a representative

sample of sufficient size, with the willingness of individuals to identify as same-sex attracted complicating this process (Hughes & Eliason, 2002). In these respects, same-sex attracted people in Australia represent a hidden population, complicating the recruitment of a representative sample. Finally, this study did not intend to make claims about population prevalence. Therefore, a convenience sample of self-nominating individuals was selected as the most appropriate method of recruiting participants.

Ethical Approval

Approval of this study was received from the Human Research Ethics Committee of the University of New South Wales, and the Research Ethics Committee of ACON. ACON is the largest community-based organisation in Australia promoting the health and wellbeing of same-sex attracted and gender diverse people.

Sample

Eligibility Criteria

Participation in the survey and pilot interviews was open to young adults aged 18 to 25 years, who self-identified as same-sex attracted, and lived or regularly spent time in Sydney. A deliberate decision was made not to use the terms lesbian, gay, bisexual, transgender and queer as part of the eligibility criteria in information flyers and advertising circulars. “Same-sex attracted” was used to make participation in the study more appealing to people who were same-sex attracted but did not necessarily identify with labels under the banner GLBT. English literacy was a requirement for study entry. The meaning of “regularly spend time” was left undefined, and was therefore open to interpretation by individual respondents.

Eligibility was limited to same-sex attracted young adults because they represent part of a generation who have been raised in the hypothesised post-gay era. The oldest participants were born in 1984 and the youngest in 1992, and they are the adult age group least likely to have experienced widespread social and political prejudice associated with non-heterosexual identity, and were not witness to the mobilisation of the gay community in the midst of the HIV/AIDS crisis of the 1980s and 1990s. In addition, they were legally able to enter licensed venues between 2002 and 2010, well after Sydney's lesbian and gay scene was said to have commenced its decline.

Participants

The survey was completed by 608 respondents. Twenty-one respondents were excluded because they reported their age as either under 18 or over 25 years. Respondents who did not identify as female or male were also excluded. This comprised 15 respondents who described a variety of gender identities, including gender different ($n = 5$), transgender male-to-female ($n = 2$), transgender female-to-male ($n = 1$), trans-nonspecific ($n = 1$), gender fluid ($n = 1$), gender queer ($n = 1$), neutrois ($n = 1$), and 3 respondents who refused identification as female or male but did not specify their gender identity. The heterogeneity of gender descriptions between these respondents, as well as their small number, precluded meaningful analysis of their data.

To minimise the likelihood of including repeat responders, the survey software tracks IP addresses and blocks repeat responses from a single IP address, ensuring that the same address is not used more than once. In addition, the dataset was manually checked for duplicate e-mail addresses and sequential cases with identical or near identical data. No duplicate responses were detected using this method. The final

sample comprised 572 respondents, including 254 females (44%) and 318 males (56%). Demographic characteristics of the final sample are reported in Chapter 4.

Sample Size Justification

A power analysis was conducted to determine the minimum sample size required for the survey. The software package G*Power 3 was used to conduct this analysis (Faul, Erdfelder, Lang, & Buchner, 2007). Power was set at .90 with two-tailed significance set at $\alpha = .05$. Power was set higher than the standard .80 to reduce the likelihood of making a Type II error (J. Cohen, 1992).

Separate analyses were conducted to determine the sample size required to detect differences between groups, and to determine covariates in regression analyses. For Pearson's chi-square tests with $df = 1$, a sample of $N = 171$ was required to detect differences with a medium effect size ($ES = .30$). A sample size of $N = 1051$ would be required to detect small effects ($ES = .10$). For factorial ANOVAs with numerator $df = 1$, a sample size of $N = 171$ was required to detect differences with a medium effect size ($ES = .25$). A sample size of $N = 1053$ would be required to detect small effects ($ES = .10$). For multiple regressions with 15 covariates, a sample size of $N = 171$ was required to detect a medium effect ($ES = .15$). A sample size of $N = 1192$ would be required to detect small effects ($ES = .02$). The final sample of 572 respondents exceeds the required sample sizes to detect differences with a medium effect size for chi-square, ANOVA and multiple regression analyses, but lacks sufficient power to detect differences with a small effect size. This is acceptable as a medium effect size "approximates the average size of observed effects in various fields" (Cohen, 1992, p. 156).

Procedure

The survey was hosted online for three months, between March 2010 and June 2010. NETQ online software was used for online publishing of the survey (<http://www.netq.co.uk/>). The survey was titled *Sexuality and nightlife in Sydney: Survey of same-sex attracted young people*. This title was included on all study materials. The web address for the survey was <http://nightlifesurvey.webs.com/>.

Recruitment

Recruitment to the survey was facilitated by the distribution of information flyers and adverts circulated via a range of websites, online forums, mailing lists, community and health organisations, existing social and professional contacts of the research student, and face-to-face contacts at a lesbian and gay community event. Because the survey was hosted online, the Internet was used as the main source of recruitment.

Paid advertisements on Facebook were selected as the primary avenue for recruiting participants. Facebook allows advertisers to target specific demographic characteristics of its users. Users were targeted who lived within 80 kilometres of Sydney and were aged 18 to 25 years. Facebook profiles allow users to nominate whether they are “interested” in females, males, or both, although providing a response to this is not required. In order to recruit same-sex attracted people, adverts were targeted to people who nominated an interest in people of the same sex. In addition, a keyword search was used to include same-sex attracted people who had not nominated a same-sex interest. These keywords included: gay, lesbian, bisexual, queer, same-sex attracted, Oxford Street, Mardi Gras, Queer as Folk, and The L Word. If users had any of these words in their Facebook profile information, they would be targeted by the

advert. Adverts were run for 26 days with 13 days each targeting women and men. A total of 1,071 people clicked on the advert link to the survey front page.

To date little has been published on the utility of Facebook in enhancing recruitment for surveys and other research. However, anecdotal reports suggest that paid advertisements on Facebook are becoming a popular method for recruiting participants for research, particularly for studies focusing on young people. Almost half of the Australian population have a Facebook account, with 18 to 24 year olds comprising 25% of all users (CheckFacebook.com, 2011). Facebook thus appears to have a wide reach. Adverts placed on the website target all users within the demographic parameters that researchers provide. Facebook may provide new opportunities for sampling hard-to-reach populations that reduce bias and are more representative than other methods for targeting same-sex attracted young people. Advertising on Facebook instead of or in addition to social and sexual networking websites for same-sex attracted people (e.g., Manhunt, Gaydar and Gaydargirls) can reduce bias by providing access to people who do not use these sites, and may be more cost-effective for studies with limited funding as placing banner ads on these sites can be costly with little return.

In addition to paid advertisements, Facebook was used for recruitment in the following ways. Information about the study was posted on the Facebook pages of: (a) the University of Technology Sydney Queer Collective; (b) University of Sydney Queer Students; (c) Bitch Entertainment Sydney, who organise parties for same-sex attracted women; and (d) Sapphic Sydney, an information page about events for same-sex attracted women. In addition, study information was sent to Facebook “friends” of the research student with a request to complete the survey or to forward the study information to friends who met the study eligibility criteria. Face-to-face contact was also made with potential participants at 2010 Sydney Gay and Lesbian Mardi Gras Fair

Day, an annual outdoor event for same-sex attracted and sex and gender diverse people. The research student and two colleagues approached young people at this event and collected their e-mail addresses after providing verbal information about the study. E-mails were then sent offering participation in the study, and a request to pass on the study information to any eligible friends. Approximately 60 people provided their e-mail addresses, and almost every person approached was willing to provide this information.

Information flyers and advertising circulars were disseminated to the following e-mail distribution lists: (a) Lesbians on the Loose magazine (also known as LOTL); (b) The Scavenger online magazine; (c) Twenty10, a support organisation for same-sex attracted young people; (d) ACON's Ins and Outs young women's group, Fun and Esteem young men's group, and Western Sydney and Newcastle groups; (e) GLYSSN, a social support network for same-sex attracted young people in south Sydney; (f) Gay and Lesbian Counselling Service of NSW; (g) the queer collectives of UNSW and the University of Sydney; (h) ADCA Update, an e-mail group for workers in the alcohol and other drugs sector operated by the Alcohol and other Drugs Council of Australia (ADCA); and, (i) Scarlet Alliance, the peak organisation representing sex workers in Australia.

Study information was also posted on the websites of the following GLBT organisations: (a) ACON; (b) Twenty10; (c) Illawarra Queer, an information site for people on the NSW South Coast; (d) Coming Out Australia, a social support organisation; (e) Same Same, a lifestyle website with news, information and an online forum; (f) Pink Mountains, a bulletin board for people in the Blue Mountains; and (g) the Pink Sofa, an international social networking website for same-sex attracted women. News stories appeared in print editions of the GLBT newspapers Sydney Star Observer,

SX, and Cherrie. Study information was also posted on the websites of Headspace, an Australian Government initiative for youth mental health; and, Between the Lines and Bluelight, two websites with information and discussion forums about alcohol and other drugs.

Respondents were recruited from the following sources: Facebook (58%); e-mail referral from the research student or a friend (10%), ACON e-mail list or website (7%), university queer collectives (7%), Same Same (7%), GLBT newspapers (4%), Twenty10 e-mail list or website (2%), Sapphic Sydney (2%), and other websites (3%).

Study Information

Information flyers and advertising circulars provided a brief description of the study and the eligibility criteria, and directed potential respondents to the survey website. The telephone and e-mail contact details and institutional affiliation of the research student were provided for potential participants or other people with queries about the study. All advertising materials included a photograph, which was taken especially for use as the study logo. The photograph was of the torsos of two women and two men with touching hands and bodies, and concealed faces. A sample information flyer and sample Facebook advert is shown in Appendix A.

The Participant Information Statement (posted on the study website) invited respondents to participate in a study that “aimed to explore the relationships between sexuality, alcohol and other drug use, and patterns of going out to bars and clubs among young people who identify as lesbian, gay, bisexual, transgender, queer or same-sex attracted”. Respondents were assured in the information statement that participation was voluntary and anonymous. Respondents provided informed consent by reading the

information statement and clicking a checkbox indicating their agreement to participate in the study.

Remuneration

While respondents received no remuneration for participating in the survey, a raffle draw was conducted to increase the number of respondents completing the survey. Two AU\$200 Coles Myer gift vouchers were offered as raffle prizes to respondents who provided their e-mail address after finishing the survey. These vouchers could be used at a number of department stores, supermarkets, and other stores, and were valid for 12 months. E-mail addresses were separated from the main dataset as soon as the final sample was established. This was the most effective way of maintaining the anonymity of respondents. Sex and gender diverse respondents were included in the raffle draw despite being excluded from the final sample, while respondents under 18 or over 25 were excluded from the draw. Raffle winners were contacted by e-mail and prizes mailed by registered post. All e-mail addresses were discarded after raffle winners had received their vouchers.

Questionnaire Development

Overview

The development of the questionnaire used a two-phase approach. The first phase comprised 19 in-depth interviews conducted with same-sex attracted young adults in Sydney. The collection and analysis of interview data allowed the development of a large number of themes and questions. The second phase involved the development of the questionnaire, drawing on the themes and questions arising from the interview phase. The final questionnaire included a mix of existing psychometrically validated

scales, items adapted from previous research, and new items devised by the research student. After a first draft was complete, the questionnaire was reviewed for face validity by selected researchers at the National Centre in HIV Social Research, senior staff at ACON and Twenty10, and selected alcohol and other drugs researchers. After receiving feedback and making revisions, the questionnaire was pilot tested with five same-sex attracted men and women to assess ease of comprehension and time required to complete the questionnaire. Pilot participants were existing personal and professional contacts of the research student, and they received no remuneration for their time. After receiving feedback from pilot participants, several non-essential items were removed to reduce the amount of time required to complete the questionnaire. A mean completion time of approximately 30 minutes was considered optimal.

Pilot Interviews

Sample and recruitment. To facilitate the recruitment of interview participants, advertising circulars were distributed via the UNSW queer collective, ACON's Young Women's and Fun and Esteem Projects, Twenty10, and a Facebook group created for the study. Community announcements were also published in the GLBT newspapers Cherrie, SX and Sydney Star Observer. Six interview participants were recruited via the UNSW queer collective, 5 via ACON, 3 via Facebook, 2 each via SX and snowball sampling, and 1 via Twenty10. Recruitment of participants was purposive and aimed to vary the participant group by age, patterns of alcohol and other drug use, and level of involvement in the lesbian and gay scene. See Appendix A for the advertising circular used in the interview phase of the study.

In total, 18 women and 17 men enquired about participation, and in-depth interviews were conducted with 9 women and 10 men. The mean age of participants

was 22 years ($SD = 2.3$, range: 18-25). Nine participants identified as gay, 7 as lesbian, 1 as bisexual, and 2 eschewed sexuality labels. The majority of participants were Anglo-Australian ($n = 14$), with the remainder identifying as Western European ($n = 3$), South American ($n = 1$) and Filipino-Australian ($n = 1$). Ten were currently employed full-time, with the remainder studying full-time at university or tertiary college. Eleven participants lived in the inner city, 4 in the eastern suburbs, 2 in the southern suburbs, and 1 each in the western and northern suburbs.

Interviews. Interviews were semi-structured, and focused on the sexuality narratives of participants, their experiences with Sydney's lesbian and gay scene, experiences in straight or mixed nightlife and other contexts, and their patterns of alcohol and other drug use in different settings. The interview schedule was not static, and was modified to explore developing themes as the number of completed interviews grew and data analysis progressed.

Interviews were conducted between March 2009 and February 2010 at the premises of the National Centre in HIV Social Research, ACON and Twenty10. Interviews were conducted individually and face-to-face, and all were conducted by the research student. Written informed consent was obtained from all interviewees. The duration of interviews ranged from 46 to 89 minutes. All interviews were recorded and transcribed verbatim. Interviewees were remunerated AU\$20 cash for any out-of-pocket expenses incurred as a result of participation in the study.

A distress protocol was devised in the event of a participant experiencing psychological distress during interview, in order to minimise the impact of any distress. All participants were informed verbally and in writing prior to commencing the interview that they were free not to answer any question, move onto the next question, or withdraw their consent at any time without giving a reason and without fear of

reprisal. In the event that a participant experienced psychological distress they were to be offered termination of the interview and the contact details for ACON's counselling service, and beyondblue, a nationwide service offering information and advice to people experiencing depression, anxiety, or problems with substance use. No participant became distressed during interview and the distress protocol was not used.

Data analysis. Analysis of the interview data followed an iterative, inductive approach, informed by Strauss and Corbin (1990) and Braun and Clarke (2006). Each interview transcript was analysed before subsequent participants were selected and interviewed. Each transcript was coded manually by the research student and one of his supervisors, with preliminary themes, interesting cases and variations identified individually before sharing findings. Points of agreement and disagreement in the respective analyses of each researcher were discussed and any disagreements were resolved before amendments to the interview schedule and desired demographic characteristics of subsequent interviewees were identified. NVivo 8 was used to code and organise the interview data into thematic categories, and to refine and build on these categories during later stages of analysis. As the interviews progressed, analysis became more focused on how interviewees' accounts supported or diverged from the predominant themes. The iterative approach to coding continued until each of the themes was internally consistent and contributed to a broader coding framework that captured both the patterns and variation in the data.

Main findings. Interview participants described their sexual identity in a variety of ways, but within these descriptions was a common sentiment that while sexual orientation was an important part of their identity, it was just one aspect of identity. While there was an awareness that sexual orientation molds one's sense of self and everyday life, participants largely articulated a belief that they were "normal" and no

different to heterosexual young people. Despite the self-assuredness about sexual orientation expressed by a number of interview participants, they were also conscious of social stigma towards sexual minorities in their families, schools, and/or wider society. Many participants reported feeling shame about their same-sex attractions prior to disclosing to family and friends, and many recounted fears of rejection prior to disclosure. Most recounted accepting responses to disclosure from most people, although a significant number reported that their parents (fathers in particular) and some friends responded badly to this news. It was common for interview participants to regard negative attitudes towards sexual minorities as something wrong with those carrying the attitudes rather than something wrong with same-sex attracted people. While some participants reported that disclosing their sexual orientation marked a juncture in their lives in terms of their social relationships, social networks and life choices, others recounted a sense of continuity in their lives pre- and post-disclosure.

After disclosing their sexual orientation, many participants began to frequent the bars and nightclubs of the lesbian and gay scene. Many participants expected to find in the scene a place to belong where they could gain a group of same-sex attracted friends with similar interests, as well as the potential to meet romantic and sexual partners. While some participants were highly engaged with the scene and gave it only positive appraisals, it was more common for participants to express ambivalence about the scene. This was generally articulated as valuing the scene as a space for same-sex attracted people to congregate and meet other people, but experiencing dissatisfaction with the superficiality of social relationships and the emphasis on loud music and substance use. These participants tended to regard the scene as a necessary evil, as there were few alternative spaces where same-sex attracted people could meet. A small

number of participants rejected the scene outright, refusing to attend lesbian and gay venues and meeting same-sex attracted people through other avenues.

Almost all interview participants reported weekly use of alcohol. This usually consisted of weekend use at bars and nightclubs. While alcohol use was considered requisite on the lesbian and gay scene, the centrality of alcohol use to attendance at other licensed venues was also acknowledged. Most participants did not go out on the scene without drinking alcohol, or experienced reduced enjoyment on occasions when they did not drink. Illicit drug use was also reported among most participants, although the majority were not current drug users. For a substantial number of participants, drug use was reserved for special occasions only, such as New Year's Eve. Current abstinence for those who had used illicit drugs was attributed to not enjoying the drug effects. There was a common perception among interview participants that drug use was highly visible on the lesbian and gay scene, and that drug use was accepted and encouraged. Participants contrasted drug use on the scene with drug use in straight nightclubs, claiming that it was more visible and commonplace on the scene.

To inform the process of translating interview themes into questionnaire items, themes and questions that arose during analysis of the interview data were first grouped into major categories (i.e., sexual identity, the scene, substance use) and subcategories. Study variables were identified based on these themes. Questionnaire items were then devised using a combination of psychometrically validated scales, existing items used in other research, and new items devised by the research student. For example, interview participants often reported that many people in wider society held negative attitudes towards sexual minorities. An existing scale measuring perceptions of social stigma towards sexual minorities was then used to address this theme in the survey. This process continued until all study variables were represented by questionnaire items.

Questionnaire Content

For ease of comprehension for respondents, the questionnaire used in the online survey was grouped into five sections, in the following order: (a) sexuality, (b) going out, (c) alcohol and other drug use, (d) mental health, and (e) demographics. The questionnaire content is described in detail below. Validated or pre-existing scales used in this study are shown in Appendix B.

Demographics

Respondents reported their: (a) gender, (b) age, (c) ethnicity, (d) highest level of education achieved, (e) current employment status, (f) gross annual income, (g) location of current residence, (h) current relationship status and gender of partner(s), (i) religious beliefs, and (j) parent's religious beliefs.

Sexuality

Sexual identity, sexual attraction and sexual experience. Respondents were asked to describe their sexual identity, selecting from the following: (a) lesbian, (b) gay, (c) bisexual, (d) queer, (e) questioning, (f) same-sex attracted and prefer to use no label, or (g) attracted to more than one gender and prefer to use no label. Respondents could nominate and describe a different category if required.

Two items from the Australian Study of Health and Relationships (Smith, et al., 2003) were used to explore sexual attraction and sexual experience. These items were:

1. "Which of the following best describes your sexual attraction?", using the following Likert-type scale: (a) *only to females, never to males*; (b) *more often to females and at least once to a male*; (c) *about equally often to females and males*; (d) *more often to males and at least once to a female*; (e)

Only to males, never to females; and (f) I have never felt sexually attracted to anyone.

2. “Which of the following best describes your sexual experience?”, using the following Likert-type scale: (a) *only with females, never with males*; (b) *more often with females and at least once with a male*; (c) *about equally often with females and males*; (d) *more often with males and at least once with a female*; (e) *Only with males, never with females*; and (f) *I have never had sex with anyone.*

Sexuality milestones. Respondents were also asked to report the age when they experienced various sexuality milestones: (a) first realisation of same-sex attraction, (b) first thought you were GLBQ, (c) first told someone you were GLBQ or same-sex attracted, (d) first made an openly non-heterosexual friend, (e) first consensual same-sex sexual experience, (f) first consensual opposite-sex sexual experience, and (g) first experience of going to a gay bar or club / girl night. A “girl night” refers to a regular weekly or monthly event at a licensed venue, catering specifically to same-sex attracted women. Almost all the women who participated in the interview phase of this study used the term “girl night” interchangeably with “lesbian scene”.

Sexuality disclosure. Respondents reported the extent to which they had disclosed their sexuality to people in their lives. This was measured with a single item, “Generally speaking, how out or open are you about being GLBQ or same-sex attracted?”. Respondents answered with a 5-point interval scale (1 = *completely closeted* and 5 = *completely out/open*).

Respondents also reported the extent to which they perceived that various people and groups of people had rejected or accepted them following sexuality disclosure, as well as retrospective ratings of how accepting or rejecting they had expected these

people to be before they disclosed. Groups of people enquired about were: (a) mothers, (b) fathers, (c) siblings, (d) extended family, (e) heterosexual friends, (f) people from work or study, and (g) people from school. Responses to these items used a 5-point interval scale (1 = *completely rejecting* and 5 = *completely accepting*).

Sexual orientation of respondents' friends. Respondents reported the proportion of their friends who identified as same-sex attracted or heterosexual. Responses ranged from 1 (*none*) to 5 (*all*). Respondents also reported how regularly they saw same-sex attracted and heterosexual friends. Responses ranged from 1 (*more than once a week*) to 7 (*never*).

Public displays of same-sex affection. Respondents reported how often they avoided kissing, holding hands or other expressions of affection with a same-sex partner in the following settings: (a) lesbian and gay venues, (b) mixed venues, (c) straight venues, (d) on or around Oxford Street, (e) in or around Newtown, and (f) other public spaces. These items were answered on a Likert-type scale, ranging from 1 (*never*) to 5 (*always or nearly always*). A “mixed” venue refers to a licensed venue that does not cater specifically to same-sex attracted people but is popular among same-sex attracted people while also catering to heterosexuals.

Minority stress. Minority stress was assessed with the following measures:

1. Revised Internalised Homophobia Scale (IHP-R) (Herek, et al., 2009). This is a 5-item version of the 9-item Internalised Homophobia Scale (IHP) (Meyer, 1995), a measure of the extent that same-sex attracted people have internalised negative social attitudes towards sexual minorities. The IHP-R has been found to be more appropriate for use with women and bisexuals than the IHP, as the IHP was originally developed for use with gay men (Herek, et al., 2009). Examples of items include, “I have tried to stop being

gay/bisexual [lesbian/bisexual]”, and “I wish I weren’t gay/bisexual [lesbian/bisexual]”. Items in the original scale are directed at specific genders but were revised in this study from “gay/bisexual [lesbian/bisexual]” to “GLBQ/same-sex attracted” to be applicable to more than one gender and to same-sex attracted people not identified as gay, lesbian or bisexual. Respondents answered these items using a Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Scale scores are computed as the mean of all items. Higher scores indicate higher levels of internalised homophobia. Internal consistency is similar for the IHP-R ($\alpha = .82$) and the IHP ($\alpha = .85$; Herek et al., 2009). The IHP-R also has satisfactory test-retest reliability ($r = .67$; Herek, et al., 2009). Internal consistency in the current study was high ($\alpha = .81$).

2. Stigma scale (Meyer, Frost, Narvaez, & Dietrich, 2006). This is a 6-item scale measuring expectations of discrimination and rejection based on sexual minority status. An example of an item is, “Most employers will not hire a person like you” in reference to people with the same gender, sexual orientation, ethnicity, nationality and socioeconomic status as the respondent. In the current study, all items were revised to refer to GLBQ people. For instance, the sample item above was revised to, “Most employers will not hire a GLBQ person”. Respondents answered using a Likert-type scale, ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Scale scores are computed as the mean of all items. Higher scores indicate higher levels of perceived stigma due to sexual minority status. This scale is a short version of the 11-item Stigma scale developed by Martin and Dean (1987) as an adaptation of a scale originally developed by Link (1987) to

assess perceptions of being a psychiatric patient. The 6-item version ($\alpha = .88$) had similar internal consistency the 11-item version ($\alpha = .86$; Meyer, 1995; Meyer, et al., 2006). In the current study, internal consistency on the Stigma scale was high ($\alpha = .87$).

3. Experience of homophobic verbal and physical abuse: (a) ever, (b) in the preceding 12 months, (c) on or around Oxford Street, and (d) in or around Newtown.

Mental Health

Respondents were asked about:

1. Lifetime experience of self-harm, suicidal thoughts, and attempted suicide, as well as thoughts of suicide in the preceding month.
2. Any use of counselling, psychology and psychiatric services in the preceding 12 months, and the primary issue of concern for accessing these services.
3. Any current mental health diagnosis and any current prescription for psychiatric medications.

Respondents were also asked to complete the Kessler Psychological Distress Scale (K10; Kessler et al., 2002). This is a 10-item global measure of psychological distress, assessed in reference to the preceding four weeks. Examples of items include, “About how often have you felt tired out for no good reason?”, and “About how often did you feel that everything is an effort?”. Respondents answer using a Likert-type scale ranging from 1 (*none of the time*) to 5 (*all of the time*). Scores range from 10 to 50, with higher scores indicating higher levels of current psychological distress.

There is a lack of consistency in clinical and research settings regarding K10 cut-off scores for different levels of psychological distress. The current study uses the

cut-offs used by the Australian Bureau of Statistics in the 2007 National Survey of Mental Health and Wellbeing (Australian Bureau of Statistics, 2007). The following categories and score ranges were used: (a) low distress for scores of 10 to 15, (b) moderate distress for scores of 16 to 21, (c) high distress for scores of 22 to 29, and (d) very high distress for scores of 30 to 50. These categories and score ranges are also used by the NSW Department of Health (NSW Health Centre for Epidemiology and Research, 2009). The K10 has excellent internal consistency ($\alpha = .92$) and can discriminate between people who do or do not meet criteria for a DSM-IV diagnosis of mood disorder, anxiety disorder or non-affective psychosis (Kessler, et al., 2002). In a stratified population sample of Australian adults, K10 scores were significantly correlated with scores on the 12-item General Health Questionnaire ($r = .50$) and the SF-12 ($r = -.60$; Andrews & Slade, 2001). Internal consistency in the current study was very high ($\alpha = .92$).

Lesbian and Gay Scene

Respondents were asked to report the following information:

1. Frequency of attending (a) girl nights, (b) gay bars and clubs, (c) lesbian and gay dance parties, and (d) straight or mixed bars and clubs. Responses ranged from 1 (*more than once a week*) to 7 (*never*). In addition, they nominated the name of the licensed venue they most often went to.
2. Importance of the lesbian and gay scene to respondents' leisure time. Responses used a Likert-type scale ranging from 1 (*not important at all*) to 5 (*very important*).
3. Satisfaction with the lesbian and gay scene. Responses used a Likert-type scale ranging from 1 (*very unsatisfied*) to 5 (*very satisfied*).

4. Most disliked aspects of the lesbian and gay scene, and most important motivators for participation in the scene. Respondents selected up to five disliked aspects and five aspects that encouraged participation from two lists provided. Respondents could nominate their own reasons if they were not listed.
5. Frequency of access to GLBT print or online media (e.g., free street press) and online social and sexual networking (e.g. Manhunt, Grindr, Gaydargirls, Pink Sofa). Responses ranged from 1 (*daily*) to 7 (*never*).

Alcohol and Other Drug Use

This section included the following:

1. The Alcohol Use Disorders Identification Test - Consumption (AUDIT-C) was used to assess frequency and quantity of alcohol use, and frequency of heavy alcohol use (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998). The AUDIT-C is a three-item version of the 10-item AUDIT (Saunders, Aasland, Babor, de la Fuente, & Grant, 1993). The AUDIT-C has good validity and reliability in detecting alcohol abuse and dependence and heavy drinking, comparable to the 10-item version (Bradley et al., 2007). Scores range from 0 to 12, and scores of 5 or more are indicative of heavy drinking and alcohol misuse in both females and males according to the current Australian guidelines (Australian Government Department of Health and Ageing, 2009).
2. Use of a range of illicit and licit drugs (*past month, past 6 months, past year, not in the past year, never used*). In addition, respondents reported the number of days they had used each drug in the past month, their age at

initiation of use of each drug, and patterns of concurrent and simultaneous polydrug use. Drugs enquired about were: (a) cannabis; (b) cocaine; (c) ecstasy (MDMA); (d) GHB; (e) heroin; (f) ketamine; (g) LSD; (h) magic mushrooms; (i) MDA / MDMA powder or caps; (j) mephedrone; (k) crystal methamphetamine; (l) base methamphetamine; (m) methamphetamine powder (speed); (n) party pills (2CI, 2CB, BZP); (o) amyl nitrate; (p) benzodiazepines; (q) Ritalin / dexamphetamine; (r) tobacco; and (s) Viagra / Cialis / Levitra.

3. Injecting drug use (*past month, past 6 months, past year, not in the past year, never*), drug classes respondents had injected, age of initiation to injecting, number of days injected in the past month, and sharing of injecting equipment in the past month.
4. Drug use in different licensed venue settings in the past six months (*lesbian and gay licensed venues, straight or mixed licensed venues*).
5. Respondents' motivations for drug use when attending licensed venues on the scene. A list of possible motivations for drug use was provided and respondents could select as many responses as were appropriate. They were also able to select their own motivations for drug use if they were not listed.
6. Problems respondents had experienced with alcohol and other drugs, including having: (a) thought about treatment, (b) received treatment, and (c) attended a hospital emergency department due to alcohol and other drug use, and (d) lost consciousness after taking GHB.
7. Additional information was sought about use of club drugs, which in the current study included cocaine, crystal methamphetamine, ecstasy, GHB and ketamine. Respondents who had used any of these drugs in the past six

months were asked to report their usual route of administration, and the Severity of Dependence Scale (SDS; Gossop, Griffiths, Powis, & Strang, 1992) was administered for each of these drugs. The SDS has been used to assess dependence in users of cocaine (Kaye & Darke, 2002), amphetamines (Topp & Mattick, 1997), ecstasy (Bruno et al., 2009) and GHB (Degenhardt, Darke, & Dillon, 2002). A literature search found no published research using the SDS with ketamine users. Diagnostic cut-offs for dependence on the SDS are ≥ 3 for cocaine (Kaye & Darke, 2002), ≥ 4 for crystal methamphetamine and ecstasy (Bruno, et al., 2009; Topp & Mattick, 1997), and ≥ 5 for GHB (Degenhardt, et al., 2002). In the absence of published guidelines reporting an SDS cut-off for ketamine dependence, weekly use of ketamine and an SDS score of ≥ 5 was used as an indicator of dependence, consistent with the procedure used to determine GHB dependence in the absence of published guidelines (Degenhardt, et al., 2002).

Data Analysis

This section provides a broad overview of statistical procedures used in this study. Specific procedures linked to research questions and outcome variables are presented in the Method sections of the results chapters (Chapters 4 to 7). All data analysis was conducted using PASW Statistics 18.0 for Mac (SPSS).

In each results chapter, descriptive statistics are reported for all variables. For continuous variables, means and standard deviations are reported; for categorical variables, the number and proportion of respondents endorsing a response are reported.

Univariate tests examining differences according to gender (and in some cases sexual identity) are reported throughout the results chapters, using independent samples

t-tests for continuous variables, and Pearson's chi-square tests for categorical variables. McNemar's tests were used where responses to two different variables are compared. Factorial analysis of variance (ANOVA) was used for continuous outcome variables where both gender and sexual identity differences were examined. Repeated-measures ANOVA were conducted for analyses with outcome variables measuring the same constructs at different times or in different circumstances.

Linear regression and logistic regression were used to determine the covariates of different outcome variables. For each regression, univariate analyses were conducted first and each covariate was regressed on the outcome variable. Following this, all covariates were entered together in a single block and regressed on the outcome variable. Covariates were selected on a theoretical basis, to test hypotheses related to minority stress, the social integration of sexuality, and engagement with the lesbian and gay scene.

CHAPTER FOUR

DEMOGRAPHICS AND SEXUAL ORIENTATION

This is the first of four chapters to report results of the survey. Findings are presented regarding the demographic characteristics of respondents, their sexual identity, sexual attraction and sexual experience, and the age at which various psychological, social and sexual milestones related to their sexual orientation occurred.

As described in Chapter 2, different theorists have focused on different features of changes to lesbian and gay life that have together been considered part of the post-gay phenomenon. One of the main hypotheses of Sinfield (1998) and Archer (2002) was that there is a growing relaxation of the boundaries of sexual identity among same-sex attracted people as well as heterosexuals. They theorised that liberalisation of social attitudes towards sexual minorities meant that there was less pressure on lesbians and gay men to have exclusively same-sex sexual partners, and similarly, less pressure on heterosexuals to have exclusively opposite-sex sexual partners. Archer (2002) suggested this would eventually lead to the dispensing of sexual identity labels altogether. Unfortunately, neither author collected data to support these claims. However, fluidity between sexual identity, sexual attraction and sexual experience has been reported in several studies, particularly among women. Diamond (2005) argued that sexual fluidity is not a new phenomenon as female sexuality is “fundamentally fluid” (p. 9).

The aim of this chapter is to present a biographical description of the survey respondents, explore whether same-sex attracted young people are dispensing with sexuality labels, and whether there is concordance between their sexual identity, sexual attractions, and sexual experience.

Research Questions

The following research questions respond to the aim of the chapter:

1. To what extent have respondents adopted identity labels such as lesbian, gay and bisexual to describe their sexual orientation?
2. What is the degree of congruence between respondents' sexual identity, sexual attraction and sexual experience?
3. Are there differences according to gender and sexual identity in the age at which respondents have experienced different sexuality milestones?

Method

Measures

Demographics. The following demographic characteristics were assessed: (a) gender, (b) age, (c) ethnicity, (d) highest level of education achieved, (e) current employment, (f) current income, (g) location of current residence, (h) religious affiliation, and (i) religious affiliation of parents.

Sexual identity, attraction and experience. Labels that respondents used to describe their sexual orientation (e.g., lesbian, gay, bisexual) were assessed to determine the proportion of respondents who avoided the use of these labels. Respondents also reported the gender of their sexual attractions and sexual experiences (e.g., same-sex, both-sex, other-sex) in order to determine the degree of concordance between sexual identity, sexual attraction, and sexual experience. Sexual fluidity was indicated in respondents who reported being both-sex attracted and as having had sexual experience with both-sexes. Sexual fluidity is best measured using longitudinal data to determine the relationships between sexual identity, sexual attraction and sexual experience at

individual time-points as well as changes in each sexuality dimension and relationships between dimensions over time (Diamond, 2000).

Sexuality milestones. Psychological, social and sexual milestones related to sexual orientation were assessed to provide a biographical profile of respondents, as well as to examine gender and sexual orientation differences in the age at when these milestones occurred.

Four new variables were computed to determine the period of time between the occurrence of different psychological and social milestones related to same-sex sexuality. These were the time between (a) first realisation of same-sex attraction and respondents first thinking they were GLBQ, (b) first thinking they were GLBQ and first disclosing this information, (c) first thinking they were GLBQ and first attending a lesbian and gay licensed venue, and (d) first disclosing their sexuality to somebody and first attending a lesbian and gay licensed venue.

Data Analysis

Demographics. Gender differences in demographic characteristics were analysed using Pearson's chi-squared tests for categorical variables, and independent-samples *t*-tests for continuous variables.

Sexual identity, attraction and experience. Analyses examining the degree of concordance between respondents' sexual identity, sexual attraction and sexual experience were conducted using Pearson's chi-squared tests, stratified by gender.

Sexuality milestones. To determine if there were differences among respondents regarding sexuality milestones, a series of 2 x 2 factorial ANOVAs were conducted with gender (female, male) and sexual identity (exclusive same-sex, nonexclusive same-sex) as between-subjects factors. The seven milestone variables

listed in Chapter 3, and the four new variables listed in this chapter served as dependent variables.

Results

Demographics

Forty-four percent ($n = 254$) of respondents were female and 56% ($n = 318$) were male. The mean age of respondents was 21.49 years ($SD = 2.24$, range: 18-25). There was a small but significant age difference according to gender, with males ($M = 21.66$) slightly older than females ($M = 21.28$), $t(570) = 2.05$, $p = .041$. Other demographic characteristics of respondents are presented in Table 4.1. Male respondents were more likely to be in full-time employment and in higher income brackets than female respondents. Compared to females, males were somewhat more likely to be living in Sydney's eastern suburbs and somewhat less likely to be living in the western suburbs.

Fifty-eight percent of females and 39% of males were currently in a relationship, $\chi^2(1, N = 572) = 19.52$, $p < .001$. Thirteen percent of females were currently in a relationship with a man, and one male respondent was currently in a relationship with a woman. Three female respondents and one male respondent were in relationships with more than one person.

The majority of respondents identified their religious beliefs as atheist (40%) or agnostic (25%), with Christians comprising a significant minority (20%). The majority of respondents' parents were affiliated with Catholicism (35%) or other Christian denominations (30%). Twenty-five percent of respondents indicated that at least one of their parents regularly attended a place of worship. Additional information about the religious affiliations of respondents and their parents is shown in Table 4.2.

Table 4.1. Demographic characteristics of respondents

Variable	Females		Males		χ^2	df	N	p
	n	%	n	%				
Ethnicity ^a								
Anglo-Australian	177	69.7	229	72.0	10.57	5	556	.06
Aboriginal	6	2.4	5	1.6				
Mixed-race Australian	9	3.5	12	3.8				
Asian	24	9.4	29	9.1				
European	24	9.4	16	5.0				
Other	5	2.0	20	6.3				
Highest level of education								
Postgraduate degree	8	3.1	19	6.0	6.86	4	572	.14
Undergraduate degree	74	29.1	92	28.9				
Non-university college graduate	46	18.1	64	20.1				
Year 12 or equivalent	86	33.9	112	35.2				
Less than year 12	40	15.7	31	9.7				
Employment ^b								
Full-time	53	20.9	119	37.4	17.45	4	566	.002
Part-time/casual	60	23.6	61	19.2				
Student	104	40.9	109	34.3				
Pension/social welfare	14	5.5	11	3.5				
Unemployed	17	6.7	18	5.7				
Income ^c								
Less than \$20,000	152	59.8	133	42.9	25.03	3	561	< .001
\$20,000-39,999	56	22.0	70	22.6				
\$40,000-59,999	34	13.4	76	24.5				
\$60,000 or more	9	3.5	31	10.0				
Location of current residence ^d								
Inner city suburbs	88	34.6	107	33.6	11.52	5	567	.042
Western suburbs	73	28.7	65	20.4				
Northern suburbs	26	10.2	44	13.8				
Eastern suburbs	18	7.1	42	13.2				
Southern suburbs	8	3.1	14	4.4				
Outside of Sydney	39	15.4	43	13.5				

^aInvalid response: females (*n* = 9), males (*n* = 7).^bInvalid response: females (*n* = 6).^cInvalid response: females (*n* = 3), males (*n* = 8).^dInvalid response: females (*n* = 2), males (*n* = 3).

Table 4.2. Religious affiliations of respondents and their parents

Religious affiliation	Females		Males		χ^2	df	N	p
	n	%	n	%				
Respondents ^a								
Atheist	97	38.2	129	40.6	1.24	4	551	.87
Agnostic	64	25.2	77	24.2				
No religion	7	2.8	12	3.8				
Christian								
Catholic	27	10.6	28	8.8				
Other denomination	28	11.0	32	10.1				
Non-Christian religion	22	8.7	28	8.8				
Parents of respondents ^b								
No religious affiliation								
Atheist	76	29.9	72	22.6	0.32	1	572	.57
Agnostic	37	14.6	53	16.7				
Christian								
Catholic	88	34.6	113	35.5	1.58	1	572	.21
Other denomination	72	28.3	98	30.8				
Non-Christian religion ^c	24	9.4	30	9.4				

^aInvalid response: females ($n = 9$), males ($n = 12$).

^bResponses sum to more than 100% as respondents could select multiple responses to indicate the religious affiliations of different parents.

^cChi-square not conducted for this variable as proportions of females and males are equal.

Sexual Identity, Sexual Attraction, and Sexual Experience

Ninety-five percent of men ($n = 301$) and 57% of women ($n = 146$) described their sexuality as exclusively same-sex oriented, $\chi^2(1, N = 572) = 114.26, p < .001$.

Twenty percent of women and 7% of men eschewed the use of sexuality labels. Table 4.3 provides information about the sexual identity, sexual attraction, and sexual experience of respondents, stratified by gender.

Table 4.3. Sexual identity, sexual attraction and sexual experience

Sexuality measure	Females		Males	
	<i>n</i>	%	<i>n</i>	%
Sexual identity				
Lesbian	113	44.5		
Gay	4	1.6	283	89.0
Bisexual	64	25.2	9	2.8
Queer	11	4.3	3	0.9
Questioning	3	1.2		
No label (exclusively same-sex attracted)	28	11.0	16	5.0
No label (not exclusively same-sex attracted)	24	9.4	7	2.2
Other ^a	7	2.8		
Sexual attraction				
Only to females, never to males	75	29.5		
More often to females and at least once to a male	110	43.3	2	0.6
About equally often to females and males	53	20.9	4	1.3
More often to males and at least once to a female	15	5.9	78	24.5
Only to males, never to females			234	73.6
Never felt sexually attracted to anyone	1	0.4		
Sexual experience				
Only with females, never with males	57	22.4		
More often with females and at least once with a male	83	32.7	3	0.9
About equally often with females and males	36	14.2	8	2.5
More often with males and at least once with a female	57	22.4	76	23.9
Only with males, never with females	5	2.0	211	66.4
Never had sex with anyone	16	6.3	20	6.3

^aOther category included: pansexual ($n = 3$), lesbian with pansexual tendencies ($n = 1$), queer lesbian ($n = 1$), omnisexual ($n = 1$), and one respondent who did not describe their sexuality label beyond nominating “other”.

Tables 4.4 and 4.5 show the degree of concordance between sexual identity, attraction, and experience. Among exclusively same-sex identified respondents, just over half of females reported being exclusively same-sex attracted, compared to 78% of males, $\chi^2(1, N = 447) = 33.59, p < .001$. Exclusively same-sex identified females were also significantly less likely than exclusively same-sex identified males to report sexual

experience with same-sex partners only, $\chi^2(1, N = 421) = 40.65, p < .001$. Similar results were found when comparing sexual attraction and experience. Exclusively same-sex attracted female respondents were less likely than males to report same-sex sexual experience only, $\chi^2(1, N = 291) = 36.48, p < .001$.

Among respondents who were both-sex attracted, females were significantly more likely to report sexual experience with both sexes compared to males, $\chi^2(1, N = 244) = 14.46, p < .001$.

Table 4.4. Relationship between sexual identity and (a) sexual attraction and (b) sexual experience

Sexual identity	Sexual attraction				Sexual experience			
	Exclusive		Nonexclusive		Exclusive		Nonexclusive	
	same-sex		same-sex		same-sex		same-sex	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Females								
Exclusive same-sex	74	50.7	72	49.3	57	41.6	80	58.4
Nonexclusive same-sex	1	0.9	106	99.1			101	100.0
Males								
Exclusive same-sex	234	77.7	67	22.3	209	73.6	75	26.4
Nonexclusive same-sex			17	100.0	2	14.3	12	85.7

Table 4.5. Relationship between sexual attraction and sexual experience

Sexual attraction	Sexual experience			
	Exclusive		Nonexclusive	
	same-sex		same-sex	
	<i>n</i>	%	<i>n</i>	%
Females (<i>n</i> = 237)				
Exclusive same-sex	35	48.6	37	51.4
Nonexclusive same-sex	22	13.3	143	86.7
Males (<i>n</i> = 298)				
Exclusive same-sex	184	84.0	35	16.0
Nonexclusive same-sex	27	34.2	52	65.8

Note. Thirty-seven respondents were excluded from these analyses as they reported no sexual experience (*n* = 36) or no sexual attraction (*n* = 1).

Sexuality Milestones

Table 4.6 shows the mean age at which respondents experienced various psychological, sexual and social milestones related to their sexual orientation.

Table 4.6. Mean age of respondents at occurrence of various psychological, sexual and social milestones related to sexuality

Milestone	Females		Males	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
a. First realised you were same-sex attracted (SSA)	13.76	3.35	12.21	3.21
b. First thought you were GLBQ	15.39	2.87	14.10	2.87
c. First made an openly non-heterosexual friend	15.94	2.72	16.57	2.42
d. First had consensual opposite-sex sex	16.40	2.18	16.53	2.63
e. First told someone you were GLBQ or SSA	16.77	2.50	16.53	2.44
f. First had consensual same-sex sex	17.42	2.65	17.12	2.70
g. First went to a gay bar or club / girl night	18.49	1.53	18.30	1.58
Number of years between a. and b.	1.63	2.86	1.89	2.74
Number of years between b. and e.	1.38	2.01	2.43	2.64
Number of years between b. and g.	3.09	2.63	4.24	2.72
Number of years between e. and g.	1.71	2.26	1.75	1.91

Factorial ANOVAs (gender x sexual identity) conducted for each of the milestones and time-between-milestones variables listed in Table 4.6 yielded seven main effects and one interaction effect. There were significant main effects for gender for first realisation of same-sex attraction $F(1, 568) = 18.70, p < .001, \eta_p^2 = .03$, respondents first thinking they were GLBQ, $F(1, 568) = 4.60, p = .032, \eta_p^2 = .008$, number of years between respondents first thinking they were GLBQ and first telling someone, $F(1, 562) = 12.78, p < .001, \eta_p^2 = .02$, and number of years between thinking they were GLBQ and first attending a gay licensed venue, $F(1, 525) = 5.08, p = .025, \eta_p^2 = .01$. Female respondents were older than male respondents at first realisation of same-sex attraction and first thinking they were GLBQ. Compared to male respondents,

females experienced a shorter duration of time between first thinking they were GLBQ and: first telling someone, and first attending a gay licensed venue.

There was a significant main effect for sexual identity for first telling someone about being same-sex attracted or GLBQ, $F(1, 562) = 4.38, p = .037, \eta_p^2 = .008$. Exclusively same-sex oriented respondents ($M = 16.52, SD = 2.42$), were younger at first disclosure of same-sex attraction compared to respondents who were not exclusively same-sex oriented ($M = 17.06, SD = 2.62$). For the number of years between realisation of same-sex attraction and thinking they were GLBQ, there were significant main effects for gender, $F(1, 568) = 8.29, p = .004, \eta_p^2 = .01$, and sexual orientation, $F(1, 568) = 5.96, p = .015, \eta_p^2 = .01$, and a significant interaction between gender and sexual orientation, $F(1, 568) = 6.17, p = .013, \eta_p^2 = .01$. Among respondents who were not exclusively same-sex oriented, females ($M = 1.62, SD = 2.44$) experienced a shorter duration of time between awareness of same-sex attraction and thinking they were GLBQ compared to males ($M = 3.71, SD = 4.50; F(1, 568) = 8.27, p = .004$). There were no gender differences in the duration of time between awareness of same-sex attraction and thinking they were GLBQ among exclusively same-sex attracted respondents, $F(1, 568) = 0.30, p = .58$.

Discussion

This chapter reported the demographic characteristics of respondents, their sexual identity, sexual attraction and sexual experience, as well as the age at which various psychological, sexual and social milestones related to sexuality occurred. The major finding of this chapter is that young women displayed greater discordance between their sexual identity, sexual attraction and sexual experience compared to young men. A second important finding is that female and male respondents differed in

the age at which certain sexuality milestones occurred, namely the age when they realised they were same-sex attracted and the age when they first self-identified as same-sex attracted.

Sexual Identity, Sexual Attraction and Sexual Experience

There were large differences between males and females in sexual identity, sexual attraction, and sexual experience. Almost half of female respondents reported sexual identities that were not exclusively same-sex oriented, compared with just 5% of men. The sexual attractions of females also appeared to be less fixed than in males. Among respondents who reported a sexual identity typically understood to be exclusively same-sex oriented (e.g., lesbian, gay), half of women reported sexual attraction to men, while less than one-quarter of males reported sexual attraction to females. A similar pattern emerged with sexual experience, where a much higher proportion of exclusively same-sex oriented women reported opposite-sex sexual experience compared to males. Similar differences between females and males who identify as exclusively same-sex oriented in the degree of discordance between sexual attraction and sexual experience has been reported in other research (Dempsey, Hillier, & Harrison, 2001; Hillier, et al., 2010; Pitts, et al., 2006; Savin-Williams & Diamond, 2000). While it is possible that this is indicative of sexual fluidity, longitudinal research is required to assess sexual fluidity in those who identify as lesbian, gay, or exclusively same-sex oriented. An alternative explanation is that these findings may reflect greater social pressure among young women to conform to heterosexual ideals because of social taboos about lesbian sexuality and homosexuality generally.

As the current study did not assess change in sexual attractions and sexual experience over time, only a limited measure of sexual fluidity can be used, namely the

proportion of respondents who reported being both-sex attracted and having sexual experience with both sexes. Over half of females and approximately one in six males reported this pattern, suggesting that young women are more likely to have fluid sexual attraction and sexual experience.

The current findings about both-sex attraction and sexual experience supports other research that has reported a greater propensity for sexual fluidity in women (Dempsey, et al., 2001; Diamond, 2000, 2009; Hillier, et al., 2010; Pitts, et al., 2006; Savin-Williams & Diamond, 2000). While men also report sexual fluidity, it is generally much less common than among women (Smith, et al., 2003; Vrangalova & Savin-Williams, 2010). While some have suggested that this gender difference is due to cultural and social factors (Blumstein & Schwartz, 1990; Shibley-Hyde & Durik, 2000), others argue that it is something unique to the experience of female sexuality (Diamond, 2009). What it does suggest is the inadequacy of sexual identity labels such as lesbian and bisexual to understand the sexualities of many same-sex attracted women, and smaller numbers of same-sex attracted men. In the current study, almost one quarter of women preferred to use no label to describe their sexual orientation. In contrast, only 7% of males avoided using sexuality labels. This could be interpreted as evidence of the beginnings of a post-gay shift towards the blurring of sexual identity categories among same-sex attracted people. However, lesbian was the most common label chosen by young women in this study, and almost all of the young men identified as gay. This was despite the survey recruitment materials deliberately avoiding use of sexual identity labels such as lesbian, gay and bisexual in order to increase the response rate from those who were same-sex attracted but did identify with these labels. Had the terms “lesbian”, “gay”, and “bisexual” been used in the recruitment materials, the proportion of respondents endorsing no sexuality label may have been lower.

However, the findings suggest the continued value of sexual identity labels to same-sex attracted young people, a finding that mirrors recent research from the U.S. where the ubiquity of use of these labels was taken to mean that most young people had not experienced a post-gay shift in their sexual orientation (Russell, et al., 2009). Diamond (2009) notes that fluidity and discordance between sexual identity, attraction and experience is not a new phenomenon, particularly among women, but one that has only recently begun to be reported in contemporary research. Caution should therefore be exercised in interpreting the current findings about sexual identity, attraction, and sexual experience as evidence of a post-gay shift in the expression of same-sex sexuality.

Sexuality Milestones

There were a number of gender differences among respondents in the ages when various social and psychological milestones related to sexuality occurred. Consistent with previous research, females were older than males when they first realised they were same-sex attracted and first thinking they were GLBQ (Floyd & Bakeman, 2006; Grov, et al., 2006). Females also experienced a shorter duration of time between first thinking they were GLBQ and first disclosing this to someone, and first attending a lesbian and gay licensed venue. Gender differences in the duration of time between realising they were GLBQ and first disclosure and first attending a lesbian and gay venue are likely due to the later age at realisation among females, as there were no gender differences associated with age of first disclosure or age when first attending a venue on the scene. Currently, there is a lack of Australian studies that have published data on sexuality milestones. The limited international studies that have reported sexuality milestones among young people provide the best available comparisons with

findings from the current study. Two studies conducted in the late 1990s and early 2000s with same-sex attracted young people reported age at self-identification as GLBQ at least one year older among males, and at least half a year older among females compared to young people in the current study (Grov, et al., 2006; Savin-Williams & Diamond, 2000). The mean age of first disclosure in the current study was equivalent to that reported by Grov and colleagues (2006), but disclosure occurred one year earlier in the current study compared to the mean age of disclosure reported by Savin-Williams and Diamond (2000).

Over time, there has been a trend towards sexuality milestones occurring at younger ages (Drasin, et al., 2008; Floyd & Bakeman, 2006; Giertsen & Anderssen, 2007; Grov, et al., 2006). A common conclusion from this work is that as the social acceptance and visibility of sexual minorities grows in Western society, young people who are questioning their sexuality are more likely to experience lower levels of resistance about coming to terms with same-sex attraction, and less likely to expect outright rejection from family and friends when they disclose (Grov, et al., 2006). This helps to explain the trend towards young people realising they are same-sex attracted or GLBQ at younger ages, coming out at younger ages and experiencing a shorter duration of time between realisation and disclosure.

In the absence of local comparison data, tentative claims cannot be made about generational changes in the age when many sexuality milestones occur among same-sex attracted people in Sydney or Australia. However, *Writing Themselves In*, a periodic survey of same-sex attracted young people (aged 14 to 21) in Australia found that 97.5% of young people in 2010 had disclosed their sexuality to at least one person compared to 82% in 1998 (Hillier, et al., 2010). While this is suggestive of a trend towards young people being more likely to disclose, it may also indicate that young

people are disclosing at younger ages as participants in 1998 may have been more likely to wait until after the age of 21 before first disclosing their sexuality to someone.

Research is required that investigates the occurrence of a range of sexuality milestones among different generations of same-sex attracted people in Australia.

If the average age of sexuality disclosure is dropping, there are a number of implications for young people who opt to come out during adolescence. While the improved social position of sexual minorities may be encouraging same-sex attracted young people to self-identify as same-sex attracted at an earlier age, the persistence of oppressive environments may place these young people at risk. For example, coming out at school may increase the likelihood of experiencing homophobic verbal and physical abuse from peers. Homophobic abuse in adolescence has been associated with psychological distress, suicidality, substance use, and poorer performance at school (D'Augelli, et al., 2002; Hillier, et al., 2010; Pilkington & D'Augelli, 1995; Rivers, 2001). Also, experiencing rejection or hostility from parents and family after coming out may place young people in a difficult position if they lack the financial means to leave the family home, particularly if their safety is compromised. This is a concern in the current sample as many respondents were on low incomes and/or studying full-time.

Conclusions

The findings of this chapter suggest that most same-sex attracted young adults in Sydney continue to value the identity labels lesbian, gay and bisexual to describe their sexual orientation. This is despite the gender choice of their sexual attractions and sexual experience not always being aligned with common conceptions of what their adopted sexual identity label suggests these attractions and experiences might be.

The small but substantial number of young people who refused sexual identity labels may indicate that a growing number of same-sex attracted young people are choosing not to label their sexuality, a phenomenon that appears to be more common among same-sex attracted young women compared to young men. This may be suggestive of a post-gay shift in the way that some same-sex attracted young people are describing and navigating their sexual orientation, but further investigation is required.

CHAPTER FIVE

SEXUAL IDENTITY AND MINORITY STRESS

In this chapter, findings are reported about the subjective acceptance (*normalisation*) and social integration (*routinisation*) of sexuality, the experience of psychosocial stress regarding same-sex sexuality (*minority stress*), and the relationship between minority stress and psychological distress and suicidality.

Over the past few decades, attitudes towards homosexuality have become more tolerant in Western societies and many institutional struggles for social and political equality have been achieved. For example, homosexuality is no longer considered a psychiatric disorder, sex between men has been decriminalised, and legislation that discriminates against same-sex couples has gradually been amended, with the exception of same-sex marriage which continues to be opposed by the two major political parties at the federal level in Australia. In addition, there is greater visibility for same-sex attracted role models in popular culture and more positive images of same-sex attracted people in television and film (Gomillion & Giuliano, 2011; Pullen, 2009).

The post-gay hypothesis posits that because of these changes, same-sex attracted people are experiencing less urgency to build a life around their sexual orientation. In practice, the post-gay hypothesis suggests that same-sex attracted people are increasingly frank and open about their sexuality, and experience greater continuity in their lives following disclosure to family and friends, because these people are more likely to respond to disclosure with acceptance (Bech, 1997; Reynolds, 2008; Sinfield, 1998). Because of this, same-sex attracted people may be better equipped to subjectively accept and socially integrate their sexuality in their wider lives (Seidman, et al., 1999). Post-gay theorists suggest that same-sex attracted young people, coming of

age in a time of improved social attitudes towards sexual minorities, would experience less anguish about their sexual orientation, have low perceptions of societal stigma towards sexual minorities, and encounter fewer experiences of homophobic prejudice. With this in mind, the aim of this chapter is to explore the extent that experiences and perceptions related to sexuality among same-sex attracted young people in Sydney can be understood within a post-gay framework.

Research Questions and Hypotheses

Research Questions

The following research questions were developed to respond to the aim of the chapter:

1. To what extent have same-sex attracted young people in Sydney subjectively accepted and socially integrated their sexual orientation?
2. To what extent is the subjective acceptance of sexuality associated with the social integration of sexuality?
3. To what extent are these young people experiencing minority stress related to their sexual orientation?
4. What is the relationship between psychological distress and (a) minority stress, and (b) the social integration of sexuality?
5. What is the relationship between suicidal thoughts and behaviour and (a) minority stress, and (b) the social integration of sexuality?

Hypotheses

It is hypothesised that most respondents will have low levels of internalised homophobia (i.e., high levels of subjective acceptance), and most will be out or open

about their sexual orientation to family, friends, and other people in their lives. It is also expected that most respondents will have experienced a response from these people following sexuality disclosure that was more accepting than rejecting. These hypotheses are based on previous research and are consistent with post-gay theorising about sexual identity.

It is hypothesised that there will be a strong positive association between the subjective acceptance and social integration of sexuality. Respondents who feel better about their sexuality are expected to be more likely to have disclosed to family, friends and colleagues, and to have experienced a more accepting than rejecting response from these people following disclosure. It is also expected that respondents with higher perceptions of social stigma towards sexual minorities and respondents who have experienced homophobic verbal and physical abuse in the preceding 12 months will have higher levels of internalised homophobia (i.e., feel worse about their sexuality).

Regarding covariates of current psychological distress, it is hypothesised that respondents with higher levels of psychological distress will have higher levels of minority stress, will be less out or open about their sexuality, and will have experienced a more rejecting than accepting response from people in their lives following sexuality disclosure. Similarly, it is expected that respondents who reported having attempted suicide or had thoughts of suicide in the preceding month will have higher levels of minority stress, will be less out or open about their sexuality, and will have experienced a more rejecting than accepting response from people in their lives following sexuality disclosure.

Method

This section provides information about the variables and data analysis that relates to each research question. Additional information about these variables was reported in Chapter 3.

Measures

Social integration of sexuality. The extent to which respondents had socially integrated their sexuality into their wider lives was assessed with the following items: (a) overall sexuality disclosure; (b) use of the Internet to find out about homosexuality or make contact with other same-sex attracted people; (c) disclosure to seven different categories of people in respondents' lives (including mother, father, siblings, extended family, heterosexual friends, people from work or study, and people from school); (d) expected and experienced responses to sexuality disclosure from these people; and (e) sexual orientation of respondents' friends and frequency of contact with them. Social integration in licensed venue settings is examined in Chapter 6.

Two scales were created to determine (a) overall expected level of acceptance from the seven categories of people preceding sexuality disclosure, and (b) overall experienced level of acceptance from these people following disclosure. The scales were created by calculating mean scores across the seven categories of people. Internal consistency was good for both the expectation (Cronbach's $\alpha = .81$) and experience scales (Cronbach's $\alpha = .72$). Two additional scales were created for experienced level of acceptance from: (a) family (mother, father, siblings, and extended family); and (b) non-family (heterosexual friends, people from work or study, and people from school). Internal consistency was good for both the family (Cronbach's $\alpha = .73$) and non-family

scales (Cronbach's $\alpha = .67$). These latter scales were created for use as covariates in regression analyses.

Subjective acceptance of sexuality. This was assessed using the Revised Internalised Homophobia Scale (IHP-R; Herek, et al., 2009). The five items of the IHP-R measure the extent that same-sex attracted people have internalised negative societal perceptions of same-sex attracted people, and are thus not comfortable with being same-sex attracted. In the current study, the IHP-R was used as an assessment of the extent to which respondents had subjectively accepted their sexuality. Respondents with lower scores on the IHP-R were considered to have subjectively accepted their sexuality to a greater extent than respondents with higher scores.

Minority stress and psychological distress. Sexual minority stress includes the following indicators: (a) internalised homophobia; (b) perceived social stigma towards sexual minorities; and (c) experiences of homophobic prejudice (Meyer, 1995, 2003). In the present study, internalised homophobia was assessed with the IHP-R (see above). This is a revised short-form version of the internalised homophobia measure used by Meyer (1995). Perceptions of social stigma towards sexual minorities were assessed with the 6-item Stigma scale (Meyer, et al., 2006). This is a revised short-form version of the Stigma scale used by Meyer (1995). Prejudice was measured as any experiences of homophobic verbal and/or physical abuse in the preceding 12 months. Meyer (1995) operationalised prejudice as experiences of homophobic violence and homophobic discrimination in the preceding 12 months. Discrimination was not assessed in the present study due to potential difficulties respondents may have had in differentiating between experiences of prejudice and discrimination, as well as difficulty in devising items that clearly differentiated between these experiences. Prejudice was limited to experiences of verbal and physical abuse in the preceding 12 months because of the

breadth of potential experiences that could be interpreted as examples of homophobic prejudice. This was done to provide a more concise measure of prejudice.

The effects of minority stress are assessed by determining the association between internalised homophobia, perceived stigma, and prejudice events and various measures of psychological distress (Meyer, 1995). Meyer (2010) cautions against limiting the measure of psychological distress to depressive symptoms alone. This is because minority stress is believed to influence a range of health outcomes, rather than a particular condition such as depression. This is not to say that minority stress does not have an effect on depression. Rather, by limiting the scope of an investigation of minority stress to depression alone (or some other disorder), the influence of minority stress on other conditions such as anxiety or substance use disorders is left unexplored.

In Meyer's study, distress was measured with five scales from the Psychiatric Epidemiology Research Instrument: demoralisation, guilt, sex problems, suicidality, and AIDS-related traumatic stress (Dohrenwend, Shrout, Egri, & Mendelsohn, 1980; Meyer, 1995).

The following measures were used in the current study: (a) Kessler Psychological Distress Scale (K10; Kessler, et al., 2002); (b) suicidal thoughts and behaviour (thoughts of suicide in the preceding month; ever attempted suicide); (c) access to counselling services in the preceding 12 months; and (d) current diagnosis with a mental health disorder.

The K10 was chosen because of its ability to discriminate between people who do or do not meet DSM-IV criteria for a diagnosis with mood disorder or anxiety disorder. The authors of the K10 did not provide a standard method for determining categories of psychological distress that correspond with different K10 score ranges. As such, several different approaches to scoring have been developed (Andrews & Slade,

2001). The current study adopted the scoring rules used by the Australian Bureau of Statistics, where low distress is indicated by scores of 10-15, moderate distress by scores of 16-21, high distress by scores of 22-29, and very high distress by scores of 30-50 (Australian Bureau of Statistics, 2007).

Thoughts of suicide, measured with a single item, was transformed into a dichotomous variable (0 = *no thoughts of suicide in the preceding month*, 1 = *thoughts of suicide in the preceding month*), where respondents reported the recency of suicidal thoughts (*today, past week, past month, past six months, past year, not in the past year, never*).

Data Analysis

Social integration of sexuality. To determine if there were differences between respondents in how ‘out’ or open they were about their sexual orientation, a 2 x 2 factorial ANOVA was conducted with gender (female, male) and sexual orientation (exclusive same-sex, nonexclusive same-sex) as between-subjects factors, and overall sexuality disclosure as the dependent variable.

A repeated measures ANOVA was conducted with gender (female, male) and sexual orientation (exclusive same-sex, nonexclusive same-sex) as between-subjects factors, and expected and experienced level of acceptance following sexuality disclosure (two levels: total expected acceptance, total experienced acceptance) as the within-subjects factor. This was done to determine if there were any differences between respondents’ expected response and experienced response to sexuality disclosure.

Pearson’s chi-square tests were used to examine gender differences (a) in the use of the Internet to find information about homosexuality and to make contact with other

same-sex attracted people, (b) in the proportion of respondents who had disclosed their sexuality to different categories of people, and (c) in the proportion of respondents with mostly same-sex attracted friends or mostly heterosexual friends.

McNemar's tests were used to determine if respondents: (a) were more likely to have disclosed their sexuality to their mother or father, (b) had a higher proportion of friends who were same-sex attracted or heterosexual, and (c) had more regular contact with same-sex attracted or heterosexual friends.

Subjective acceptance of sexuality. Linear regression analyses were conducted to examine the association between the social integration of sexuality and subjective acceptance of sexuality. IHP-R was used as the dependent variable. Univariate analyses were first conducted for each covariate separately. A multivariate analysis was then conducted where all covariates were entered in a single block, controlling for the effects of the other variables. Variables used in the model were:

Demographic variables

1. Gender (reference category: female).
2. Sexual orientation (reference category: not exclusively same-sex oriented).
3. Age.

Social integration of sexuality variables

4. Overall sexuality disclosure.
5. Acceptance from family following sexuality disclosure (including mother, father, siblings, and extended family).
6. Acceptance from non-family following sexuality disclosure (including heterosexual friends, people from work/study, and people from school).
7. Same-sex attracted friends (reference category: few or no same-sex attracted friends).

8. Heterosexual friends (reference category: few or no heterosexual friends).

Minority stress. To determine if there were differences among respondents in the level of perceived social stigma towards same-sex attracted people, a 2 x 2 factorial ANOVA was conducted with gender (female, male) and sexual orientation (exclusive same-sex, nonexclusive same-sex) as between-subjects factors and Stigma scores as the dependent variable.

Multivariate logistic regression analyses were conducted to examine if there were differences among respondents according to gender (reference category: female) and sexual orientation (reference category: nonexclusively same-sex) in the experience of homophobic verbal abuse and physical abuse in the preceding 12 months.

Pearson's correlations were used to examine interrelationships among the minority stress variables internalised homophobia, stigma, and homophobic verbal and physical abuse in the preceding 12 months.

Psychological distress. Pearson's chi-square tests were conducted to determine gender differences in: (a) self-harm, thoughts of suicide, and attempted suicide; (b) access to counselling services in the preceding 12 months, and (c) current diagnosis with a mental health disorder. An independent samples *t*-test examined gender differences in K10 scores.

Covariates of psychological distress and suicidal ideation and behaviour.

Linear regression analyses were conducted to determine the covariates of current psychological distress. Logistic regression analyses were conducted to determine the covariates of (a) thoughts of suicide in the preceding month, and (b) having ever attempted suicide. These analyses specifically examined the association between these outcome variables and (a) minority stress, and (b) the social integration of sexuality.

Univariate analyses were conducted first where each covariate was regressed separately on each dependent variable. Multivariate analyses were then conducted where all variables were entered in one block and regressed on each dependent variable.

The following variables were included in the models:

Demographic variables

1. Gender (reference category: female).
2. Sexual orientation (reference category: not exclusively same-sex oriented).
3. Age.

Minority stress variables

4. IHP-R scale scores.
5. Stigma scale scores.
6. Homophobic verbal abuse in preceding 12 months (reference category: none).
7. Homophobic physical abuse in preceding 12 months (reference category: none).

Social integration of sexuality variables

8. Overall sexuality disclosure.
9. Acceptance from family following sexuality disclosure.
10. Acceptance from non-family following sexuality disclosure.
11. Same-sex attracted friends (reference category: few or no same-sex attracted friends).
12. Heterosexual friends (reference category: few or no heterosexual friends).

Results

Social Integration of Sexuality

Overall sexuality disclosure. The mean rating of overall sexuality disclosure was 4.19 ($SD = 0.96$). A rating of 5 was indicative of respondents being completely out or open about their sexual orientation. This suggests that most respondents were very open about their sexuality.

A factorial ANOVA was conducted on overall disclosure to determine any differences according to gender and sexual orientation. There were significant main effects for gender, $F(1, 568) = 10.18, p = .001, \eta_p^2 = .02$, and sexual orientation, $F(1, 568) = 57.07, p < .001, \eta_p^2 = .09$. There was also a significant interaction between gender and sexual orientation, $F(1, 568) = 11.96, p = .001, \eta_p^2 = .02$. Post-hoc tests showed that among exclusively same-sex oriented respondents, there were no significant differences in overall sexuality disclosure between females ($M = 4.31, SD = 0.91$) and males ($M = 4.34, SD = 0.83$), $F(1, 568) = 0.14, p = .71$. However, among respondents who were not exclusively same-sex oriented, females ($M = 3.79, SD = 1.09$) were significantly more open about their sexual orientation than males ($M = 2.94, SD = 1.03$; $F(1, 568) = 12.70, p < .001$).

Strategic use of Internet. Fifty-six percent of females and 76% of males reported using the Internet to “find out information about sexuality” before they first disclosed their sexuality to somebody, $\chi^2(1, N = 571) = 27.37, p < .001$. Fifty percent of females and 73% of males reported using the Internet to “make contact with other same-sex attracted people” before they first disclosed their sexuality to somebody they already knew, $\chi^2(1, N = 566) = 30.24, p < .001$.

Disclosure to specific categories of people. Respondents were most likely to have disclosed their sexuality to heterosexual friends (96% disclosure), followed by

people from work or study (88% disclosure). They were least likely to have disclosed to extended family (65% disclosure) and to their father (67% disclosure); 81% of respondents had disclosed to their mother. Eighty-four percent of respondents had disclosed to both parents. Respondents were significantly less likely to have disclosed their sexuality to their father than their mother, $\chi^2(1, N = 572) = 60.31, p < .001$. Females were significantly less likely than males to have disclosed to their mother, father, and people from work or study (see Table 5.1).

Table 5.1. Proportion of female and male respondents who had disclosed their sexuality to different categories of people

Category of people	Females		Males		χ^2	<i>df</i>	<i>N</i>	<i>p</i>
	<i>n</i>	%	<i>n</i>	%				
Mother	195	76.8	271	85.2	6.68	1	572	.010
Father	156	61.4	225	70.8	5.54	1	572	.019
Siblings	195	76.8	253	79.6	0.65	1	572	.42
Extended family	159	62.6	212	66.7	1.03	1	572	.31
Heterosexual friends	245	96.5	306	96.2	0.02	1	572	.88
People from work or study	215	84.6	291	91.5	6.52	1	572	.011
People from school	203	79.9	269	84.6	2.13	1	572	.14

Responses to sexuality disclosure. Table 5.2 reports respondents' expectations of acceptance or rejection from different categories of people prior to sexuality disclosure, as well as perceptions of experienced acceptance or rejection following disclosure. For expected responses to disclosure, means for three categories of people fell below the midpoint of the scale, indicating higher expectations of rejection. These categories were fathers, extended family, and people from school. For experienced responses to disclosure, mean scores were above the midpoint of the scale for all seven categories of people, indicating higher levels of acceptance. Acceptance was highest among heterosexual friends and people from work and study and lowest among fathers.

Thirty-two percent of respondents who had disclosed their sexuality to their father reported that he was “completely accepting”, while 23% reported that he was rejecting. (10% “completely rejecting”) Among respondents who had disclosed to their mother, 43% reported that she was “completely accepting”, while 20% reported that she was rejecting (8% “completely rejecting”).

The repeated-measures ANOVA for expected and experienced responses to disclosure yielded two significant effects, for the within-subjects acceptance factor, $F(1, 561) = 173.58, p < .001, \eta_p^2 = .24$, and the interaction between sexual orientation and acceptance, $F(1, 561) = 5.81, p = .016, \eta_p^2 = .01$. Expected levels of acceptance across the seven categories of people were significantly lower than experienced levels, $M = 3.09 (SD = 0.93)$ versus $M = 4.04 (SD = 0.71)$. In addition, exclusively same-sex oriented respondents had slightly lower expectations of acceptance compared to respondents who were not exclusively same-sex oriented, $M = 3.06 (SD = 0.94)$ versus $M = 3.23 (SD = 0.88)$, yet higher experienced acceptance, $M = 4.08 (SD = 0.70)$ versus $M = 3.89 (SD = 0.73)$. There were no significant effects for gender.

Table 5.2. Mean expected response to sexuality disclosure from different categories of people compared with mean experienced response

Category of people	Females		Males	
	Expectation	Experience	Expectation	Experience
Mother	3.03 (1.44)	3.54 (1.40)	3.13 (1.32)	4.01 (1.20)
Father	2.59 (1.45)	3.45 (1.35)	2.39 (1.26)	3.64 (1.31)
Siblings	3.34 (1.42)	3.97 (1.21)	3.39 (1.25)	4.35 (0.98)
Extended family	2.39 (1.17)	3.43 (1.19)	2.78 (1.22)	4.06 (1.03)
Heterosexual friends	3.49 (1.21)	4.38 (0.90)	3.23 (1.26)	4.49 (0.77)
People from work or study	3.40 (1.23)	4.25 (0.91)	3.48 (1.24)	4.58 (0.76)
People from school	2.93 (1.26)	3.71 (1.19)	2.78 (1.35)	3.91 (1.07)

Note. Values for Expectation and Experience columns represent $M (SD)$. Maximum value is 5, and higher scores indicate higher levels of acceptance.

Sexual orientation of respondents' friends. Fifty-nine percent of respondents reported that most or all of their friends were heterosexual, while 30% reported that most or all of their friends were same-sex attracted, $\chi^2(1, N = 572) = 35.77, p < .001$; see Table 5.3). There were no differences between female and male respondents in the proportion of friends who were same-sex attracted, $\chi^2(2, N = 572) = 2.36, p = .31$, or heterosexual, $\chi^2(2, N = 572) = 0.45, p = .80$. A higher proportion of respondents saw heterosexual friends weekly or more often compared to the proportion who saw same-sex attracted friends weekly or more often, $\chi^2(1, N = 560) = 6.57, p = .010$.

Table 5.3. Sexual orientation of respondents' friends and time spent with them

	Heterosexual friends		Same-sex attracted friends	
	<i>n</i>	%	<i>n</i>	%
Proportion of friends				
Most or all	336	58.7	171	29.9
Some	158	27.6	228	39.9
A few or none	78	13.6	173	30.2
Frequency of contact ^a				
More often than weekly	416	72.9	344	61.3
Weekly	86	15.1	118	21.0
Monthly or more often	55	9.6	72	12.8
Less often than monthly	14	2.5	27	4.8

^aHeterosexual: $N = 571$; Same-sex attracted: $N = 561$.

Subjective Acceptance of Sexuality

Mean scores on the Revised Internalised Homophobia Scale (IHP-R) were $M = 1.69$ ($SD = 0.81$) for females and $M = 1.75$ ($SD = 0.84$) for males. Thirty-three percent of respondents had a score of 1 on the IHP-R (i.e., the lowest possible score) indicative of low internalised homophobia and high subjective acceptance of sexuality. Thirty-five percent of respondents agreed or strongly agreed with at least one IHP-R item, and 15%

agreed or strongly agreed with at least one IHP-R regarding current feelings about sexual orientation (i.e., items b – e), Only 2% of respondents had high IHP-R scores of between 4 and 5. This suggests that most respondents had low levels of internalised homophobia and high levels of subjective acceptance of their sexuality. Table 5.4 shows means and standard deviations for individual IHP-R items, stratified by gender. The item that was most strongly endorsed by respondents was “I have tried to stop being GLBQ/same-sex attracted”.

Table 5.4. Mean scores for individual items on the Revised Internalised Homophobia Scale (IHP-R)

IHP-R item	Females		Males	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
a. I have tried to stop being GLBQ/same-sex attracted	2.28	1.46	2.33	1.45
b. If someone offered me the chance to be completely heterosexual, I would accept the chance	1.68	1.08	1.81	1.19
c. I feel that being GLBQ/same-sex attracted is a personal shortcoming for me	1.73	1.02	1.74	1.06
d. I wish I weren't GLBQ/same-sex attracted	1.58	1.03	1.65	1.09
e. I would like to get professional help in order to change my sexual orientation to heterosexual	1.19	0.61	1.21	0.65

Note. Scores for each item can range from 1 to 5. Higher scores indicate higher levels of internalised homophobia.

Table 5.5 shows the results of a linear regression analysis conducted to determine covariates of internalised homophobia, with IHP-R scores as the dependent variable. The multivariate model was significant, $F(8, 523) = 10.71, p < .001$, and accounted for 13% of the variance in IHP-R scores. Three variables were significantly associated with IHP-R scores in the multivariate model. Respondents with higher levels of internalised homophobia were more likely to be closeted, to have experienced lower levels of acceptance from their families following sexuality disclosure, and have few or

no same-sex attracted friends. The significant univariate association between internalised homophobia and level of acceptance from non-family was not significant when other variables were controlled for in the multivariate analysis.

Table 5.5. Linear regression analyses of covariates of internalised homophobia ($N = 523$)

Variable	Univariate				Multivariate			
	<i>B</i>	<i>SE B</i>	β	<i>p</i>	<i>B</i>	<i>SE B</i>	β	<i>p</i>
Gender								
Female	-				-			
Male	0.06	0.07	.04	.40	0.13	0.07	.08	.09
Sexual orientation								
Not exclusive same-sex	-				-			
Exclusive same-sex	-0.03	0.08	-.02	.69	0.15	0.09	.07	.11
Age	0.002	0.02	.01	.89	0.01	0.01	.02	.58
Overall sexuality disclosure	-0.29	0.03	-.33	< .001	-0.25	0.04	-.27	< .001
Acceptance from family	-0.20	0.04	-.23	< .001	-0.17	0.04	-.20	< .001
Acceptance from non-family	-0.13	0.04	-.12	.003	-0.06	0.05	-.05	.22
Same-sex attracted friends								
Few or none	-				-			
Some, most or all	-0.25	0.07	-.14	.001	-0.16	0.08	-.09	.035
Heterosexual friends								
Few or none	-				-			
Some, most or all	0.01	.10	.004	.91	-0.07	0.10	-.03	.46

Perceived Stigma and Homophobic Abuse

Perceived stigma. The sample was evenly split in perceptions of social stigma towards same-sex attracted people. Fifty percent of the sample had a score of ≤ 2 , indicative of low perceptions of stigma; 50% had a score above 2, indicative of higher perceptions of stigma. A factorial ANOVA was conducted to determine any differences in perceptions of stigma according to gender and sexuality. There was a small but statistically significant main effect for gender, $F(1, 566) = 3.87$, $p = .050$, $\eta_p^2 = .01$.

Perceptions of stigma among female respondents ($M = 2.22$, $SD = 0.70$) were slightly higher than among male respondents ($M = 2.06$, $SD = 0.64$).

Experiences of homophobic abuse. Seventy-six percent of females and 86% of males reported having ever been verbally or physically abused because of their sexuality. In the preceding 12 months, 49% percent of females and 53% of males reported experiencing this kind of abuse. Many respondents also indicated that they had been verbally or physically abused in traditionally gay-friendly neighbourhoods such as Oxford Street and Newtown (see Table 5.6).

Multivariate logistic regression analyses showed that exclusively same-sex oriented respondents were more likely to report experiencing verbal abuse (OR = 4.32, 95% CI: 0.96 – 19.35; $p = .056$) and physical abuse (OR = 1.70, 95% CI: 1.08 – 2.67; $p = .022$) in the preceding 12 months compared to respondents who were not exclusively same-sex oriented. There was no relationship between gender and verbal abuse (OR = 1.40, 95% CI: 0.66 – 3.00; $p = .38$) or physical abuse (OR = 1.00, 95% CI: 0.69 – 1.45; $p = .99$) in the preceding 12 months.

Table 5.6. Experiences of homophobic verbal and physical abuse

Variable	Females		Males	
	<i>n</i>	%	<i>n</i>	%
Verbal abuse				
Ever	191	75.2	275	86.5
Preceding 12 months	121	47.6	167	52.5
On or around Oxford Street (ever)	65	25.6	133	41.8
In or around Newtown (ever)	51	20.1	62	19.5
Physical abuse				
Ever	56	22.0	89	28.0
Preceding 12 months	11	4.3	27	8.5
On or around Oxford Street (ever)	8	3.1	25	7.9
In or around Newtown (ever)	5	2.0	9	2.8

Psychological Distress

Scores on the Kessler Psychological Distress Scale (K10) were $M = 22.51$ ($SD = 9.11$) for females and $M = 20.64$ ($SD = 8.30$) for males, $t(518) = 2.54$, $p = .011$. Table 5.7 shows K10 scores according to different categories of psychological distress. Forty-six percent of females and 35% of males had K10 scores classified as high or very high.

Table 5.7. Proportion of respondents according to level of psychological distress measured with the K10, stratified by gender

Distress category	Score range	Females		Males	
		<i>n</i>	%	<i>n</i>	%
Low	10 – 15	72	28.3	103	32.4
Moderate	16 – 21	64	25.2	103	32.4
High	22 – 29	58	22.8	58	18.2
Very high	30 - 50	60	23.6	54	17.0

Thirty-four percent of females and 22% of males reported having seen a counsellor, psychologist, or psychiatrist in the preceding 12 months, $\chi^2(1, N = 572) = 9.99$, $p = .002$. The most common presenting issues were depression (40%), anxiety (22%), relationship problems (10%) and family and childhood issues (8%). Other presenting issues included suicidal thoughts and behaviour (6%), alcohol and other drug use (5%), sexuality issues (5%), and study or work problems (5%).

Twenty-five percent of females and 13% of males reported having a current diagnosis for a mental health problem, $\chi^2(1, N = 572) = 13.44$, $p < .001$. The most common diagnoses were depression (58%) and anxiety (36%), followed by personality disorder (10%), bipolar affective disorder (8%), obsessive-compulsive disorder (4%) and panic disorder (4%). Among these respondents, 59% of females and 58% of males were currently prescribed medication for their diagnosed mental health problems.

Sixty-three percent of females and 28% of males reported having ever self-harmed, $\chi^2(1, N = 572) = 70.20, p < .001$. Seventy-one percent of females and 68% of males reported having ever thought about suicide, $\chi^2(1, N = 572) = 0.46, p = .50$. Twenty-three percent of females and 15% of males had thought about suicide in the preceding month, $\chi^2(1, N = 572) = 5.60, p < .018$. Thirty percent of females and 17% of males reported having ever attempted suicide, $\chi^2(1, N = 572) = 13.45, p < .001$.

Minority Stress

Correlations among minority stress variables. Internalised homophobia was significantly correlated with perceived stigma ($r = .20, p < .001$), but not with homophobic verbal abuse ($r = -.01, p = .76$) or physical abuse ($r = .01, p = .74$) in the preceding 12 months. Respondents with higher levels of internalised homophobia had higher perceptions of social stigma towards sexual minorities. Perceived stigma was significantly correlated with verbal abuse ($r = .22, p < .001$) and physical abuse ($r = .14, p = .001$) in the preceding 12 months. Respondents with higher perceptions stigma were more likely to report homophobic abuse in the preceding 12 months.

Covariates of psychological distress. Table 5.8 shows the results of a linear regression analysis conducted to determine covariates of current psychological distress, with K10 scores as the dependent variable. The multivariate model was significant, $F(12, 512) = 8.24, p < .001$, and accounted for 15% of the variance in K10 scores. In the multivariate model, six variables were significantly associated with current psychological distress. Respondents with higher levels of psychological distress had stronger perceptions of social stigma towards sexual minorities, higher levels of internalised homophobia, were more likely to have experienced a rejecting response from non-family following sexuality disclosure, were younger, and were less likely to

be exclusively same-sex oriented. The association between psychological distress and homophobic physical abuse in the preceding 12 months approached significance.

Table 5.8. Linear regression analysis of covariates of psychological distress ($N = 512$)

Variable	Univariate				Multivariate			
	<i>B</i>	<i>SE B</i>	β	<i>p</i>	<i>B</i>	<i>SE B</i>	β	<i>p</i>
Gender								
Female	-				-			
Male	-1.87	0.73	-.11	.011	-0.47	0.82	-.03	.57
Sexual orientation								
Not exclusive same-sex	-				-			
Exclusive same-sex	-2.53	0.88	-.12	.004	-2.07	1.02	-.09	.044
Age	-0.44	0.16	-.11	.007	-0.34	0.16	-.09	.038
Overall sexuality disclosure	-0.70	0.38	-.08	.07	0.61	0.48	.06	.20
Acceptance from family	-0.88	0.40	-.10	.029	0.17	0.41	.02	.67
Acceptance from non-family	-2.32	0.47	-.21	< .001	-1.42	0.52	-.12	.006
Same-sex attracted friends								
Few or none	-				-			
Some, most or all	-1.66	0.79	-.09	.036	-1.05	0.83	-.05	.21
Heterosexual friends								
Few or none	-				-			
Some, most or all	-0.11	1.06	-.004	.92	-0.27	1.07	-.01	.80
Internalised homophobia								
(IHP-R)	1.76	0.43	.17	< .001	1.38	0.49	.13	.005
Perceived stigma	4.09	0.51	.32	< .001	3.26	0.58	.25	< .001
Verbal abuse in past 12 months								
No	-				-			
Yes	2.03	0.73	.12	.005	0.47	0.76	.03	.54
Physical abuse in past 12 months								
No	-				-			
Yes	4.26	1.45	.12	.003	2.86	1.46	.08	.051

Several variables were associated with higher psychological distress in univariate analyses but were not significant in the multivariate model, including female gender, lower levels of acceptance from family, having fewer same-sex attracted friends, and experiencing homophobic verbal abuse in the preceding 12 months.

Covariates of attempted suicide. Table 5.9 shows the results of a logistic regression analysis to determine covariates of having ever attempted suicide. The Hosmer and Lemeshow goodness-of-fit statistic was not significant, $\chi^2(df = 8) = 8.17, p = .42$, indicating that the data fit the model. In the multivariate model, four variables were significantly associated with attempted suicide, and one variable approached significance. Having ever attempted suicide was more likely among respondents who were more out or open about their sexual orientation, had higher perceptions of social stigma towards sexual minorities, had experienced a more rejecting response from family following sexuality disclosure, and were female. Attempted suicide was also more likely among respondents who had experienced homophobic physical abuse in the preceding 12 months. In the univariate analyses, having attempted suicide was more likely among respondents who had experienced a more rejecting response from non-family following sexuality disclosure and those who had experienced homophobic verbal abuse in the preceding 12 months. However, these effects were not significant in the multivariate analysis.

Table 5.9. Logistic regression analysis of covariates of attempted suicide ($N = 513$)

Variable	Univariate			Multivariate		
	OR	95% CI	<i>p</i>	OR	95% CI	<i>p</i>
Gender						
Female	1.00			1.00		
Male	0.48	0.32, 0.71	< .001	0.55	0.33, 0.91	.019
Sexual orientation						
Not exclusive same-sex	1.00			1.00		
Exclusive same-sex	0.75	0.48, 1.19	.22	0.79	0.43, 1.45	.45
Age	0.97	0.88, 1.05	.43	0.95	0.86, 1.05	.36
Overall sexuality disclosure	1.66	1.29, 2.14	< .001	2.09	1.50, 2.92	< .001
Acceptance from family	0.68	0.55, 0.83	< .001	0.73	0.57, 0.93	.010
Acceptance from non-family	0.69	0.54, 0.88	.003	0.78	0.58, 1.06	.11
Same-sex attracted friends						
Few or none	1.00			1.00		
Some, most or all	1.14	0.74, 1.76	.55	0.81	0.49, 1.35	.42
Heterosexual friends						
Few or none	1.00			1.00		
Some, most or all	1.04	0.58, 1.85	.89	1.19	0.61, 2.32	.60
Internalised homophobia (IHP-R)	1.04	0.82, 1.31	.75	1.16	0.87, 1.56	.30
Perceived stigma	2.13	1.57, 2.89	< .001	1.86	1.31, 2.64	.001
Verbal abuse in past 12 months						
No	1.00			1.00		
Yes	1.52	1.02, 2.27	.039	1.01	0.63, 1.61	.98
Physical abuse in past 12 months						
No	1.00			1.00		
Yes	2.75	1.40, 5.41	.003	2.20	0.99, 4.89	.054

Covariates of recent thoughts of suicide. Table 5.10 shows the results of logistic regression analyses conducted to determine covariates of thinking about suicide in the preceding month. The Hosmer and Lemeshow goodness-of-fit test was not significant, $\chi^2(df = 8) = 8.25, p = .41$, indicating that the data fit the model. In the multivariate model, two variables were significantly associated with having thought about suicide in the preceding month. Recent thoughts of suicide were more likely

among respondents with stronger perceptions of social stigma towards sexual minorities and respondents with higher levels of internalised homophobia.

Table 5.10. Logistic regression analysis of covariates of thoughts of suicide in the preceding month ($N = 513$)

Variable	Univariate			Multivariate		
	OR	95% CI	<i>p</i>	OR	95% CI	<i>p</i>
Gender						
Female	1.00			1.00		
Male	0.60	0.39, 0.92	.019	0.64	0.38, 1.10	.11
Sexual orientation						
Not exclusive same-sex	1.00			1.00		
Exclusive same-sex	0.73	0.45, 1.19	.21	1.11	0.58, 2.12	.75
Age	0.93	0.84, 1.02	.13	0.98	0.88, 1.10	.78
Overall sexuality disclosure	0.79	0.64, 0.97	.027	0.93	0.69, 1.25	.62
Acceptance from family	0.66	0.53, 0.82	< .001	0.80	0.61, 1.03	.08
Acceptance from non-family	0.73	0.57, 0.95	.018	1.03	0.75, 1.43	.85
Same-sex attracted friends						
Few or none	1.00			1.00		
Some, most or all	0.57	0.37, 0.88	.011	0.63	0.37, 1.07	.09
Heterosexual friends						
Few or none	1.00			1.00		
Some, most or all	1.16	0.61, 2.19	.65	1.01	0.49, 2.11	.97
Internalised homophobia (IHP-R)	1.64	1.30, 2.07	< .001	1.44	1.08, 1.92	.012
Perceived stigma	2.18	1.57, 3.02	< .001	1.80	1.23, 2.63	.003
Verbal abuse in past 12 months						
No	1.00			1.00		
Yes	1.39	0.90, 2.12	.13	1.06	0.63, 1.76	.83
Physical abuse in past 12 months						
No	1.00			1.00		
Yes	2.45	1.21, 4.97	.013	1.83	0.78, 4.31	.16

In the univariate analyses, recent thoughts of suicide were more likely among respondents who had experienced a more rejecting response from family following sexuality disclosure and those with few or no same-sex attracted friends. These effects

only approached significance in the multivariate analysis. In addition, female gender, being more closeted, experiencing a more rejecting response to sexuality disclosure from non-family, and experiencing homophobic physical abuse in the preceding 12 months had significant univariate associations with recent thoughts of suicide that were not significant in the multivariate analysis.

Discussion

The aim of this chapter was to explore the extent that experiences relating to sexual orientation among same-sex attracted young adults in Sydney can be understood within a post-gay framework. Specifically, this chapter explored the extent that respondents had subjectively accepted and socially integrated their sexuality, the experience of minority stress, and the relationship between minority stress, psychological distress and suicidality. A post-gay perspective on sexual identity suggests that same-sex attracted young people would be frank and open in the disclosure of their sexual orientation, have experienced relatively accepting reactions to disclosure from family and friends, and experience diminished minority stress characterised by low levels of internalised homophobia, perceived social stigma towards sexual minorities, and homophobic prejudice. The results of this chapter provide partial support for these claims.

Firstly, the majority of respondents had low internalised homophobia scores, which suggests that most respondents had subjectively accepted their sexuality. Respondents with higher levels of subjective acceptance tended to be more out or open about their sexuality, had experienced greater levels of acceptance from family, friends and others following disclosure, and had at least some same-sex attracted friends. Most respondents indicated that they were open in the disclosure of their sexuality, and there were very few respondents who were completely closeted. While there was wide

variation in the experience of rejection or acceptance from family, friends, and others following sexuality disclosure, most respondents indicated that this information was met with relative acceptance. However, there were still a substantial number of respondents who reported that their parents were not accepting, with approximately 1 in 5 respondents indicating that their parents had been rejecting.

Despite most respondents reporting low levels of internalised homophobia, half of respondents perceived that there were hostile attitudes towards sexual minorities in wider society, evidenced by half of respondents having high scores on the scale assessing perceived stigma. In addition, more than 80% of respondents had experienced homophobic verbal abuse, and 25% had experienced homophobic physical abuse.

Finally, the high rates of psychological distress, self-harm, suicidal thoughts and attempted suicide among young people in this study are very concerning. Forty percent of respondents had K10 scores indicative of high or very high levels of current psychological distress. Almost one in three young women and one in six young men reported having ever attempted suicide, with one in four women and one in seven men indicating that they had thought about suicide in the preceding month. The strongest covariates of current psychological distress and recent thoughts of suicide were internalised homophobia and perceived stigma towards sexual minorities, while attempted suicide was most strongly associated with perceived stigma and respondents being more out or open about their sexual orientation.

Social Integration of Sexuality

Most respondents indicated that they were out or open about their sexuality, with only a small number indicating that they were mostly or completely closeted. This is consistent with the hypothesis and supports the post-gay notion that most same-sex

attracted people are increasingly frank and open about their sexual orientation.

Australian research with same-sex attracted adolescents and young adults (the *Writing Themselves In* survey) has reported an increase in sexuality disclosure over time; in 1998, 82% of young people had disclosed their sexuality to at least one person, while 97.5% of young people surveyed in 2010 had disclosed to at least one person (Hillier, et al., 2010). However, the current findings may to an extent also reflect a response bias, whereby closeted people may have refused participation in the survey because they did not want to acknowledge an association with a lesbian, gay or bisexual identity, or because they feared someone inadvertently learning of their participation. The online format of the survey and use of “same-sex attracted” instead of “lesbian, gay and bisexual” in information flyers may have partly addressed concerns about anonymity.

Consistent with previous research, respondents were more likely to have disclosed to their mother than their father (D'Augelli, 2002; Fankhanel, 2010; Hillier, et al., 2010; Savin-Williams & Ream, 2003a); two-thirds of respondents had disclosed to their father, and four in five respondents had disclosed to their mother. Disclosure to parents was more common in the current study than in the most recent *Writing Themselves In* study where approximately two-thirds had disclosed to their mother and half had disclosed to their father (Hillier, et al., 2010). This is probably because of the younger age of respondents in that survey, ranging in age from 14 to 21 years. The mean of age of first disclosure of sexuality among same-sex attracted young people is typically reported as around 17-18 years (D'Augelli, 2002; Floyd & Bakeman, 2006; Grov, et al., 2006; Savin-Williams & Diamond, 2000).

The *Writing Themselves In* study has also reported increases over time in the proportion of same-sex attracted young people disclosing their sexuality to parents (Hillier, et al., 1998; Hillier, et al., 2010). Recent international studies have also

reported higher rates of disclosure to parents compared to earlier studies, although this increased disclosure should be interpreted with caution because of a lack of recent data, small sample sizes in many studies, and sampling differences between studies (D'Augelli, 2002; D'Augelli, Grossman, Starks, & Sinclair, 2010; D'Augelli & Hershberger, 1993; Savin-Williams, 1990, 1998; Savin-Williams & Ream, 2003a). In an Australian context, evidence for recent increases in disclosure to parents suggests that fewer young people are making conscious decisions to conceal their sexuality from parents. While not understating the significant anguish that many same-sex attracted young people may face when disclosing their sexuality to parents (D'Augelli, 2002; D'Augelli, et al., 2005; Hillier, et al., 2010; Savin-Williams & Ream, 2003a), the findings of the current study and other recent research appear to indicate that fewer young people are experiencing anguish and fear about coming out to family and friends. It is also possible that if anguish is experienced, many same-sex attracted young people have sufficient confidence and resources to overcome it.

The vast majority of respondents expected people in their lives to be less accepting of their sexuality than their perceptions of how accepting these people actually were. Other studies have also reported expected reactions to disclosure being worse than experienced reactions (Fankhanel, 2010; Savin-Williams & Ream, 2003a). In the current study, fathers and extended family were the least accepting categories of people, with many respondents reporting rejecting reactions to sexuality disclosure. Respondents were more likely to perceive that their mother was accepting compared to their father; 43% of respondents reported that their mother was completely accepting while 32% reported that their father was completely accepting. This is contrary to the findings of other research that has reported few differences between mothers and fathers in perceived reactions to disclosure (Savin-Williams & Dubé, 1998). However, the

proportion of respondents in the current study who reported an accepting response to disclosure from parents fell within the ranges reported in other Australian and international research in the past decade, where 23% to 57% of fathers and 33% to 57% of mothers were perceived to be accepting (D'Augelli, 2002, 2003; D'Augelli, et al., 2005; Fankhanel, 2010; Hillier, et al., 2010; Ryan, et al., 2009).

Unfortunately, the current study did not explore any actions taken by parents following disclosure or how their attitudes towards respondents' sexuality may have changed over time. In other studies, young people have reported verbal and physical abuse from their families, with smaller numbers reporting threats of or actual removal from the family home because of their sexuality (Fankhanel, 2010; Remafedi, 1987; Savin-Williams, 1994; Savin-Williams & Ream, 2003a). While it is possible that such experiences are becoming less common, more research is required to better understand this. For many young people, initial hostility from parents has been shown to dissipate over time and relationships are able to be rebuilt and even improved (Savin-Williams & Dubé, 1998).

Respondents were most likely to have disclosed their sexuality to heterosexual friends and to people from work and study settings. The vast majority of respondents had disclosed their sexuality to these people, and these were also the categories of people that were most accepting of respondents' sexuality. This is perhaps unsurprising, as 18 to 35 year olds represent the adult age group with the most tolerant attitudes towards homosexuality in Australia (Flood & Hamilton, 2005). Many of respondents' friends and colleagues were presumably from this age group. Positive reinforcement from friends and colleagues may contribute to same-sex attracted people considering their sexuality to be an unremarkable feature of their identity as same-sex attraction becomes increasingly normalised in Western societies (Reynolds, 2008; Seidman, 2001,

2002). Consistent with post-gay theorising, same-sex attracted young people may then experience reduced anxiety about disclosing their sexuality when meeting new people in different social settings if they anticipate that people will respond with acceptance. Many young people may even choose not to raise the issue of sexuality with new people unless it emerges naturally in conversation because they consider that sexuality has become so normalised. This would seem to be a logical progression of Seidman and colleagues' (1999) thesis of same-sex attracted people living "beyond the closet" (p. 11). This is in contrast to the experience of same-sex attracted people in previous generations, many of whom monitored and concealed their sexuality due to fear of negative consequences at a time when social approval of same-sex attraction was less favourable than in recent years (Robinson, 2008; Valentine, 1993; Weeks, 1977; Whitman, Cormier, & Boyd, 2000).

The Internet also appears to play an important role for same-sex attracted young people coming to terms with their sexuality. The majority of respondents, particularly young men, reported using the Internet to find out information about their sexuality and make contact with other same-sex attracted people before disclosing to people face-to-face. The Internet provides young people with opportunities to practise sexuality disclosure in online contexts which may ease anguish and improve decision making about disclosure to family and friends (Hillier & Harrison, 2007). This is a relatively recent phenomenon that may reduce feelings of isolation in same-sex attracted young people and represents an avenue for meeting other same-sex attracted people with relative anonymity that was unavailable to older generations.

Minority Stress

Subjective acceptance of sexuality. The majority of respondents reported low levels of internalised homophobia, which was interpreted as supportive of the post-gay hypothesis that most young people would feel good about their sexuality. While this is encouraging, 15% of respondents endorsed at least one IHP-R item that referred to current negative feelings about their sexuality, indicating that these respondents experienced at least some negative feelings about being same-sex attracted. Supporting the post-gay hypothesis, Hillier et al. (2010) reported that the proportion of same-sex attracted adolescents and young adults who feel good about their sexuality has increased over time, from approximately 60% in 1998 to approximately 80% in 2010. Contrary to prior research, there were no gender differences in internalised homophobia in the current study (Cox, Dewaele, Van Houtte, & Vincke, 2011; Herek, et al., 1997).

As hypothesised, there was a strong association between the subjective acceptance and social integration of sexuality. Respondents with low levels of internalised homophobia were more out or open about their sexual orientation, consistent with the findings of previous research (Cox, et al., 2011; D'Augelli, et al., 2010; Herek, et al., 1997; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). However, the association between internalised homophobia and openness about sexuality does not imply a unidirectional relationship where people with low levels of internalised homophobia are more likely to disclose their sexual orientation. People who feel good about their sexuality are probably also more comfortable with disclosure in different settings. The more open same-sex attracted people are about their sexuality, the more opportunities they are likely to encounter where people provide positive reinforcement of their sexuality, which may reduce the internalisation of homophobic attitudes. On the

other hand, being more open about one's sexual orientation can also increase exposure to potential hostility from people with homophobic attitudes.

In the current study, perceiving that family members were accepting following sexuality disclosure was associated with lower levels of internalised homophobia. Similar findings have been reported in other research (Miniwatts Marketing Group, 2010; Savin-Williams, 1989; Willoughby, et al., 2010). However, contrary to the findings of these studies, the level of acceptance from non-family was not associated with internalised homophobia. It is possible that this is because these categories of people tended to be the most accepting overall, with few respondents reporting experiences of rejection from heterosexual friends or people from work or study. Respondents were probably unlikely to remain in close contact with people who did not accept them, so would turn to more accepting friends for social support, which may negate the internalisation of this rejection.

Having at least some same-sex attracted friends was also related to lower levels of internalised homophobia. Being friends with other same-sex attracted people may foster a sense of solidarity and help young people to feel better about their sexuality. On the other hand, people who feel good about their sexuality may be more likely to seek friendships with other same-sex attracted people, so it is unlikely that the relationship between same-sex friendships and internalised homophobia is unidirectional.

Perceived stigma. Despite the low levels of internalised homophobia among young people in this study, half of respondents had stronger perceptions that many people in wider society held negative attitudes towards same-sex attracted people. This suggests that a substantial proportion of respondents were aware of the persistence of homophobic attitudes in society, but appeared able to separate their perceptions of stigma from their subjective feelings about their sexuality. However, as hypothesised,

respondents with higher levels of internalised homophobia tended to have strong perceptions of social stigma. While perceived social stigma may lead to internalisation of these attitudes in some young people, high levels of internalised homophobia may also give rise to perceptions of social stigma. This may be difficult for some young people to overcome, as high perceptions of stigma coupled with high levels of internalised homophobia may discourage them from disclosing their sexuality which may reduce their exposure to people with tolerant attitudes towards same-sex attracted people.

Homophobic abuse. Contrary to the post-gay hypothesis, rates of homophobic abuse in the current study were very high. Four out of five respondents reported experiencing verbal abuse because of their sexuality, while one in four reported experiencing physical abuse. These rates are higher than reported in the most recent *Writing Themselves In* survey, where 61% of respondents reported experiencing homophobic verbal abuse, while 18% reported experiencing physical abuse (Hillier, et al., 2010). Other comparison data from Australia comes from a survey of same-sex attracted people in Queensland where 61% of 18 to 24 year olds reported experiencing any homophobic abuse in the preceding two years (Berman & Robinson, 2010). Despite improvements in the social acceptance of sexual minorities in Australia, the prevalence of homophobic abuse has not achieved a perhaps expected decline. Paradoxically, homophobic abuse directed at same-sex attracted young people may be increasing, as is suggested by the findings of Hillier and colleagues (2005, 2010). The high rates of homophobic abuse reported here are concerning. Experiences of homophobic abuse among young people have been associated with higher rates of psychological distress including depression and anxiety, alcohol and other drug use, self-harm, suicidal ideation and suicide attempts, increased sexual risk practices, low self-esteem, fears

about safety, school truancy, poorer academic performance, and homelessness (Birkett, et al., 2009; Bontempo & D'Augelli, 2002; Hillier, et al., 2010; Huebner, Rebchook, & Kegeles, 2004; Pilkington & D'Augelli, 1995; Rosario, Schrimshaw, & Hunter, 2004; Savin-Williams, 1994).

There are a number of possible contributing factors to an explanation of why homophobic abuse remains so common. Firstly, despite steady improvements in social attitudes towards same-sex attracted people in Australia, a substantial proportion of the general community continues to hold intolerant attitudes towards same-sex attracted people (Davis, 2010; Roy Morgan Research, 2010b). People living close to the centre of capital cities tend to be more accepting of same-sex attracted people than people in outer-suburban areas of capital cities and in regional and rural areas. While in inner-city Sydney 9% of the population endorsed the statement that “homosexuality is immoral”, in some regional and rural areas of Australia more than 40% of those surveyed agreed with this sentiment (Roy Morgan Research, 2010b). It is possible that many people with such views would not act on them, and homophobic abuse may be perpetuated by a small minority who remain deeply opposed to same-sex attracted people. Such people may “act aggressively because they feel that their homophobia is sanctioned by influential voices in the community” such as political and religious leaders and conservative media commentators (Flood & Hamilton, 2005, p. 3).

Secondly, the visibility of same-sex attracted people has increased, as more people are publicly open about their sexuality. In one study, gay men who were more open about their sexuality and regularly socialised with other gay men in spaces such as the lesbian and gay scene experienced higher rates of homophobic verbal and physical abuse (Van de Ven, et al., 1998). This was thought to increase their chances of being targets of homophobic abuse from heterosexuals visiting these areas. Supporting this,

many respondents in the current study reported experiencing homophobic abuse in traditionally gay-friendly neighbourhoods such as Oxford Street and Newtown. As there has been a growing influx of heterosexual people both residing and socialising in these neighbourhoods in Sydney and other cities (Rosser, West, et al., 2008; Ruting, 2007; Van de Ven, et al., 1998), same-sex attracted people may paradoxically become more accessible targets for homophobic abuse. Despite this, lesbians and gay men generally consider gay-friendly neighbourhoods and the inner city more safe than regional or rural areas (Attorney General's Department of NSW, 2003).

An additional factor is the trend towards people disclosing their sexuality at younger ages (Floyd & Bakeman, 2006; Grov, et al., 2006), meaning that increasing numbers of same-sex attracted people will come out while still at school. As school is one of the most common places where homophobic abuse occurs, young people who come out in this environment are likely to be more susceptible to abuse (Birkett, et al., 2009; D'Augelli, et al., 2002; Hillier, et al., 2010; Meyer, 2010; Pilkington & D'Augelli, 1995). Homophobic language is often used by young people regardless of the sexual orientation of the person the language is directed at. "Fag" is often used by boys to inform another boy that they have stepped outside the boundaries of appropriate male behaviour, while "gay" is commonly used by young people to identify something as bad or stupid (Kimmel, 2008; Pascoe, 2007; D. C. Plummer, 2001). School boys have been shown to deliberately present themselves in masculine ways to avoid being labelled as gay (Phoenix, Frosh, & Pattman, 2003). Students who self-identify as lesbian, gay, bisexual or same-sex attracted often report higher rates of homophobic abuse and other bullying at school (Birkett, et al., 2009; D'Augelli, et al., 2002; Waldo, et al., 1998). Same-sex attracted students, and particularly those who do not conform to prescribed

gender roles, are probable targets for homophobic abuse (D'Augelli, et al., 2002; Waldo, et al., 1998).

While young people in the current study were in almost all cases no longer at school, it is probable that many respondents experienced homophobia at school. The persistence of homophobic abuse towards same-sex attracted young people highlights the importance of addressing homophobia in schools, as a supportive school environment may help to reduce homophobic abuse as well as the negative health outcomes associated with this abuse (Birkett, et al., 2009; Eisenberg & Resnick, 2006). This is something that is gradually being embraced by the public school system in Australia through the introduction of programs such as *Proud Schools* in NSW and the *Safe Schools Coalition Victoria*. Proud Schools is a pilot program that will include professional development, resource provision, and student and parent workshops (NSW Department of Education and Training, 2011). Safe Schools Coalition Victoria encourages schools to commit to providing a safer, supportive school environment for same-sex attracted and gender diverse students (Safe Schools Coalition Victoria, 2011). Training and resources are provided to staff and students to facilitate change in member schools.

While these changes are encouraging, Christian groups in particular have been vocal in their opposition to such programs. The Australian Christian Lobby offered that the Safe Schools Coalition may “promote homosexual or lesbian behaviour, rather than allowing children the time to work these things out for themselves”, and risks “normalising homosexuality as a lifestyle” and “creating a homosexual ghetto” in schools that are members of the coalition (Tomazin, 2010, ¶ 11-12). Comments such as these position same-sex attracted people as “abnormal” and deviant, and reinforce intolerant attitudes towards sexual minorities. This could potentially increase internal

conflict and poorer health outcomes in adolescents coming to terms with feelings of same-sex attraction, particularly in young people who are identified with an organised religion that strongly opposes homosexuality (Dahl & Galliher, 2010; Ream & Savin-Williams, 2005; Rostosky, Danner, & Riggle, 2007).

However, same-sex attracted young people should not be cast as passive victims of intolerance in society, as they often display resilience and agency in the face of homophobic abuse. Instead of internalising negative experiences and messages about same-sex attracted people, some young people externalise these experiences, transforming them into a problem about the perpetrator and society, thereby reducing its power over the young person at whom it is targeted (Fine, 2011; Hillier & Harrison, 2004; McDermott, et al., 2008). This kind of response to societal prejudice is mirrored in “gay pride” discourses where self-expression and openness about sexual orientation refute homophobia by framing same-sex sexuality in a positive light (Kates & Belk, 2001; McDermott, et al., 2008).

While resilience was not examined in the current study, many respondents may have had appropriate psychosocial resources to foster resilience. For example, most respondents had people in their lives (e.g., friends, family, or work or study colleagues) that were accepting of their sexuality, most had at least some same-sex attracted friends, and the majority had low levels of internalised homophobia. Future research may benefit from further examining the relationship between minority stress, social support and resilience.

Implications for post-gay. The persistence of internalised homophobia, perceived stigma, and homophobic abuse appears to have been underestimated by post-gay theorists. For example, the young gay men in Sydney interviewed by Reynolds (2008) experienced minimal rupture in their lives before and after disclosing their

sexuality to family and friends and considered their sexuality to be a relatively unremarkable feature of their identity. However, the small number of men interviewed belies the experience of other same-sex attracted young people who have experienced homophobic abuse and greater difficulties in coming to terms with their sexuality, and perceive that much of society holds negative attitudes towards same-sex attracted people. Seidman and colleagues' (1999) conclusion that the subjective acceptance and social integration of sexuality would be incomplete appears to be a more accurate reflection of the perceptions and experiences of at least some same-sex attracted young people in the current study.

Mental Health

Rates of psychological distress and suicidality. Rates of psychological distress were considerably higher among respondents in the current study when compared with population norms from the 2007 Australian National Survey of Mental Health and Wellbeing (NSMHW). The mean K10 score for 16 to 24 year olds in the Australian population is 15.8 for females and 14.9 for males, indicating a low mean level of psychological distress (Slade, Grove, & Burgess, 2011). In the current study, K10 scores indicated a high mean level of distress for females and a moderate mean level of distress for males. In the Australian population, 9.6% of people had scores indicating high or very high levels of psychological distress (Slade, et al., 2011), whereas in the current study 47% of females and 35% of males had scores indicative of high or very high levels of current distress.

Similar results were reported for suicidal thoughts and behaviours. In the NSMHW, 4.4% of females and 2.1% of males reported ever attempting suicide (Johnston, Pirkis, & Burgess, 2009), while in the current study 30% of females and 17%

of males reported ever attempting suicide. Comparison data from the NSHMW on the lifetime prevalence of attempted suicide in young adults was not available. For suicidal ideation, 15% of females and 11.5% of males in the population reported ever having “serious thoughts” about suicide (Johnston, et al., 2009), while in the current study 71% of females and 68% of males reported “ever having suicidal thoughts”. The high rates of psychological distress and suicidal thoughts and behaviour among young people in the current study are very concerning, although unfortunately consistent with the high rates of psychological distress and suicidality often reported in other studies of same-sex attracted young people in Australia (Hillier, et al., 2010; Jorm, et al., 2002; McNair, et al., 2005; Nicholas & Howard, 1998) and internationally (Fergusson, et al., 1999; Fergusson, Horwood, Ridder, & Beautrais, 2005; Marshal, et al., 2011). For example, an Australian study including same-sex attracted women aged 22 to 27 in Australia reported that almost one in five had self-harmed or attempted suicide in the previous six months (McNair, et al., 2005). A small study of young gay men in Sydney reported that 28.1% had attempted suicide (Nicholas & Howard, 1998).

The higher rates of attempted suicide in same-sex attracted young women compared to young men in the current study is contrary to the higher rates of attempted suicide reported among same-sex attracted men in numerous studies (King et al., 2008), although consistent with the higher rates of attempted suicide reported among women compared to men in the general population (Johnston et al., 2009). The rates of suicide attempts in the current study were seven times higher among young women and eight times higher among young men, compared to the prevalence of attempted suicide among women and men respectively in the general Australian population (Johnston, et al., 2009). The disparity between rates of attempted suicide in the current study and those in the general population is much greater than that reported in the review

conducted by King and colleagues (2008), where rates of attempted suicide among gay and bisexual men were around four times higher than that of heterosexual men, while rates of attempted suicide among lesbian and bisexual women were about twice as high as that of heterosexual women.

In the current study, attempted suicide was associated with lower levels of sexuality, disclosure, lower levels of acceptance from family, and stronger perceptions of social stigma towards sexual minorities. While there were no gender differences in the level of acceptance from family, young women had lower rates of disclosing their sexuality to their parents, and stronger perceptions of social stigma compared to young men. Young women also had higher levels of current psychological distress, a risk factor for suicidal ideation and attempted suicide (Beautrais, 2000; Kessler, Borges, & Walters, 1999). They may have been a sampling bias where a disproportionate number of psychologically distressed young women were recruited to the study.

It is also possible that using a single item to measure attempted suicide may result in “false positives”, and some researchers have suggested that more sophisticated measures of attempted suicide are required to better gauge the extent of suicidality in same-sex attracted young people (Savin-Williams, 2001b). Unfortunately, most studies of suicidality in sexual minorities recruit only a small number of same-sex attracted participants, precluding the examination of gender differences between same-sex attracted and heterosexual people, nor comparisons between same-sex attracted women and men (e.g., Fergusson, et al., 1999; Fergusson, et al., 2005; Langhinrichsen-Rohling, Lamis, & Malone, 2011). Large-scale longitudinal research is required to better understand the problem of suicidality in same-sex attracted young people, so more appropriate responses can be developed.

Minority stress. One of the most common explanations for elevated rates of mental health problems and suicidality in same-sex attracted people is chronic minority stress (Hatzenbuehler, 2009; Meyer, 1995, 2003). In the current study, there was strong support for the hypothesised association between minority stress, psychological distress and suicidality. Respondents with higher levels of internalised homophobia and perceived social stigma towards sexual minorities had higher levels of current psychological distress and were more likely to have thought about suicide in the preceding month. In fact, these were the only significant covariates of recent thoughts of suicide. Perceived stigma, but not internalised homophobia, was strongly associated with reporting a suicide attempt. While there was no relationship between homophobic verbal abuse and psychological distress or suicidality, respondents who had experienced homophobic physical abuse in the preceding 12 months had higher levels of current psychological distress and were 2.2 times more likely to report a suicide attempt.

Other studies have also reported that higher levels of internalised homophobia and/or perceived stigma are associated with higher levels of psychological distress (Hatzenbuehler, Nolen-Hoeksema, et al., 2008; Igartua, et al., 2003; Kelleher, 2009; Kuyper & Fokkema, 2011; Lehavot & Simoni, 2011; Meyer, 1995; Szymanski, et al., 2001; Szymanski & Owens, 2008; Van den Berghe, et al., 2010) and suicidal thoughts and attempted suicide (Meyer, 1995; Savin-Williams & Ream, 2003b). The findings of the current study provide support for the hypothesis that perceived social stigma and internalisation of this stigma increases the susceptibility of same-sex attracted young people to experiencing psychological distress, suicidal thoughts, and suicidal behaviour. However, the current research is cross-sectional and causation cannot be determined. In addition, this study is one of the first to present findings on the association between suicidality and internalised homophobia and perceived stigma, so these findings are at

best preliminary. More research is required, preferably using a longitudinal design, to better understand the relationship between these indicators of minority stress and mental health outcomes.

The current study is also one of the few to examine the independent associations between homophobic verbal and physical abuse and mental health outcomes. In one of the only other studies to examine these independently, elevated rates of self-harm, suicidal thoughts and attempted suicide were reported in young people who had experienced homophobic abuse compared to those who had experienced no abuse, and were highest in those who had experienced homophobic physical abuse (Hillier, et al., 2010). For example, approximately 10% of young people who had never experienced homophobic abuse reported a suicide attempt, while almost 40% of those who had experienced homophobic physical abuse reported a suicide attempt (Hillier, et al., 2010). The current findings provide support for elevated rates of psychological distress and attempted suicide in young people who had experienced homophobic physical abuse but not verbal abuse. Other studies have pooled homophobic verbal and physical abuse as “victimisation” and found higher rates of psychological distress (D'Augelli, 2002; Lehavot & Simoni, 2011; Szymanski, 2009) and suicidality (Birkett, et al., 2009; Bontempo & D'Augelli, 2002; Savin-Williams & Ream, 2003b; Waldo, et al., 1998) in young people reporting these experiences. “Perceived discrimination” has also been associated with elevated rates of depression, self-harm and suicidal thoughts in same-sex attracted adolescents (Almeida, et al., 2009). Elevated rates of psychological distress and suicidality in same-sex attracted people compared to heterosexuals may be mediated by experiences of victimisation and discrimination (Almeida, et al., 2009; Frisell, et al., 2009; Mays & Cochran, 2001).

Social integration of sexuality. There was also partial support in the current study for the hypothesised association between reactions to sexuality disclosure, psychological distress and suicidality. Higher levels of current psychological distress, but not recent thoughts of suicide or attempted suicide, were seen in respondents who had experienced more rejecting responses from heterosexual friends, people from work or study, and people from school. Other studies have found that social support from heterosexual and same-sex attracted friends is associated with lower levels of psychological distress and greater wellbeing (Dane & MacDonald, 2009; Doty, et al., 2010; Kertzner, et al., 2009; Sheets & Mohr, 2009; Ueno, 2005; Van den Berghe, et al., 2010). Contrary to previous research, respondents who perceived that families were more rejecting did not report higher levels of psychological distress (D'Augelli, 2002, 2003; Doty, et al., 2010; Luhtanen, 2003; Needham & Austin, 2010; Ryan, et al., 2009; Ryan, et al., 2010; Sheets & Mohr, 2009; Ueno, 2005). However, a more rejecting response from families was associated with a greater likelihood of reporting a suicide attempt, consistent with previous research (Eisenberg & Resnick, 2006; Needham & Austin, 2010; Ryan, et al., 2009; Ryan, et al., 2010). There is some evidence that social support from family and friends buffers the effects of minority stress on psychological distress and suicidal thoughts in same-sex attracted young people (Doty, et al., 2010; Needham & Austin, 2010).

It is unclear why lower levels of acceptance from non-family were only associated with current psychological distress, and lower levels of acceptance from family attempted suicide with attempted suicide only. Although data were not collected on the number of suicide attempts and how long ago they occurred, it is possible that among respondents who experienced a more rejecting response from parents, suicide attempts occurred at a time closer to when disclosure occurred. Parental reactions to

disclosure have been found to become more tolerant and accepting over time (Savin-Williams & Dubé, 1998) and young people tend to gain more independence from their families in early adulthood (Arnett, 2000). The older age of respondents in this study and longer time between participation in the study and first disclosing their sexuality to somebody compared to some other studies (e.g., D'Augelli, 2002, 2003; Doty et al., 2010; Hillier et al., 2010) may contribute to an explanation of why parental acceptance at the time of disclosure was associated with suicide attempts but not current psychological distress. In addition, as young people gain more independence they may rely more on their friends and work and study colleagues for social support, which may help to explain why a more rejecting response to disclosure from non-family was associated with current psychological distress. However, this final point should be interpreted with caution as respondents were not asked to report how rejecting or accepting of their sexual orientation they currently perceived friends and work and study colleagues to be.

Sexual orientation. There were also differences in psychological distress according to sexual orientation. Respondents who were bisexually oriented had more psychological distress than exclusively same-sex oriented respondents. Similar findings have been reported in other research (Jorm, et al., 2002; Kertzner, et al., 2009). It is not clear why this may be the case, however, double stigma towards bisexual people from heterosexuals as well as from lesbians and gay men may be a contributing factor (Herek, 2002; McLean, 2008). In the current study, there were no differences in perceptions of social stigma according to sexual orientation, but questions about stigma were asked in relation to all same-sex attracted people and did not investigate stigma specific to bisexuals, including stigma from other same-sex attracted people. Research

should continue to explore differences between people who are exclusively and not exclusively same-sex attracted.

Conclusions

The findings of this chapter provide mixed support for the post-gay hypothesis as it relates to the subjective acceptance and social integration of sexuality among same-sex attracted young people. Support was provided for the trend towards same-sex attracted young people being frank and open about their sexuality and experiencing relative acceptance from family and heterosexual friends following disclosure. However, almost one-quarter of respondents perceived that their parents responded with rejection after disclosure, and this rejection was associated with higher levels of internalised homophobia and a greater likelihood of reporting a suicide attempt. While the majority of respondents appeared to have subjectively accepted their sexuality, half of respondents considered that many people in the general population held negative attitudes towards same-sex attracted people, and most had experienced homophobic verbal or physical abuse – often in traditionally gay-friendly areas surrounding the lesbian and gay scene. Post-gay theorists appear to have underestimated the persistence of homophobia despite a general trend towards more tolerant attitudes towards sexual minorities. The paradox of increased social acceptance of sexual minorities is that this encourages greater openness and visibility around sexuality which can make same-sex attracted people – and young people in particular – more easily accessible targets for homophobic abuse from segments of the population with staunch anti-gay attitudes.

Young people in the current study also reported very high rates of self-harm, attempted suicide, recent thoughts of suicide, and current psychological distress. Strong associations between psychological distress, suicidality and indicators of minority stress

provide support for Meyer's (1995, 2003) theory that internalised negativity about being same-sex attracted and perceiving a lack of acceptance of sexual minorities in wider society may contribute to poorer mental health outcomes in same-sex attracted young people. While heterosexual young people were not surveyed in the current study, same-sex attracted young people consistently report higher levels of psychological distress and suicidality compared to their heterosexual peers (e.g., Marshal, et al., 2011). Future research should examine differences in the mental health of same-sex attracted and heterosexual young people controlling for the effects of minority stress, as well as underlying psychological and other factors commonly present in those with poorer mental health to better understand the relationship between sexual orientation and mental health (Hatzenbuehler, 2009; Savin-Williams, 2001a).

While the findings presented in this chapter suggest that many same-sex attracted young people have subjectively accepted their sexuality, many young people continue to struggle with their sexuality, have high perceptions of stigma, and have experienced homophobic abuse, which may be detrimental to mental health. Considered together, the findings undermine the post-gay hypothesis of a "seamless shift" in Western societies towards same-sex attracted people experiencing reduced hostility from wider society and diminished anguish about their sexual orientation. While the social legitimacy of same-sex attracted people has improved over time, greater acceptance of sexual minorities among the majority coexists with the endurance of homophobic attitudes (and behaviour) among a substantial proportion of the population.

CHAPTER SIX

LESBIAN AND GAY SCENE

This chapter presents findings regarding respondents' experiences with the lesbian and gay "scene" in Sydney. In this thesis, the scene refers to licensed venues (bars and clubs) that advertise and cater specifically to same-sex attracted and sex and gender diverse people. Sydney's lesbian and gay scene is located on and around Oxford Street in Darlinghurst, as it has been for several decades. Lesbian and gay venues are also located in the inner-west suburbs of Newtown, Erskineville, Enmore and Marrickville. In March 2010, there were 10 venues listed in the gay street press as catering specifically to same-sex attracted people (SX News, 2011). While the lesbian scene lacks a dedicated venue, at this time there were eight regular nights held at different gay and gay-friendly venues (Cherrie magazine, 2011).

Post-gay theory suggests that as social acceptance of sexual minorities improves and gains in social and political equality are achieved, organising a life around lesbian and gay identity becomes less urgent. As a result, institutions such as the "scene" that support lesbian and gay identity are claimed to be becoming less central to the experience of lesbian and gay life (Archer, 2002; Bech, 1997; Reynolds, 2008; Sinfield, 1998). Gay scenes in many Western cities are thought to be "undergoing structural decline", characterised by declining attendance at scene venues, bar closures, and an increased presence of heterosexuals in traditionally gay neighbourhoods (Rosser, West, et al., 2008, p. 590). As shown in Chapter 2, this phenomenon also appears to be occurring in Sydney (Reynolds, 2009; Ruting, 2007). Seidman (2002) suggested that disengagement from the lesbian and gay scene and community was a logical consequence of the subjective acceptance (*normalisation*) and social integration

(*routinisation*) of homosexuality. The findings of the previous chapter provide support for Seidman's notions of normalisation and routinisation of same-sex sexual orientation in same-sex attracted young people.

The findings of the previous chapter suggest that many young people are experiencing less rupture and greater continuity in their lives before and after disclosing their sexual orientation to family and friends. However, contrary to post-gay thinking, the results of the previous chapter show that experiences of homophobic abuse remain high in this group, irrespective of the liberalisation of social attitudes towards sexual minorities. Therefore, the scene may continue to be an important space for same-sex attracted people to congregate and be intimate with same-sex partners away from potentially hostility from some members of the general population. With this in mind, the aim of the current chapter is to explore the relevance of the lesbian and gay scene to same-sex attracted young people in Sydney, and the relationship between engagement with the scene, minority stress and the social integration of sexuality.

Research Questions and Hypotheses

Research Questions

The following research questions were posed to address the aim of the chapter:

1. What are respondents' patterns of engagement with the lesbian and gay scene and how important do they consider the scene?
2. What features of the scene motivate and discourage engagement with the scene and its participants? Do respondents avoid public displays of affection with same-sex partners to a greater extent when away from the scene than on the scene and in surrounding neighbourhoods?

3. What is the relationship between young people's patterns of engagement with the scene and: (a) minority stress, and (b) the social integration of sexuality?
4. What is the relationship between how important same-sex attracted young people regard the scene and: (a) minority stress, and (b) the social integration of sexuality?
5. What is the relationship between young people's patterns of engagement with straight or mixed licensed venues and: (a) minority stress, and (b) the social integration of sexuality?

Hypotheses

It is hypothesised that because of the liberalisation of social attitudes towards sexual minorities, most respondents will attend straight or mixed licensed venues at least as often as lesbian and gay licensed venues. However, because homophobic abuse was common in the current sample and among same-sex attracted young people generally, it is also hypothesised that most respondents will continue to regard the scene as an important space to socialise away from wider society. This second hypothesis runs counter to post-gay discourse. It is also expected that respondents will feel most comfortable expressing affection with a same-sex partner at venues on the scene, in gay-friendly neighbourhoods and in mixed venues, compared to straight venues and other public spaces.

Regarding covariates of scene engagement and ratings of scene importance, it is hypothesised that young people with higher levels of minority stress will attend scene venues more frequently and consider the scene more important to their leisure time than young people with lower levels of minority stress. This is expected to be particularly the

case for young people who have recently experienced homophobic abuse and who have stronger perceptions of societal stigma towards sexual minorities. In addition, young people who have experienced rejection from family and friends after disclosing their sexual orientation, young people with few heterosexual friends, and young people with mostly same-sex attracted friends are expected to attend scene venues more frequently and place a higher value on the scene.

Regarding covariates of attending straight or mixed venues, it is hypothesised that young people with lower levels of minority stress, who have experienced higher levels of acceptance from family and friends, and who have more heterosexual friends will attend straight or mixed venues more frequently.

Method

This section provides information about the variables that relate to each research question and procedures used for data analysis. More detailed information about these variables is reported in Chapter 3.

Measures

Scene engagement and importance. Engagement with the lesbian and gay scene was examined with the following items: (a) how often respondents attended lesbian and gay licensed venues (girl nights, gay bars and clubs); (b) how often respondents attended straight or mixed licensed venues; (c) name of the licensed venue respondents most often attended; (d) sexual orientation of respondents' friends in different licensed venue contexts; (e) importance of the scene to respondents' leisure time; and (f) satisfaction with the scene.

Frequency of attendance at “girl nights” and “gay bars and clubs” was combined into one variable to examine total attendance at lesbian and gay venues. This new variable was then dichotomised for subsequent analyses (1 = *weekly or more frequent attendance*, 0 = *less than weekly attendance*). The scene importance variable was dichotomised for logistic regression analyses (1 = *very important or somewhat important*, 0 = *neither important nor unimportant, somewhat unimportant, or not important at all*).

An additional measure of engagement with the lesbian and gay subculture was the frequency respondents reported accessing: (a) lesbian and gay print media (e.g., free street press); and (b) lesbian and gay online social and sexual networking sites (e.g. Manhunt, Grindr, Gaydargirls, Pink Sofa).

Motivations for engaging with the scene. This was examined with two questions. In the first question, respondents nominated up to five items from a list provided that were the “most important things they get out of going to gay bars and clubs and/or girl nights”. In the second question, respondents nominated up to five items from another list that were the things they most disliked about the scene. Respondents could nominate their own responses if they chose to.

Public displays of same-sex affection. How often respondents *avoided* kissing, holding hands, or other expressions of affection with a same-sex partner was examined in six different contexts: (a) straight licensed venues, (b) mixed licensed venues (c) lesbian and gay licensed venues, (d) on or around Oxford Street, (e) in or around Newtown, and (f) other public spaces.

Data Analysis

Scene engagement and importance. McNemar's tests were conducted to determine whether respondents attended straight or mixed venues more or less often than lesbian and gay venues. This analysis was stratified by gender.

Pearson's chi-square tests were used to examine gender differences in ratings of scene importance, scene satisfaction, access to lesbian and gay print media, and access lesbian and gay online social and sexual networking sites. A chi-square analysis also examined whether respondents who accessed online social and sexual networking sites at least weekly were more or less likely to attend licensed venues on the scene at least weekly.

Motivations for engaging with the scene. Features of the scene that motivated and discouraged engagement among respondents were examined with frequency counts, stratified by gender.

Public displays of affection. Repeated measures ANOVAs were conducted with gender (female, male) as the between-subjects factor. Two ANOVAs were conducted, with the following within-subjects factors:

1. Public displays of same-sex affection in licensed venues; three levels (straight, mixed, gay).
2. Public displays of same-sex affection in other public settings; three levels (Oxford Street, Newtown, other public spaces).

Covariates of attendance at scene venues, scene importance, and attendance at straight or mixed venues. Logistic regression analyses were conducted to determine covariates of (a) attending licensed venues on the scene at least weekly, (b) rating the scene as important to leisure time, and (c) attending straight or mixed licensed venues at least weekly. For each of the models, univariate analyses were first conducted for each

covariate to determine unadjusted odds ratios. Multivariate analyses were then conducted in which covariates were entered in one block and regressed on each dependent variable separately. Variables used in each model were:

Demographic variables

1. Gender (reference category: female).
2. Sexual orientation (reference category: not exclusively same-sex oriented).
3. Relationship status (reference category: single).
4. Years since first attended a licensed venue on the scene.

Minority stress variables

5. IHP-R scale scores (higher scores indicate more internalised homophobia).
6. Stigma scale scores (higher scores indicate greater perception of stigma towards sexual minorities).
7. Homophobic verbal abuse in preceding 12 months (reference category: none).
8. Homophobic physical abuse in preceding 12 months (reference category: none).

Social integration of sexuality variables

9. Avoidance of public displays of same-sex affection in straight licensed venues (higher scores indicate greater avoidance).
10. Overall sexuality disclosure (higher scores indicate more openness).
11. Acceptance from family following sexuality disclosure (higher scores indicate greater acceptance).
12. Acceptance from non-family following sexuality disclosure (higher scores indicate greater acceptance).

13. Same-sex attracted friends (reference category: few or no same-sex attracted friends).
14. Heterosexual friends (reference category: few or no heterosexual friends).

Results

Engagement with the Scene

Patterns of bar and club attendance. Among female respondents, a higher proportion visited straight venues (21%) weekly or more often compared to gay venues (12%), $\chi^2(1, N = 254) = 5.80, p = .016$. Differences among males in weekly attendance at straight venues (23%) and gay venues (19%) were not significant, $\chi^2(1, N = 318) = 1.72, p = .19$. Eleven percent of young women and 5% of young men had never attended a lesbian and gay licensed venue (see Figures 6.1 and 6.2).

When reporting the name of the licensed venue they most often went to, young women were less likely than young men to nominate a lesbian and gay venue (59% versus 79%), and more likely to nominate a straight or mixed venue (41% versus 21%), $\chi^2(1, N = 496) = 21.65, p < .001$.

Of young women and men who attended lesbian and gay venues at least weekly, 77% ($n = 69$) attended straight or mixed venues less often than weekly. Similarly, among those who attended straight or mixed venues at least weekly, 83% ($n = 105$) attended lesbian and gay venues less than weekly. Sixty-four percent of young women and 61% of young men had attended a lesbian and gay dance party in the previous 12 months, $\chi^2(1, N = 557) = 1.05, p = .31$.

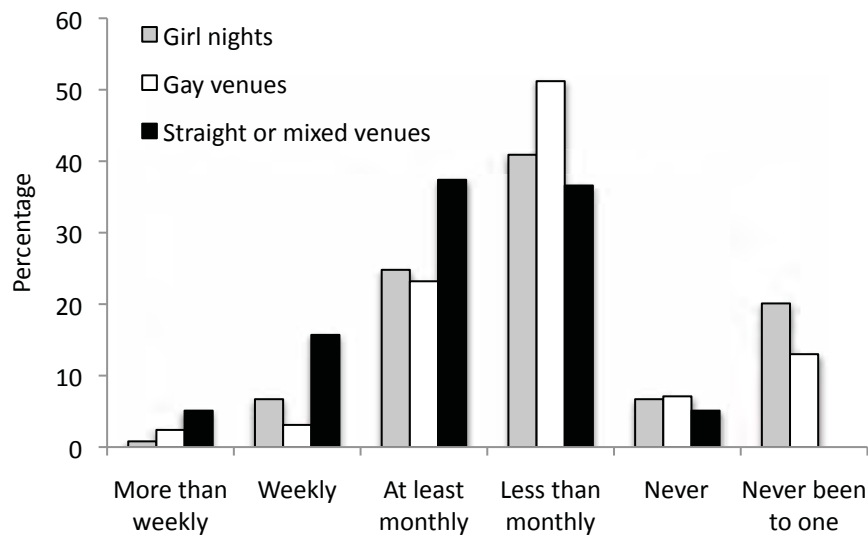


Figure 6.1. Frequency of licensed venue attendance among female respondents.

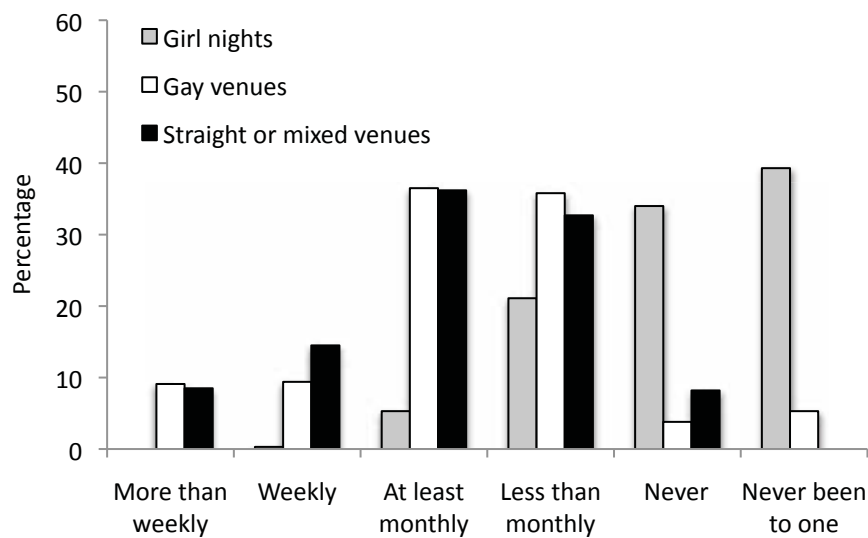


Figure 6.2. Frequency of licensed venue attendance among male respondents.

Sexual orientation of friends in gay and straight venues. Both female and male respondents were significantly more likely to report usually attending lesbian and gay licensed venues with same-sex oriented friends and straight or mixed venues with heterosexual friends (see Table 6.1). However, more than half of respondents reported

that they usually attended straight or mixed venues with same-gendered, same-sex oriented friends. In addition, the majority of respondents reported that heterosexual female friends usually accompanied them to lesbian and gay venues. Just over one-quarter of respondents reported usually attending lesbian and gay venues with heterosexual male friends.

Table 6.1. Gender and sexual orientation of friends who usually attend different licensed venues with respondents

	Lesbian and gay venues ^a		Straight or mixed venues ^b		χ^2	<i>df</i>	<i>N</i>	<i>p</i>
Sexual orientation of friends	<i>n</i>	%	<i>n</i>	%				
Female respondents								
Same-sex oriented females	187	87.0	136	56.4	51.41	1	211	< .001
Same-sex oriented males	135	62.8	92	38.2	30.68	1	211	< .001
Heterosexual females	111	51.6	199	82.6	53.19	1	211	< .001
Heterosexual males	60	27.9	154	63.9	66.96	1	211	< .001
Male respondents								
Same-sex oriented females	124	42.6	85	29.1	18.11	1	274	< .001
Same-sex oriented males	264	90.7	159	54.5	93.09	1	274	< .001
Heterosexual females	182	62.5	258	88.4	54.74	1	274	< .001
Heterosexual males	83	28.5	223	76.4	120.59	1	274	< .001

^aFemales: *N* = 215; Males: *N* = 291.

^bFemales: *N* = 241; Males: *N* = 292

Scene importance and satisfaction. Forty-four percent of respondents who had been to a lesbian and gay venue reported that the scene was an important feature of their leisure time. Among the remaining respondents, 27% considered the scene neither important nor unimportant, and 28% considered the scene unimportant. There were no gender differences in ratings of importance of the scene (see Table 6.2).

The majority of respondents who had been out on the lesbian and gay scene in Sydney reported being satisfied with their experiences (66%). Young women were

significantly more likely than young men to report satisfaction, and young men were more likely than young women to report neither satisfaction nor dissatisfaction (see Table 6.2). Among respondents who rated the scene as important, 87% were satisfied with their experiences.

Table 6.2. Importance of the lesbian and gay scene to respondents' leisure time and satisfaction with experiences on the scene

	Females (<i>n</i> = 215)		Males (<i>n</i> = 289)		χ^2	<i>df</i>	<i>N</i>	<i>p</i>
	<i>n</i>	%	<i>n</i>	%				
Importance of scene								
Important	99	46.0	125	43.3	1.71	2	504	.42
Neutral	52	24.2	85	29.4				
Not important	64	29.8	79	27.3				
Satisfaction with scene								
Satisfied	155	72.1	178	61.6	6.35	2	504	.042
Neutral	26	12.1	53	18.3				
Dissatisfied	34	15.8	58	20.1				

Lesbian and gay media and social networking. Male respondents were significantly more likely than females to regularly access lesbian and gay media either in print (e.g., free street press) or online, and to regularly access online lesbian and gay social and sexual networking (e.g., Manhunt, Grindr, Gaydargirls and Pink Sofa; see Table 6.3). Nineteen percent of men reported accessing these online services on a daily basis.

Young people who accessed online lesbian and gay social networking weekly or more often were significantly more likely than young people who accessed these sites less often to attend licensed venues on the scene at least weekly (22% versus 13%), $\chi^2(1, N = 572) = 6.55, p = .011$.

Table 6.3. Frequency of access to lesbian and gay media and online social and sexual networking sites

		Females		Males		χ^2	<i>df</i>	<i>N</i>	<i>p</i>
		<i>n</i>	%	<i>n</i>	%				
Print or online media									
Weekly or more often		70	27.6	141	44.3	17.59	2	572	< .001
Monthly or less often		149	58.7	138	43.4				
Never		35	13.8	39	12.3				
Online social/sexual networking									
Weekly or more often		20	7.9	139	43.7	90.99	2	572	< .001
Monthly or less often		111	43.7	92	28.9				
Never		123	48.4	87	27.4				

Motivations for Engaging with the Scene

Appraisals of the scene. Respondents nominated up to five features of the scene that encouraged them to attend lesbian and gay venues, as well as up to five features that they disliked about these venues. The most commonly reported encouraging features were being around other same-sex attracted people (52%), greater freedom to display same-sex affection without worrying (42%), and socialising with friends (37%; see Table 6.4). Disliked features included relational qualities such as people being judgemental, bitchy, superficial or fake (51%), the cost of going out (47%), and that the scene was cliquey (32%; see Table 6.5).

Table 6.4. Characteristics of the scene that encouraged respondents to attend

Motivating factor	Females (<i>n</i> = 227)		Males (<i>n</i> = 303)	
	<i>n</i>	%	<i>n</i>	%
Being around other same-sex attracted people	111	48.9	164	54.1
Can display same-sex affection without worrying	93	41.0	127	41.9
Socialising with friends	77	33.9	117	38.6
Dancing	60	26.4	119	39.3
Feels safe and comfortable	72	31.7	105	34.7
Feeling part of the lesbian and gay community	81	35.7	91	30.0
Meeting new people	83	36.6	83	27.4
Feel more confident, can be more myself	69	30.4	95	31.4
Easier to recognise if someone is same-sex attracted	68	30.0	68	22.4
Checking people out	43	18.9	85	28.1
Being around like-minded people	67	29.5	47	15.5
Hooking up with people	27	11.9	68	22.4
More exciting than straight venues	36	15.9	52	17.2
Drinking	35	15.4	44	14.5
Getting away from straight society	41	18.1	31	10.2
No-one judges you	32	14.1	29	9.6
Helped me come to terms with being same-sex attracted	26	11.5	31	10.2
Feel more at home	24	10.6	26	8.6
Taking drugs	11	4.8	20	6.6

Table 6.5. Characteristics of the scene that discouraged respondents from attending

Scene characteristic	Females (<i>n</i> = 227)		Males (<i>n</i> = 303)	
	<i>n</i>	%	<i>n</i>	%
People are judgemental, bitchy, superficial or fake	72	31.7	196	64.7
Going out is expensive	112	49.3	136	44.9
It's cliquy	72	31.7	95	31.4
Too many straight people in gay venues or on Oxford St	62	27.3	95	31.4
Scene is too small – everyone knows each other	72	31.7	84	27.7
Too loud to talk	49	21.6	79	26.1
It's a meat market	40	17.6	76	25.1
Nowhere else for same-sex attracted people to meet	33	14.5	71	23.4
Emphasis on drug use	38	16.7	66	21.8
Pressure to conform to certain styles (e.g., fashion, hair)	44	19.4	50	16.5
I don't connect with people I meet on the scene	32	14.1	62	20.5
Conversations lack depth	26	11.5	53	17.5
Not enough venues for women	77	33.9	1	0.3
People thinking I'm straight because I'm femme	60	26.4		
Emphasis on drinking	24	10.6	28	9.2
Everyone looks the same	25	11.0	26	8.6
People not accepting or being suspicious of bisexuals	36	15.9	9	3.0
Emphasis on dancing and clubbing	21	9.3	21	6.9
Men who don't want women in gay bars	18	7.9	15	5.0
Women who don't want men at girl nights	10	4.4	5	1.7

Public displays of same-sex affection. Two repeated-measures ANOVAs were conducted to determine if public displays of affection with a same-sex partner were avoided to a greater or lesser extent in: (a) different licensed venue settings, and (b) in other public spaces. The assumption of compound symmetry was not met for either analysis, so within-subjects effects are presented with Greenhouse-Geisser epsilon corrections. Mean levels of avoidance in different settings are displayed in Table 6.6.

Table 6.6. Mean level of avoidance of public displays of same-sex affection in different settings, stratified by gender

Context	Females	Males
Straight venues	2.65 (1.41)	3.79 (1.35)
Mixed venues	2.10 (1.18)	2.92 (1.38)
Gay venues	1.41 (0.89)	1.70 (1.13)
On or around Oxford Street	1.71 (1.10)	2.23 (1.26)
In or around Newtown	1.67 (1.07)	2.49 (1.32)
Other public spaces	2.75 (1.32)	3.52 (1.28)

Note. Values represent M (SD). Maximum value is 5, and higher scores indicate greater avoidance of public displays of affection.

The analysis on licensed venues yielded significant effects for licensed venue type, $F(2, 892) = 461.11, p < .001, \eta_p^2 = .45$, gender, $F(1, 560) = 79.59, p < .001, \eta_p^2 = .12$, and the interaction between licensed venue type and gender, $F(2, 892) = 33.28, p < .001, \eta_p^2 = .05$. For both young men and women, public displays of affection were significantly less likely to be avoided in lesbian and gay venues compared to mixed venues (both $p < .001$) and straight venues (both $p < .001$), and less likely to be avoided in mixed venues compared to straight venues (both $p < .001$). However, young men were significantly more likely than young women to avoid public displays of same-sex affection in lesbian and gay venues ($p = .001$), mixed venues ($p < .001$), and straight venues ($p < .001$).

The analysis on public displays of affection in non-licensed venue settings resulted in significant effects for setting, $F(1.5, 837) = 388.27, p < .001, \eta_p^2 = .41$, gender, $F(1, 560) = 60.41, p < .001, \eta_p^2 = .10$, and the interaction between setting and gender, $F(1.5, 837) = 5.86, p = .007, \eta_p^2 = .01$. Both young men and women were significantly less likely to avoid public displays of affection in gay-friendly neighbourhoods compared to other public spaces (all $p < .001$). Young men were also more likely to avoid showing same-sex affection in Newtown compared to Oxford

Street ($p < .001$). Compared to young women, young men were also significantly more likely to avoid public displays of affection with a same-sex partner in traditionally gay-friendly neighbourhoods (Oxford Street and Newtown) as well as other public spaces (all $p < .001$).

Scene Engagement, Minority Stress, and Social Integration of Sexuality

Covariates of attendance at scene venues. Table 6.7 shows the results of a logistic regression analysis conducted on respondents' frequency of attending lesbian and gay licensed venues. The Hosmer and Lemeshow goodness-of-fit statistic was not significant, $\chi^2(df = 8) = 7.45, p = .49$, indicating that the data fit the multivariate model. In the multivariate analyses, two variables were significantly associated with more frequent scene attendance. Respondents were more likely to attend the licensed venues of the scene at least weekly if they had few or no heterosexual friends and were currently single. There was no association between minority stress and scene attendance. However, in the univariate analyses internalised homophobia, perceived stigma, and homophobic verbal abuse were significant covariates of scene attendance. Similarly, overall sexuality disclosure and having friends comprised of mostly or only same-sex attracted people had significant univariate associations with scene attendance that were not significant in the multivariate model when controlling for the effects of all other variables.

Covariates of scene importance. Table 6.8 shows the results of a logistic regression analysis conducted on respondents' ratings of the importance of the lesbian and gay scene to their leisure time. The Hosmer and Lemeshow goodness-of-fit statistic was not significant, $\chi^2(df = 8) = 11.93, p = .15$, indicating that the data fit the multivariate model. Five variables were significantly associated with ratings of scene

importance in the multivariate model. Respondents were more likely to report that the scene was an important feature of their leisure time if they were single, identified as lesbian, gay or exclusively same-sex attracted, had experienced homophobic verbal or physical abuse in the preceding 12 months, or had few or no heterosexual friends. There was no association between ratings of scene importance and internalised homophobia, perceived stigma towards sexual minorities, or reactions from family and non-family following sexuality disclosure.

Covariates of attendance at straight or mixed licensed venues. Table 6.9 shows the results of a logistic regression analysis conducted on respondents' frequency of attending straight or mixed licensed venues. The Hosmer and Lemeshow goodness-of-fit statistic was not significant, $\chi^2(df = 8) = 10.08, p = .26$, indicating that the data fit the multivariate model. Six variables were significantly associated with ratings of scene importance in the multivariate model. Respondents were more likely to attend straight or mixed licensed venues at least weekly if they had some, mostly or all heterosexual friends, avoided showing same-sex affection in straight venues to a lesser extent, had a longer period of time since first attending a scene venue, were single, had lower perceptions of social stigma towards sexual minorities, or had experienced homophobic physical abuse in the preceding 12 months.

Table 6.7. Logistic regression analysis of covariates of weekly or more frequent attendance at lesbian and gay licensed venues ($N = 477$)

Variable	Univariate			Multivariate		
	OR	95% CI	<i>p</i>	OR	95% CI	<i>p</i>
Gender						
Female	1.00			1.00		
Male	1.64	1.02, 2.62	.040	1.44	0.75, 2.75	.27
Sexual orientation						
Not exclusive same-sex	1.00			1.00		
Exclusive same-sex	2.23	1.14, 4.33	.018	1.41	0.62, 3.24	.41
Relationship status						
Single	1.00			1.00		
Partnered	0.59	0.37, 0.94	.025	0.54	0.32, 0.92	.024
Years since first attended gay venue	1.04	0.94, 1.14	.46	0.99	0.89, 1.11	.90
Internalised homophobia (IHP-R)	0.61	0.44, 0.86	.005	0.75	0.50, 1.13	.17
Perceived stigma	0.66	0.47, 0.94	.021	0.70	0.46, 1.06	.09
Verbal abuse in past 12 months						
No	1.00			1.00		
Yes	1.67	1.05, 2.64	.030	1.32	0.78, 2.26	.30
Physical abuse in past 12 months						
No	1.00			1.00		
Yes	2.05	0.96, 4.39	.06	1.97	0.79, 4.93	.15
Avoid same-sex affection in straight venues	0.96	0.82, 1.11	.57	0.87	0.72, 1.06	.17
Overall sexuality disclosure	1.69	1.25, 2.29	.001	1.25	0.83, 1.87	.29
Acceptance from family	1.23	0.95, 1.59	.11	1.03	0.77, 1.39	.83
Acceptance from non-family	1.23	0.90, 1.68	.19	1.21	0.82, 1.79	.33
Same-sex attracted friends						
Few or none	1.00			1.00		
Some, most or all	2.44	1.36, 4.38	.003	1.55	0.80, 3.00	.19
Heterosexual friends						
Few or none	1.00			1.00		
Some, most or all	0.30	0.17, 0.51	< .001	0.32	0.17, 0.60	< .001

Table 6.8. Logistic regression analysis of covariates of rating the lesbian and gay scene as important ($N = 454$)

Variable	Univariate			Multivariate		
	OR	95% CI	<i>p</i>	OR	95% CI	<i>p</i>
Gender						
Female	1.00			1.00		
Male	0.97	0.68, 1.39	.88	0.75	0.46, 1.23	.26
Sexual orientation						
Not exclusive same-sex	1.00			1.00		
Exclusive same-sex	1.59	1.02, 2.49	.043	2.23	1.23, 4.03	.008
Relationship status						
Single	1.00			1.00		
Partnered	0.62	0.44, 0.88	.008	0.58	0.39, 0.86	.007
Years since first attended gay venue	0.96	0.89, 1.03	.25	0.97	0.89, 1.06	.52
Internalised homophobia (IHP-R)	1.03	0.83, 1.28	.80	1.04	0.78, 1.37	.80
Perceived stigma	0.94	0.72, 1.22	.63	0.81	0.59, 1.12	.20
Verbal abuse in past 12 months						
No	1.00			1.00		
Yes	1.74	1.22, 2.47	.002	1.64	1.09, 2.47	.019
Physical abuse in past 12 months						
No	1.00			1.00		
Yes	2.98	1.39, 6.40	.005	2.50	1.10, 5.69	.029
Avoid same-sex affection in straight venues	0.93	0.83, 1.05	.26	0.88	0.75, 1.03	.11
Overall sexuality disclosure	1.08	0.89, 1.32	.43	0.91	0.69, 1.12	.91
Acceptance from family	1.01	0.83, 1.22	.96	1.02	0.82, 1.28	.85
Acceptance from non-family	0.95	0.75, 1.19	.64	1.01	0.76, 1.35	.94
Same-sex attracted friends						
Few or none	1.00			1.00		
Some, most or all	1.38	0.92, 2.06	.12	1.13	0.71, 1.80	.61
Heterosexual friends						
Few or none	1.00			1.00		
Some, most or all	0.47	0.28, 0.77	.003	0.52	0.30, 0.90	.02

Table 6.9. Logistic regression analysis of covariates of weekly or more frequent attendance at straight or mixed licensed venues ($N = 477$)

Variable	Univariate			Multivariate		
	OR	95% CI	<i>p</i>	OR	95% CI	<i>p</i>
Gender						
Female	1.00			1.00		
Male	1.13	0.76, 1.69	.55	1.28	0.72, 2.27	.40
Sexual orientation						
Not exclusive same-sex	1.00			1.00		
Exclusive same-sex	1.10	0.68, 1.78	.71	0.81	0.42, 1.58	.54
Relationship status						
Single	1.00			1.00		
Partnered	0.61	0.41, .091	.017	0.54	0.34, 0.87	.012
Years since first attended gay venue	1.10	1.01, 1.20	.029	1.17	1.06, 1.30	.003
Internalised homophobia (IHP-R)	1.07	0.85, 1.36	.55	1.33	0.97, 1.83	.08
Perceived stigma	0.61	0.45, 0.83	.002	0.66	0.45, 0.96	.031
Verbal abuse in past 12 months						
No	1.00			1.00		
Yes	1.30	0.87, 1.94	.20	1.60	0.98, 2.61	.06
Physical abuse in past 12 months						
No	1.00			1.00		
Yes	1.97	0.97, 3.97	.06	2.53	1.08, 5.96	.033
Avoid same-sex affection in straight venues	0.82	0.72, 0.94	.004	0.75	0.63, 0.90	.002
Overall sexuality disclosure	1.25	1.00, 1.56	.053	0.97	0.70, 1.34	.85
Acceptance from family	0.98	0.79, 1.21	.83	1.04	0.80, 1.35	.77
Acceptance from non-family	1.09	0.84, 1.42	.50	1.06	0.75, 1.50	.74
Same-sex attracted friends						
Few or none	1.00			1.00		
Some, most or all	0.76	0.50, 1.15	.20	0.67	0.40, 1.11	.12
Heterosexual friends						
Few or none	1.00			1.00		
Some, most or all	3.22	1.44, 7.19	.004	5.16	1.91, 13.93	.001

Discussion

The aim of this chapter was to examine the relevance of the lesbian and gay scene to same-sex attracted young people in Sydney, and the relationship between engagement with the scene and minority stress and the social integration of sexuality. The findings examined the post-gay claim that as same-sex attracted people gain social acceptance and integrate more fully into mainstream society, socialising on the scene becomes less of an imperative. For several decades the scene has operated as a safe and comfortable space for same-sex attracted people to congregate away from potential threats in wider society (D'Emilio, 1983; Faderman, 1992; Ridge, et al., 2006; Weeks, 1977). Post-gay theorists claim that increased social acceptance of sexual minorities weakens this key function of the scene, as more same-sex attracted people feel comfortable expressing their sexuality in non-gay settings. As a result, they may spend less time on the scene and more time in other licensed venues, creating an atmosphere where there is a combination of different sexualities (Fraser, 2008; Moore, 2004).

The findings of the current chapter provide partial support for a post-gay perspective of the scene. Most respondents frequented straight or mixed licensed venues equally as often as they did lesbian and gay venues, or more often in the case of young women. Less than half of respondents considered the scene an important feature of their leisure time. Despite this, the scene had unique features that were valuable to many respondents. For example, the scene was seen as providing a safe space to be physically intimate with same-sex partners without fear of prejudice or threats to personal safety. This was supported by the finding that respondents were more likely to avoid public displays of same-sex affection in straight and even mixed venues compared to venues on the scene.

There was only partial support for the hypothesised association between minority stress and engagement with the scene, with young people who had recently experienced homophobic abuse more likely to rate the scene as important. Similarly, there was only partial support for the association between the social integration of sexuality and engagement with the scene, with young people with few or no heterosexual friends more likely to go out on the scene at least weekly and regard the scene as important. The results point both to the endurance and diminishing relevance of Sydney's lesbian and gay scene for different subgroups of same-sex attracted young people. While there appeared to be a core group of young people who were highly engaged with the scene, the relaxation of attitudes towards sexual minorities suggests that many young people do not need the scene "quite as desperately as [older generations] once did" (Savage, 2000, ¶ 7), and accordingly do not spend time there or regard the scene as important.

Engagement with the Scene

The hypothesis that respondents would attend straight or mixed licensed venues at least as often as venues on the scene was supported. There were no differences in the proportion of young men who regularly attended straight venues and scene venues. However, a different pattern emerged among young women who were more likely to report going to straight or mixed venues at least weekly than lesbian and gay venues. Consistent with a post-gay perspective, this may reflect that same-sex attracted young people feel comfortable "being themselves" in non-gay settings and feel less compelled to regularly socialise on the scene, although this is difficult to conclude from patterns of licensed venue attendance alone. Many respondents may attend straight venues and gay venues in the same night, for example by having drinks at a straight bar and then going

to a gay venue afterwards with a clubbier atmosphere. This is plausible as dancing was commonly identified as an important feature of the scene. Because gay venues tend to be concentrated in specific locations and are fewer in number than straight venues, there are perhaps more opportunities to go to straight venues. This may be particularly the case for people who do not live, work or study in the inner city and surrounding suburbs. The equivalent and higher proportions of young men and women, respectively, who regularly attended straight venues compared to gay venues may underemphasise the role of the gay scene in respondents' lives. This is suggested by the majority of young men and half of young women naming a lesbian and gay venue as the bar or club they most often went to.

In addition, almost half of respondents regarded the scene as an important feature of their leisure time. The remaining respondents were neutral or indifferent towards the scene, or regarded it as unimportant as a leisure space. These findings are partially supportive of the post-gay claim that institutions like the gay scene are diminishing in relevance for same-sex attracted people, and young people in particular. However, the application of the post-gay hypothesis to young people's experiences with the scene appears to be more uneven and selective than some theorists may have anticipated.

Motivations for Scene Engagement

While most respondents did not rate the scene as important, inspection of their motivations for attending lesbian and gay venues revealed characteristics of the scene that offered experiences and possibilities that were largely unavailable in other spaces. Respondents valued the concentration of same-sex attracted people at venues on the scene, in particular because of the potential to meet romantic and sexual partners and

make new friends. Perhaps unsurprisingly, a strong predictor of regular engagement with the scene was being single. More than half of respondents reported that they felt safe and comfortable, and could “be more themselves” on the scene. Many respondents also reported that they valued being able to be physically intimate with same-sex partners “without worrying”. This is consistent with international research that shows that same-sex attracted young people feel safe and comfortable on the scene and can express themselves more freely (Holt & Griffin, 2003; Valentine & Skelton, 2003). While social attitudes towards same-sex attracted people have become much more tolerant in recent years (Blow, 2010; Rissel, et al., 2003; Roy Morgan Research, 2010a), the scene continues to be valued as a space that provides safety and freedom of expression, as it has for several decades (D'Emilio, 1983; Faderman, 1992). This perhaps reflects that despite gains in the social legitimacy of sexual minorities, homophobia is a pervasive force that has not declined at the same rate as social acceptance has increased (Herek, 2007; Kimmel, 2008; Pascoe, 2007). The post-gay hypothesis has only been partially alert to the persistence of homophobia (Sinfield, 1998).

As anticipated, respondents were significantly less likely to avoid public displays of same-sex affection in lesbian and gay venues and in gay-friendly neighbourhoods compared to straight or mixed venues and other public spaces. These findings suggest that same-sex attracted young people regularly monitor themselves and their partners, making strategic decisions about whether they can safely express affection in different settings, or whether they need to modify their behaviour to conceal their sexuality. Young men in this study were significantly more likely to avoid showing affection with a same-sex partner than young women, which may reflect a greater sense of threat among young men. This is not unreasonable as young men are

often more likely to be the target of homophobic physical abuse than young women (Berman & Robinson, 2010; Hillier, et al., 2010). While not statistically significant, almost twice the proportion of young men compared to young women in the current study had experienced homophobic physical abuse in the preceding 12 months (see Chapter 5). Monitoring and modifying behaviour has been reported in other studies of same-sex attracted people, and may be especially common among those who have experienced verbal or physical abuse because of their sexual orientation (Berman & Robinson, 2010; D'Augelli, 1992; Dick, 2008; Faulkner, 2006; Pachankis & Goldfried, 2006; D. C. Plummer, 2001). Same-sex attracted young people appear to be keenly aware of the unevenness of acceptance of sexual minorities, and make strategic choices about public displays of same-sex affection from an evaluation of potential risk.

Many same-sex attracted young people may not feel safe expressing same-sex intimacy outside of social spaces sanctioned for that purpose, namely the lesbian and gay scene and surrounding neighbourhoods. However, even traditionally gay-friendly neighbourhoods are not always safe, and in the previous chapter many respondents reported experiencing homophobic abuse in these areas. Outside of the scene, many same-sex attracted young people are probably keenly aware of which suburbs and licensed venues they feel comfortable in and which places to avoid. While not a focus of the current study, regional and rural areas have been shown to be more homophobic than in major cities (Eldridge, Mack, & Swank, 2006; Flood & Hamilton, 2005), so public displays of affection in these areas may be unsafe.

One in ten respondents reported that the scene helped them to come to terms with being same-sex attracted. This supports previous research that found that the scene can provide same-sex attracted young people with a space to come to terms with their sexuality in a safe, comfortable and supportive environment (Holt & Griffin, 2003;

Parks, 1999b; Valentine & Skelton, 2003). However, compared to older generations who often worked out issues with their sexual identity on the scene, it seems that the number of young people using the scene for this purpose is occurring in smaller numbers than has been reported in research with previous generations (e.g., Altman, 1982; Dowsett, 1996; Robinson, 2008).

Factors that Discouraged Scene Engagement

The majority of respondents were satisfied with the scene. Because of the ambivalence towards the scene often reported among same-sex attracted young people, sometimes described as a “love/hate” relationship (Ellis, 2007; Holt & Griffin, 2003; Taylor, 2008; Valentine & Skelton, 2003), it might have been expected that there would be a large number of respondents who considered the scene important yet were unsatisfied with their experiences there, or were neither satisfied nor dissatisfied with their experiences on the scene. However, the majority of respondents rated their experiences on the scene as satisfying, and only a small number of respondents rated the scene as important yet were unsatisfied with their experiences.

One of the most common complaints about the scene from both young women and men was the high cost of going out to bars and clubs. Many of the respondents were on low incomes, particularly young women, with many earning below the minimum wage (\$590 per week in Australia) because of full-time study (Australian Government Fair Work Ombudsman, 2011). Because of this, many respondents would have lacked the financial resources to regularly go out on the scene, or to licensed venues generally. The high cost of drinks, club entry, as well as transportation to and from venues (particularly if using taxis) means that a large amount of disposable income is required to regularly spend time on the scene.

The scene also had relational qualities that discouraged respondents from spending time there. Two-thirds of young men and one-third of young women regarded many people on the scene as judgemental and superficial. Many also reported that the scene was too focused on sex and that it was difficult to relate to people because of the loud music that characterised most lesbian and gay venues. Similar accounts of unsatisfying social relations have been reported in other studies of lesbians and gay men on the scene (Bernard, et al., 2008; Casey, 2004; Fraser, 2008; Robinson, 2008; Taylor, 2008). Despite the scene's shortcomings, more than one quarter of respondents reported dissatisfaction with the number of straight people on Oxford Street and in lesbian and gay venues, suggesting a reluctance to relinquish Oxford Street and the scene as a lesbian and gay space. In fact, many young women indicated that there were not enough lesbian venues, suggesting that they would welcome growth of the scene rather than its much-touted decline. This apparent desire to maintain the scene runs counter to research conducted with young gay men whose relationships with the scene were often characterised by apathy or ambivalence (Fraser, 2008; Holt, 2011; Reynolds, 2008).

Social Integration and the Scene

The findings suggest that same-sex attracted young people in Sydney vary their bar and club attendance across lesbian and gay venues and straight or mixed venues. While not directly explored, it is probable that the choice of straight venues is based to a considerable extent on their gay-friendliness or indifference towards sexuality among their patrons. While gay venues are still considered important, increased social acceptance of sexual minorities has "taken some of the emphasis off gay community by offering other options for sociality" (Fraser, 2008, p. 261). A similar trend has occurred in the U.K., where there has been an increase in "'polysexual' clubs...encouraging the

blending of sexualities in predominantly urban clubbing spaces” (Moore, 2004, p. 460). As social attitudes towards same-sex attracted people continue to improve, this is likely to become even more common.

However, there continues to be some separation of socialising on the scene from other licensed venues. Most of the young people who went out on the scene every week did not go to other licensed venues as regularly. Similarly, most young people who went to straight or mixed venues every week did not go out on the scene as often.

Frequenting the scene to the exclusion of other venues thus seems to be common among a minority of same-sex attracted young people. They may be organising their social lives around a more traditional notion of engagement with the lesbian and gay scene more commonly described among older generations of lesbians and gay men (D'Emilio, 1983; Faderman, 1992; Jennings, 2006; Robinson, 2008). This may suggest the coexistence of gay and post-gay modes of sociality (Reynolds, 2008; Stein, 2010).

Young people in this study were more likely to socialise with same-sex attracted friends on the scene and with heterosexual friends in other licensed venues. While heterosexual male friends were not a common feature of respondents' visits to the scene, the majority of young men reported going out on the scene with heterosexual female friends. Just over half of respondents reported spending time with same-sex attracted friends in straight venues. This indicates that the scene is still a popular place for the majority of same-sex attracted young people to go with their same-sex attracted friends, and socialising with these types of friends is more popular on the scene than in other bars and clubs. Unfortunately, there is a lack of studies that have explored engagement with the scene in this way, making it difficult to compare these results with other studies.

The hypothesis that respondents who had socially integrated their sexuality into their wider lives would be more likely to regularly attend straight or mixed venues, less likely to engage with the scene, and more likely to hold the scene in low regard was only partially supported. Young people with fewer heterosexual friends attended straight venues less often, went out on the scene more often, and considered the scene more important than young people who indicated that most or all of their friends were heterosexual. This may suggest that young people who go out on the scene regularly have fewer opportunities to forge friendships with heterosexuals, or that people with fewer heterosexual friends are more likely to go out on the scene to meet like-minded people and feel connected to the lesbian and gay subculture. How out or open respondents were about their sexual orientation was not associated with how often they attended venues on the scene or straight or mixed venues. It may have been expected that people who were more closeted about their sexuality would be less likely to engage with the scene, although this was not supported by the findings.

Contrary to the hypothesis, young people who had experienced a more rejecting reaction to sexuality disclosure from family and friends were no more likely to regularly go out on the scene and regard the scene as important than young people who had experienced a more accepting response from these people. It is possible that these groups of people have become more tolerant and accepting over time after having time to process respondents' disclosures. Alternatively, young people may seek social support from friends who do not negatively evaluate them on account of their sexual orientation. That the vast majority of respondents reported that their heterosexual friends were largely accepting of their sexuality suggests that these young people were socially supported, which may attenuate the effects of social stigma and rejection from family (Doty, et al., 2010).

Future research should examine whether same-sex attracted young people who lack social support are more likely to gravitate towards the scene to find like-minded people and reduce feelings of isolation. However, making social contacts over the Internet also appears to be increasingly common among young people coming to terms with their sexuality. In the previous chapter, most respondents reported using the Internet to make contact with other same-sex attracted people before disclosing their sexuality to other people. Young people in other research have been found to use the Internet for similar purposes (Hillier & Harrison, 2007). This may reduce the need for young people to engage with the scene to work through identity issues.

It might have been expected that young people who regularly used the Internet for social and sexual networking with other same-sex attracted people (e.g., Manhunt, Grindr, Pink Sofa) would go out on the scene less, as has been found in research with predominantly older gay men (Zablotska, et al., 2011). Others have suggested that the Internet is a contributing factor to diminishing patronage of lesbian and gay venues (Rosser, West, et al., 2008; Ruting, 2007). Contrary to the findings of other research, young people in the current study who regularly used these sites went out on the scene more often than people who used them less regularly or not at all. While older gay men have been shown to use websites like Manhunt to find sexual partners instead of going out on the scene (Zablotska, et al., 2011), younger people may be more likely to use the Internet and the scene concurrently for both social and sexual purposes. For example, they may use the Internet to initiate contact with a person and then arrange a meeting at a venue on the scene. It is possible that young people who actively avoid engagement with the scene also shun the use of social and sexual networking sites for same-sex attracted people. They may be satisfied with the amount of contact they have with other

same-sex attracted people away from the scene, be partnered in a relationship, or not looking for sex.

Minority Stress and the Scene

Despite the considerable gains made by the gay rights movement, homophobia continues to feature in the lives of many same-sex attracted people, and young people in particular (Birkett, et al., 2009; Hillier, et al., 2010; Hunt & Jensen, 2007). In the current chapter, the association between minority stress and engagement with the lesbian and gay scene was examined to determine whether young people with higher levels of minority stress would spend more time on the scene and hold it in higher regard. Contrary to hypothesis, when the effects of other variables were controlled for, there was no significant association between how often respondents went out on the scene and internalised homophobia, perceptions of societal stigma towards sexual minorities, or recent experiences of homophobic abuse. In partial support of the hypothesised relationship between minority stress and ratings of scene importance, respondents who had recently experienced homophobic verbal or physical abuse were more likely to hold the scene in high regard. Other features of minority stress – perceptions of societal stigma and internalised homophobia – were not related to the value respondents placed on the scene, either when considered in isolation or when controlling for the effects of other variables. These findings suggest that for young people who have experienced homophobic abuse, the scene is a safe and comfortable space that can provide respite from potential hostility from intolerant segments of wider society.

It is unclear why internalised homophobia and perceptions of societal stigma towards sexual minorities were not related to engagement with the scene and ratings of scene importance. Unfortunately, there is a lack of previous research that has examined

these relationships. It has been suggested that perceptions of social support from current relationships with family, friends and work colleagues may buffer the effects of perceived stigma and internalised homophobia on mental health (Doty, et al., 2010; Needham & Austin, 2010). The strength of these interpersonal relationships and the continuity that many same-sex attracted young people experience in their lives before and after disclosing their sexuality may diminish the need to regularly spend time on the scene (Reynolds, 2007; Seidman, 2002). Young people who do not regularly engage with the scene or regard it as important may opportunistically attend lesbian and gay venues to socialise or meet sexual partners, while others may shun the scene altogether. Such modes of engaging with the scene may occur irrespective of whether the person considers that people in wider society harbour negative attitudes towards same-sex attracted people. However, the direct experience of this prejudice in the form of verbal or physical abuse appears to be related to young people perceiving the scene as more valuable.

It is likely that other factors that were not assessed in the current study play an important role in same-sex attracted young people's engagement with the scene. For example, a person who lives, works or studies in close proximity to lesbian and gay venues, who has a reasonable amount of disposable income, friends who regularly go out on the scene, and enjoys dancing and the genres of music popular in these venues may be more likely to value and regularly frequent the scene. Someone who does not share these qualities and interests may be less inclined to engage with the scene, irrespective of perceptions of societal stigma and how family and friends first responded to their sexuality disclosure.

Finally, there was support for the relationship between minority stress and regularly attending straight or mixed licensed venues. Young people with lower

perceptions with social stigma and those who had experienced homophobic abuse in the preceding 12 months were more likely to attend straight or mixed venues at least weekly. These findings may indicate that young people with low perceptions of social stigma towards sexual minorities feel safe and comfortable in straight licensed venues and consequently regularly spend time in these venues. The findings also suggest that young people may increase their chances of exposure to homophobic abuse by regularly spending time in straight licensed venues, particularly at night when people are more likely to be intoxicated and may more freely engage in abuse of same-sex attracted people in these venues.

Conclusions

Without access to information that charts engagement with the lesbian and gay scene in different generational cohorts, and the absence of data that reports the importance of the scene to lesbian and gay men at different points in time over the past several decades, it is difficult to make claims about the decline of the scene or its relative stability over time. The majority of respondents in this study did not consider the scene important to their leisure time, and did not regularly access the scene. However, most of the features of the scene that respondents rated as important were centred on having a unique space for same-sex attracted people to congregate on their own terms, without fear of judgement or fears for their safety.

The findings suggest that most respondents did not regard the scene as “passé”, and these licensed venues continued to serve an important purpose as a space for same-sex attracted people to socialise. It may indicate the coexistence of gay and post-gay modes of engaging with the scene, as has been suggested by Reynolds (2008) and Stein (2010).

For same-sex attracted emerging adults who may be in the process of coming to terms with their sexual orientation, and for some young people isolation and rejection from family and friends, the scene may provide social support and a place to belong (Ellis, 2007; Valentine & Skelton, 2003). Growing social acceptance and social integration of lesbians and gay men may permit branching away from traditional modes of gay sociality and greater comfort in showing same-sex intimacy in non-gay settings. However, as long as homophobic prejudice and personal anguish over same-sex attraction continue, it is unlikely that the lesbian and gay scene will fade into obscurity.

CHAPTER SEVEN

ALCOHOL AND OTHER DRUG USE

In this final results chapter, findings are presented about respondents' patterns of alcohol and other drug use. Results are also presented about the setting of drug use, as well as covariates of risky alcohol use, recent use of illicit drugs, and substance dependence.

There are two theories that are commonly used to explain the higher rates of alcohol and other drug use often reported among same-sex attracted people compared to heterosexuals. The first explanation borrows from minority stress theory (Meyer, 1995, 2003), and posits that same-sex attracted people use alcohol and other drugs to cope with psychosocial stress associated with their sexual minority status (Bux, 1996; Hughes & Eliason, 2002; Marshal, et al., 2008). While alcohol and other drug use is absent from Meyer's conceptualisation of minority stress (1995, 2003), other researchers have included problems with alcohol and other drugs as a potential outcome of chronic minority stress in same-sex attracted people (Hamilton & Mahalik, 2009; Hatzenbuehler, 2009). The second theory is that alcohol and other drug use is *normalised* on the lesbian and gay scene. Because lesbian and gay sociality has been situated largely in the venues of the scene for several decades, many same-sex attracted people have had greater exposure to alcohol and other drugs by regularly attending these venues (Knox, et al., 1999; McKirnan & Peterson, 1989b; Prestage, Degenhardt, et al., 2007).

Post-gay theorists and other commentators on the changing dynamics of lesbian and gay life claim that same-sex attracted people may experience diminished minority stress and disengage from the scene as social attitudes towards sexual minorities

become more tolerant and accepting (Bech, 1997; Reynolds, 2007; Seidman, 2002; Sinfield, 1998; Stein, 2010). It might therefore be expected that diminished minority stress and disengagement with the scene may be associated with reduced levels of alcohol and other drug use. However, no published study to date has examined the relationship between minority stress, participation in the lesbian and gay scene, and alcohol and other drug use.

The findings of the previous two chapters provide some support for the claims of diminished minority stress and disengagement from the scene. For example, most respondents appeared to have subjectively accepted their sexual orientation and did not have strong perceptions of societal stigma towards sexual minorities. Nevertheless, the majority of respondents had experienced homophobic verbal or physical abuse. Most respondents attended straight or mixed venues with equal or greater frequency than lesbian and gay venues, and most did not consider the scene to be an important feature of their night-time leisure. Reduced minority stress and reduced engagement with the scene among a substantial proportion of same-sex attracted young people calls into question the ongoing utility of these theories to explain the high rates of substance use and substance use problems often seen in same-sex attracted people. With this in mind, this chapter aims to examine respondents' patterns of alcohol and other drug use, and determine whether minority stress and engagement with the lesbian and gay scene are associated with alcohol and other drug use and potentially harmful patterns of use.

Research Questions and Hypotheses

Research Questions

The following research questions were developed to respond to the aim of the chapter:

1. What are respondents' patterns of alcohol and other drug use?
2. Have respondents experienced problems with their use of alcohol and other drugs?
3. What is the relationship between patterns of alcohol and other drug use and (a) minority stress, and (b) the social integration of sexuality?
4. What is the relationship between patterns of alcohol and other drug use and engagement with (a) the lesbian and gay scene, and (b) other licensed venues?

Hypotheses

Consistent with minority stress theory, it is hypothesised that respondents' with higher levels of minority stress and higher levels of rejection from family, friends and others will be more likely to report (a) risky patterns of alcohol use, (b) use of any illicit drug in the preceding month, (c) use of a greater number of illicit drugs in the preceding month, and (d) current dependence on "club drugs". The term "club drugs" refers to drugs that are commonly used at nightclubs, dance parties and raves (Koesters, Rogers, & Rajasingham, 2002). While many drugs could foreseeably be categorised as club drugs, in the current study this was inclusive of cocaine, crystal methamphetamine, ecstasy, GHB and ketamine.

No hypothesis is made about the relationship between substance use and how out or open respondents are about their sexuality. This is because people who are more open about their sexuality may encounter more social situations where substance use is taking place and have higher rates of use, while on the other hand people who are more closeted may experience greater anguish about their sexuality and self-medicate with alcohol and other drugs to cope with these feelings.

Finally, it is hypothesised that respondents who go out to the venues on the scene at least weekly will be more likely to report (a) risky patterns of alcohol use, (b) illicit drug use in the preceding month, (c) use a greater number of illicit drugs in the preceding month, and (d) current dependence on club drugs. However, it is expected that these associations will not be limited to respondents who regularly go out on the scene, and a similar association is expected between regular attendance at straight or mixed licensed venues and these measures of alcohol and other drug use. This is because regular attendance at licensed venues has been associated with higher rates of alcohol and other drug use in studies that specifically examine attendance at scene venues (Greenwood, et al., 2001; Kipke, et al., 2007; Parks, 1999b; Prestage, Fogarty, et al., 2007; Stall, et al., 2001), as well as studies that examine licensed venue attendance without specifying whether these are scene venues or other venues (Heffernan, 1998; McKirnan & Peterson, 1989b; Trocki, et al., 2005, 2009). No study to date has specifically examined whether there are differences in same-sex attracted people's substance use in scene venues and other licensed venues.

Method

This section provides information about the variables that relate to each research question. More detailed information about these variables is reported in Chapter 3.

Measures

Patterns of alcohol and other drug use. Alcohol use was assessed with the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C; Bush, et al., 1998). Scores on the AUDIT-C range from 0 to 12, and scores of 5 or more are indicative of heavy drinking and alcohol misuse in both females and males according to

current Australian guidelines (Australian Government Department of Health and Ageing, 2009).

Drug use was assessed by examining respondents' use of a range of drugs (including both illicit and licit drugs): ever, in the preceding six months, and in the preceding month. Data on illicit drug use were aggregated to determine whether respondents had ever used illicit drugs, and whether they had used illicit drugs in the preceding six months and in the preceding month.

Two measures of polydrug use were included: concurrent polydrug use and simultaneous polydrug use. Concurrent polydrug use refers to different drugs used in a specific time period (e.g., one month), while simultaneous polydrug use refers to the use of more than one drug in the same session (Earleywine & Newcomb, 1997; McCabe, Cranford, Morales, & Young, 2006). Simultaneous polydrug use can also include the simultaneous administration of more than one drug (e.g., injecting a mixture of heroin and cocaine), but this was not assessed in the current study (Lovibond & Lovibond, 1995). Concurrent polydrug use was assessed by examining the number of different illicit drugs respondents had ever used, as well as the number of different illicit drugs used in the preceding six months and in the preceding month. Simultaneous polydrug use was assessed by examining the different illicit drugs respondents reported typically using in the same session, with an emphasis on drugs used in the same session as club drugs.

Problems with alcohol and other drugs. Treatment seeking for alcohol and other drug use problems was assessed with the following items: (a) ever thought about treatment, (b) ever sought treatment, (c) ever attended a hospital emergency department because of alcohol and other drugs.

Dependence on ecstasy, cocaine, GHB, crystal methamphetamine, and/or ketamine was assessed using the Severity of Dependence Scale (SDS; Gossop, et al., 1992). Scores on the SDS range from 0 to 15 with higher scores indicating a greater likelihood of dependence. Diagnostic cut-off scores for dependence differ for each drug and are as follows: cocaine ≥ 3 (Kaye & Darke, 2002), crystal methamphetamine ≥ 4 (Topp & Mattick, 1997), ecstasy ≥ 4 (Bruno, et al., 2009), and GHB ≥ 5 (Degenhardt, et al., 2002). As there are no published papers reporting an SDS cut-off for ketamine dependence, weekly ketamine use and a score of at least 5 on the SDS was used to indicate dependence, consistent with the procedure used to classify GHB dependence using the SDS in the absence of a validated cut-off (Degenhardt, et al., 2002). Respondents who were classified as dependent on any of these drugs were coded as 1, and all other respondents were coded as 0. GHB overdose was also assessed.

Drug use in licensed venues. The relationship between the lesbian and gay scene and patterns of alcohol and other drug use was assessed using two sets of variables:

1. Proportion of respondents who reported any drug use in lesbian and gay venues and in straight or mixed venues in the preceding six months.
2. Use of different drug classes in the preceding six months in lesbian and gay licensed venues and in straight or mixed licensed venues.

Motivations for drug use. Motivations for using drugs at lesbian and gay venues were examined with one question where respondents could select as many possible motivations for drug use as applied from a provided list.

Data Analysis

Patterns of alcohol and other drug use. Independent samples *t*-tests were used to examine gender differences in alcohol use for each AUDIT-C item and total AUDIT-C scores. Pearson's chi-square tests were used to examine gender differences in whether respondents had:

1. Used illicit drugs: ever, in the preceding six months, and in the preceding month.
2. Use of specific drugs (both illicit and licit): ever, in the preceding six months, and in the preceding month.
3. Ever injected drugs.

Independent samples *t*-tests were used to examine gender differences in:

1. The age of initiation of use of each drug.
2. The number of days each drug had been used in the preceding month (among respondents who had used that drug in the preceding six months).
3. Concurrent polydrug use, assessed as the total number of different illicit drugs used: ever, in the preceding six months, and in the preceding month.

The highest number of different illicit drugs respondents could have reported using was 14.

Problems with alcohol and other drug use. Gender differences in thinking about treatment, treatment seeking, emergency presentations, and GHB overdose were examined with Pearson's chi-square tests.

Gender differences in SDS scores for cocaine, crystal methamphetamine, ecstasy, GHB and ketamine were examined using *t*-tests, for respondents who had used each respective drug in the preceding six months.

Drug use in licensed venues. McNemar's tests were used to examine whether the proportion of respondents who reported drug use in lesbian and gay venues in the preceding six months differed from the proportion reporting drug use in straight or mixed venues in the preceding six months. These analyses were conducted separately for female and male respondents. Pearson's chi-square tests were then used to determine whether there were gender differences in the proportion of respondents reporting drug use in (a) lesbian and gay venues, and (b) straight or mixed venues.

For each of a number of drugs commonly used in licensed venues, McNemar's tests were used to determine whether respondents were more likely to have used each drug in lesbian and gay venues or in straight or mixed venues in the preceding six months. These analyses were not stratified by gender due to small cell counts.

Motivations for drug use. Gender differences in motivations for using drugs while attending lesbian and gay licensed venues were examined with Pearson's chi-square tests.

Covariates of alcohol and other drug use. Four multivariate regression analyses were conducted to examine covariates of different alcohol and other drug use outcomes. Linear regression was used to examine covariates of (a) heavy drinking and alcohol misuse according to the AUDIT-C, and (b) concurrent illicit drug use, assessed as the number of different illicit drugs used in the preceding month. Logistic regression was used to examine covariates of (a) use of any illicit drugs in the preceding month, and (b) current dependence on club drugs according to diagnostic cut-offs on the SDS.

The following variables were included as covariates in each regression analysis:

Demographic variables

1. Gender (reference category: female).
2. Sexual orientation (reference category: not exclusively same-sex oriented).

3. Age.

Minority stress and psychological distress variables

4. Revised Internalised Homophobia Scale (IHP-R) scores (higher scores indicate higher levels of internalised homophobia).
5. Stigma scale scores (higher scores indicate higher levels of perceived social stigma towards sexual minorities).
6. Homophobic verbal abuse in the preceding 12 months (reference category: none).
7. Homophobic physical abuse in the preceding 12 months (reference category: none).
8. Kessler Psychological Distress Scale (K-10) scores (higher scores indicate higher levels of psychological distress).
9. Attempted suicide (reference category: never).
10. Thoughts of suicide in the preceding month (reference category: none).

Social integration of sexuality variables

11. Overall sexuality disclosure (higher scores indicate more openness).
12. Acceptance from family following sexuality disclosure (higher scores indicate greater acceptance).
13. Acceptance from non-family following sexuality disclosure (higher scores indicate greater acceptance).
14. Same-sex attracted friends (reference category: few or no same-sex attracted friends).
15. Heterosexual friends (reference category: few or no heterosexual friends).

Licensed venue variables

16. Lesbian and gay licensed venue attendance (reference category: less than weekly).

17. Straight or mixed licensed venue attendance (reference category: less than weekly).

For each outcome variable, univariate analyses were conducted first for all covariates separately. Following this, a multivariate analysis was conducted where all variables were entered in a single block, controlling for the effects of each of the other variables.

Results

Patterns of Alcohol and Other Drug Use

Alcohol use. Seventy-eight percent of respondents reported consuming alcohol more often than monthly, and 42% more often than weekly (see Table 7.1). The mean AUDIT-C score was 5.25 ($SD = 2.50$) for female respondents and 5.63 ($SD = 2.74$) for male respondents, $t(570) = -1.71, p = .09$. Sixty-two percent of females and 65% of males had AUDIT-C scores of 5 or more, indicating risky drinking and a possible DSM-IV alcohol use disorder (Australian Government Department of Health and Ageing, 2009; Bradley, et al., 2007). On a typical drinking day, males were significantly more likely than females to consume at least seven standard drinks. Twenty-four percent of respondents reported drinking six or more drinks on one occasion at least weekly (see Table 7.1). Females were significantly younger than males when they first had an alcoholic drink, $M = 14.03$ ($SD = 3.11$) versus $M = 15.00$ ($SD = 2.61$), $t(549) = -3.98, p < .001$.

Table 7.1. Patterns of alcohol consumption on the AUDIT-C

AUDIT-C Item	Females		Males		χ^2	df	N	p
	n	%	n	%				
Alcohol consumption								
Never	11	4.3	10	3.1	2.97	4	572	.56
Monthly or less	44	17.3	63	19.8				
2 to 4 times a month	95	37.4	110	34.6				
2 to 3 times a week	80	31.5	94	29.6				
4 or more times a week	24	9.4	41	12.9				
Standard drinks on typical drinking day								
1 or 2	56	23.0	71	23.1	16.06	4	551	.003
3 or 4	71	29.2	68	22.1				
5 or 6	74	30.5	73	23.7				
7 to 9	21	8.6	55	17.9				
10 or more	21	8.6	41	13.3				
Six or more drinks on one occasion								
Never	26	10.7	34	11.0	0.70	4	551	.95
Less than monthly	95	39.1	110	35.7				
Monthly	65	26.7	86	27.9				
Weekly	55	22.6	75	24.4				
Daily or almost daily	2	0.8	3	1.0				

Drug use. Seventy percent of respondents ($n = 398$) reported ever using illicit drugs. Forty-nine percent ($n = 282$) reported using illicit drugs in the preceding six months, and 34% ($n = 192$) in the preceding month. Female respondents were more likely than male respondents to report ever using illicit drugs, 74% versus 66%, $\chi^2(1, N = 572) = 4.25, p = .039$. However, there were no gender differences in illicit drug use in the preceding six months, $\chi^2(1, N = 572) = 1.71, p = .19$, or in the preceding month, $\chi^2(1, N = 572) = 0.16, p = .69$. Table 7.2 shows the proportion of respondents who reported use of different illicit and licit drugs. The largest gender differences in the use of individual drugs were for GHB, amyl nitrate and ecstasy. Young men were significantly more likely than young women to report lifetime and recent use of GHB and amyl nitrate, and recent use of ecstasy.

Table 7.3 shows the mean number of days respondents had used different drugs in the preceding month (among respondents who had used that drug in the preceding six months), and the mean ages when respondents first used each drug (among respondents who had ever used that drug). Compared to males, females used cocaine and benzodiazepines on significantly more days and amyl nitrate on significantly fewer days in the preceding month. Females were significantly younger than males when they first used several drugs, including tobacco, speed, cannabis, cocaine, base methamphetamine, party pills, and ecstasy.

Table 7.2. Proportion of female and male respondents who reported use of different drugs

Drug	Ever used				Used past six months				Used past month						
	Females		Males		χ^2	Females		Males		χ^2	Females		Males		χ^2
	n	%	n	%		n	%	n	%		n	%	n	%	
Cannabis	177	69.7	195	61.3	4.34 *	111	43.7	106	33.3	6.45 *	71	28.0	66	20.8	4.02 *
Cocaine	66	26.0	102	32.1	2.53	23	9.1	49	15.4	5.18 *	7	2.8	24	7.5	6.32 *
Ecstasy (MDMA)	117	46.1	153	48.1	0.24	48	18.9	99	31.1	11.07 ***	20	7.9	57	17.9	12.24 ***
GHB	30	11.8	73	23.0	11.88 ***	9	3.5	45	14.2	18.59 ***	5	2.0	29	9.1	12.92 ***
Heroin	9	3.5	5	1.6	2.30										
Ketamine	26	10.2	61	19.2	8.76 **	5	2.0	24	7.5	9.13 **	1	0.4	10	3.1	
LSD	61	24.0	62	19.5	1.71	21	8.3	29	9.1	0.13	9	3.5	11	3.5	0.00
Magic mushrooms	47	18.5	32	10.1	8.45 **	13	5.1	9	2.8	2.00	3	1.2	3	0.9	
MDA/MDMA powder/caps	46	18.1	84	26.4	5.55 *	18	7.1	37	11.6	3.36	7	2.8	13	4.1	0.74
Mephedrone	9	3.5	14	4.4	0.27	2	0.8	10	3.1	3.82	2	0.8	6	1.9	
Crystal methamphetamine	24	9.4	56	17.6	7.82 **	6	2.4	25	7.9	8.33 **	3	1.2	11	3.5	3.07
Base methamphetamine	36	14.2	59	18.6	1.96	8	3.1	24	7.5	5.17 *	2	0.8	11	3.5	4.54 *
Speed (powder)	86	33.9	100	31.4	0.37	23	9.1	40	12.6	1.79	8	3.1	13	4.1	0.35
Party pills (2CI, 2CB, BZP)	32	12.6	56	17.6	2.72	14	5.5	12	3.8	0.98	6	2.4	8	2.5	0.01
Amyl nitrate	67	26.4	149	46.9	25.19 ***	30	11.8	94	29.6	26.20 ***	15	5.9	65	20.4	24.80 ***
Benzodiazepines	59	23.2	69	21.7	0.19	28	11.0	38	11.9	0.12	16	6.3	18	5.7	0.10
Ritalin / Dexamphetamine	38	15.0	60	18.9	1.52	12	4.7	22	6.9	1.22	8	3.1	6	1.9	0.94
Tobacco	195	76.8	204	62.2	10.66 **	138	54.3	131	41.2	9.78 **	117	46.1	116	36.5	5.37 *
Viagra / Cialis / Levitra	8	3.1	42	13.2	17.91 ***	3	1.2	14	4.4	5.08 *			6	1.9	

Note. For all chi-square tests, $df = 1$ and $N = 572$

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 7.3. Days used in past month and age of first use of different drugs

Drug	Days used in past month ^a					Age at first use ^b				
	Females		Males		<i>t</i>	Females		Males		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Cannabis	4.23	7.16	4.25	6.99	-0.01	16.49	2.51	17.43	2.62	-3.48 ***
Cocaine	1.64	2.38	0.79	0.83	1.63 ***	18.22	2.75	19.41	2.11	-3.15 **
Ecstasy (MDMA)	1.11	1.30	1.74	2.77	-1.47	17.76	2.24	18.42	1.93	-2.59 *
GHB	0.78	0.97	1.83	2.44	-1.27	19.12	2.82	19.93	2.08	-1.55
Heroin						17.11	3.79	19.80	2.49	-1.41
Ketamine	0.33	0.56	0.91	1.24	-0.79	19.10	2.57	19.68	2.04	-1.06
LSD	0.75	0.85	0.64	0.86	0.43	18.66	2.30	19.36	2.19	-1.68
Magic mushrooms	0.55	0.69	1.75	3.41	-1.15	18.33	2.26	18.91	2.49	-1.03
MDA/MDMA powder/caps	0.75	0.93	1.00	1.39	-0.65	18.65	2.67	19.37	2.25	-1.57
Mephedrone	1.00	0.00	1.50	1.96	-0.35	18.86	2.54	20.43	2.38	-1.39
Crystal methamphetamine	3.00	2.53	3.57	6.83	-0.20	18.73	2.33	19.47	1.65	-1.58
Base methamphetamine	0.33	0.52	1.14	3.17	-0.61	17.84	1.83	19.22	2.17	-2.99 **
Speed (powder)	0.95	1.32	1.31	2.10	-0.71	17.92	2.23	19.09	2.12	-3.64 ***
Party pills (2CI, 2CB, BZP)	0.54	0.97	1.67	2.15	-1.67	17.39	2.79	19.02	1.98	-2.94 **
Amyl nitrate	0.96	1.26	3.04	4.69	-3.80 ***	18.79	2.12	18.95	2.12	-0.48
Benzodiazepines	5.85	8.51	2.08	3.66	2.13 *	18.67	2.99	19.66	2.75	-1.86
Ritalin / Dexamphetamine	4.44	9.77	4.86	10.58	-0.10	17.56	3.53	18.46	3.75	-1.11
Tobacco	16.30	13.08	16.93	12.71	-0.39	15.17	2.70	16.17	2.61	-3.74 ***
Viagra / Cialis / Levitra	0.33	0.58	1.64	2.44	-0.90	18.83	1.83	20.24	2.42	-1.36

^aAmong respondents who had used that drug in the preceding six months.^bAmong respondents who had ever used that drug.* $p < .05$. ** $p < .01$. *** $p < .001$.

Polydrug use.

Concurrent polydrug use. Among respondents who reported ever using illicit drugs, females reported lifetime and recent use of significantly fewer illicit drugs compared to males (see Table 7.4).

Table 7.4. Concurrent polydrug use among respondents who reported use of illicit drugs

Number of different illicit drugs used	Females		Males		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Ever	4.07	3.20	5.01	3.51	-2.78	396	.006
Past six months	2.26	1.86	3.42	2.47	-4.46	272	< .001
Past month	1.73	1.25	2.40	1.88	-2.96	187	.004

Note. For each time period (ever, past six months, past month), means are limited to those who reported use of illicit drugs in each time period. A total of 14 illicit drug classes were asked about.

Simultaneous polydrug use. In the preceding six months, three-quarters of respondents who used ecstasy and over half of respondents who used cocaine reported drinking alcohol in the same session as each of these other drugs (see Table 7.5). Many respondents also reported using alcohol in the same session as GHB, crystal methamphetamine, and ketamine. Respondents who reported use of GHB, crystal methamphetamine, cocaine and ketamine commonly reported using ecstasy in the same session. A large proportion of respondents who had used crystal methamphetamine and ketamine reported simultaneous use of GHB.

Table 7.5. Typical patterns of simultaneous polydrug use among respondents who had used illicit drugs in the preceding six months

Drug used in same session	Ecstasy	Cocaine	GHB	Crystal	Ketamine
	(<i>n</i> = 147)	(<i>n</i> = 72)	(<i>n</i> = 54)	(<i>n</i> = 31)	(<i>n</i> = 29)
	%	%	%	%	%
Ecstasy	-	38.9	55.6	48.4	34.5
Cocaine	19.0	-	20.4	22.6	17.2
GHB	20.4	15.3	-	41.9	37.9
Crystal methamphetamine	10.2	9.7	24.1	-	17.2
Ketamine	6.8	6.9	20.4	16.1	-
Cannabis	27.9	20.8	14.8	22.6	10.3
Heroin	0.7	1.4	1.9		3.4
LSD	6.1	2.8	3.7	12.9	6.9
Magic mushrooms	1.4		1.9	3.2	3.4
MDA/MDMA powder/caps	14.3	11.1	16.7	25.8	13.8
Mephedrone	1.4	2.8	1.9		
Base methamphetamine	8.2	6.9	9.3	19.4	13.8
Speed (powder)	19.0	13.9	11.1	19.4	17.2
Party pills	6.1	4.2	5.6	6.5	6.9
Alcohol	77.6	56.9	44.4	38.7	37.9
Amyl nitrate	34.7	27.8	25.9	25.8	17.2
Benzodiazepines	3.4	4.2	3.7	3.2	10.3
Ritalin / Dexamphetamine	4.8	8.3	1.9	3.2	3.4
Tobacco	41.5	33.3	24.1	29.0	20.7
Viagra / Cialis / Levitra	1.4	2.8		3.2	3.4
Number of illicit drugs used	2.18	2.46	2.76	3.90	3.34
in same session <i>M</i> (<i>SD</i>)	(1.74)	(1.85)	(1.99)	(2.41)	(2.04)

Note. Denominators for each column are the number of respondents who reported use of [ecstasy, cocaine, GHB, crystal methamphetamine, ketamine] in the preceding six months.

Injecting drug use. Five percent of female respondents (*n* = 12) and 5% of male respondents (*n* = 16) reported ever injecting drugs, $\chi^2(1, N = 572) = 0.03$, *p* = .87. Two female respondents and six male respondents reported injecting in the preceding six months (1.4% of all respondents). Five male respondents reported injecting in the preceding month (0.9% of all respondents). Of those five males, one reported sharing needles, syringes or other injecting equipment in the preceding month.

Female respondents were significantly younger than male respondents when they first injected drugs, $M = 16.83$ ($SD = 3.07$) versus $M = 20.38$ ($SD = 2.19$), $t(26) = -3.57$, $p = .001$. Table 7.6 shows the drugs that respondents reported injecting in their lifetime and in the preceding six months.

Table 7.6. Drugs injected ever and in the preceding six months

Drug	Ever injected				Injected past six months			
	Females		Males		Females		Males	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Methamphetamine (any)	4	33.3	12	75.0			4	66.7
Opioids (any)	9	75.0	3	18.8	1	50.0	1	16.7
Ketamine	1	8.3	4	25.0	1	50.0		
Cocaine			4	25.0				
Ecstasy			4	25.0				
Steroids			1	6.3			1	16.7

Problems with Alcohol and Other Drug Use

Alcohol and other drug treatment. Fifteen percent of females ($n = 38$) and 10% of males ($n = 32$) reported that they had at some point thought they may need treatment because of their alcohol or other drug use, $\chi^2(1, N = 572) = 3.15$, $p = .08$. Eight percent of females ($n = 20$) and 5% of males ($n = 17$) reported having ever sought treatment because of their alcohol or other drug use, $\chi^2(1, N = 572) = 1.49$, $p = .22$. Substances respondents had sought treatment for included alcohol (2.8%), cannabis (1.4%), crystal methamphetamine (1.0%), ecstasy (0.9%), and opioids (0.5%). Twenty percent of respondents ($n = 8$) who were classified as currently dependent on club drugs had ever sought treatment because of their alcohol or other drug use. Thirteen percent of respondents ($n = 72$) with scores on the AUDIT-C indicative of risky alcohol use had ever sought treatment for their alcohol or other drug use.

Thirteen percent of females ($n = 32$) and 8% of males ($n = 24$) reported having attended a hospital emergency department because of their alcohol or other drug use, $\chi^2(1, N = 572) = 4.08, p = .043$. The number of times this had happened ranged from 1 to 10 ($M = 1.82, SD = 1.63$). Substances respondents had attended hospital for included alcohol (5.9%), crystal methamphetamine (1.7%), prescription medications (1.7%), GHB (1.0%), and ecstasy (0.9%). Smaller numbers presented to emergency departments because of their use of opioids ($n = 4$), LSD ($n = 3$), cannabis ($n = 2$), cocaine ($n = 1$), and ketamine ($n = 1$).

Club drugs.

Dependence on club drugs. The majority of respondents who had used cocaine, ecstasy, GHB and ketamine in the preceding six months had Severity of Dependence Scale (SDS) scores that fell below the diagnostic cut-offs for dependence (see Table 7.7). However, among respondents who had used crystal methamphetamine in the preceding six months, one-third of females and almost half of males had SDS scores indicative of methamphetamine dependence. Seven percent of all respondents ($n = 41$) had an SDS score for at least one drug class that was indicative of substance dependence.

Table 7.7. SDS scores for respondents who had used club drugs in the preceding six months

Drug	SDS score				<i>t</i>	<i>df</i>	<i>p</i>	SDS score above dependence cut-off ^a			
	Females		Males					Females		Males	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				<i>n</i>	%	<i>n</i>	%
Cocaine	1.13	1.55	0.57	1.58	1.41	70	.16	4	17.4	2	4.1
Crystal	3.50	3.62	4.00	4.07	-0.28	29	.79	2	33.3	12	48.0
Ecstasy	1.75	1.98	1.69	2.17	0.17	145	.87	9	18.8	15	15.2
GHB	1.33	1.58	1.67	2.50	-0.38	52	.70			4	8.9
Ketamine	1.00	2.24	0.88	1.62	0.15	27	.88	1	20.0	1	4.2

^a SDS cut-offs for dependence on each drug are: cocaine ≥ 3 ; crystal / ice ≥ 4 ; ecstasy ≥ 4 ; GHB ≥ 5 ; ketamine ≥ 5 .

Route of administration of club drugs. The majority of respondents reported typically snorting cocaine and ketamine, smoking crystal methamphetamine, and swallowing ecstasy and GHB (see Table 7.8). A minority of respondents reported injection of club drugs, most commonly crystal methamphetamine and ketamine. There were no gender differences in the reported routes of administration.

Table 7.8. Route of administration for respondents who had used club drugs in the preceding six months

Drug	Swallow		Snort		Smoke		Inject		Shaft (anus)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Cocaine	7	9.7	70	97.2	1	1.4	1	1.4	1	1.4
Crystal	3	9.7	1	3.2	27	87.1	4	12.9	1	3.2
Ecstasy	146	99.3	54	36.7	1	0.7	1	0.7	15	10.2
GHB	53	98.1	1	1.9						
Ketamine	3	10.3	24	82.8			5	17.2		

GHB overdose. Among respondents who reported using GHB, 23% of females and 36% of males had ever lost consciousness (“dropped”) after taking it, $\chi^2(1, N = 103) = 1.47, p = .22$. Losing consciousness after mixing GHB with alcohol was reported

among 17% of females and 14% of males who had ever used the drug. The number of times respondents had lost consciousness after taking GHB ranged from 1 to 5 ($M = 1.68$, $SD = 1.22$).

Drug Use in Licensed Venues

Among respondents who had used drugs in the preceding six months, young men were significantly more likely to report drug use in lesbian and gay venues (64%) compared to straight or mixed venues (46%) in the preceding six months, $\chi^2(1, N = 149) = 15.19$, $p < .001$. For young women, there were no differences in the proportion reporting drug use in the preceding six months in lesbian and gay venues (34%) and straight or mixed venues (32%; $p = .66$; binomial distribution used). Young men were also significantly more likely than young women to report drug use in the preceding six months in lesbian and gay venues, $\chi^2(1, N = 282) = 26.31$, $p < .001$, and in straight or mixed venues, $\chi^2(1, N = 282) = 5.84$, $p = .016$.

Table 7.9 shows the number of respondents who reported using different drugs in lesbian and gay venues and in straight or mixed venues in the preceding six months. A significantly higher proportion of respondents reported use of ecstasy, GHB, cocaine, ketamine, MDA/MDMA powder or caps, and crystal methamphetamine in lesbian and gay licensed venues compared to straight or mixed venues. Gender differences were not examined because of the small number of respondents reporting recent use of some drug classes.

Table 7.9. Drugs used in different licensed venue settings in the preceding six months

Drug	Used in lesbian and gay venue		Used in straight or mixed venue		χ^2	df	N	p
	n	% ^a	n	% ^a				
Cocaine	45	62.5	29	40.3	8.65	1	72	.003
Crystal methamphetamine	12	38.7	6	19.4	-	-	31	.031
Ecstasy	113	76.9	72	49.0	28.07	1	147	< .001
GHB	39	72.2	12	22.2	21.81	1	54	< .001
Ketamine	14	48.3	4	13.8	-	-	29	.006
LSD	15	12.2	20	16.3	-	-	123	.36
MDA/MDMA powder/caps	51	39.2	34	26.2	4.65	1	130	.031
Mephedrone	7	58.3	4	33.3	-	-	12	.38
Base methamphetamine	31	32.6	22	23.2	2.06	1	95	.15
Speed	63	33.9	49	26.3	2.56	1	186	.11
Ritalin / Dexamphetamine	16	16.7	18	18.8	-	-	96	.79
Party pills (2CI, 2CB, BZP)	23	26.1	22	25.0	-	-	88	1.00

Note. Where chi-square statistics are not reported, the binomial distribution was used.

^aThe denominator for each drug is the number of respondents who reported use of that drug in the preceding six months.

Motivations for Drug Use on the Scene

Among respondents who had used drugs at lesbian and gay venues in the preceding six months, similar motivations for drug use were reported among female and male respondents. The most common motivations to use drugs were enhanced enjoyment, increased stamina, and enhanced enjoyment of dancing and music (see Table 7.10). Young men were more likely than young women to report being motivated to use drugs on the scene because their friends were doing so, and to get high.

Table 7.10. Reasons for drug use on the scene among respondents who had used drugs at these venues in the preceding six months

Reason	Females (<i>n</i> = 45)		Males (<i>n</i> = 96)		χ^2	<i>N</i>	<i>p</i>
	<i>n</i>	%	<i>n</i>	%			
To have fun and have a better time	39	86.7	81	84.4	0.13	141	.72
Have more energy and stay awake longer	33	73.3	77	80.2	0.84	141	.36
To enjoy dancing more	30	66.7	69	71.9	0.40	141	.53
To enjoy the music more	24	53.3	60	62.5	1.07	141	.30
To get high	19	42.2	60	62.5	5.11	141	.024
To relax and unwind	19	42.2	46	47.9	0.40	141	.53
To feel more confident in social situations	20	44.4	33	34.4	1.32	141	.25
Because friends are doing it	8	17.8	36	37.5	5.55	141	.018
To stop worrying what others think	13	28.9	27	28.1	0.01	141	.93
To feel more connected to other people	11	24.4	22	22.9	0.04	141	.84
Makes sex better	11	24.4	22	22.9	0.04	141	.84
Easier to approach potential sexual partners	7	15.6	21	21.9	0.77	141	.38
Makes me feel more sexually attractive	8	17.8	18	18.8	0.02	141	.89

Note. *df* = 1 for all tests.

Substance Use, Minority Stress, and Engagement with the Scene

Covariates of alcohol use. Table 7.11 shows the results of a linear regression analysis conducted to determine the association between patterns of alcohol use (from the AUDIT-C) and minority stress, psychological distress, and engagement with the lesbian and gay scene. The multivariate model was statistically significant, $F(17, 512) = 5.15$, $p < .001$, and accounted for 12% of the variance in AUDIT-C scores. Four variables were significantly associated with AUDIT-C scores in the multivariate model. Respondents who attended lesbian and gay licensed venues at least weekly, attended straight or mixed licensed venues at least weekly, were more out or open about their sexual identity, or had not thought about suicide in the previous month were more likely to report risky patterns of alcohol use. Significant univariate associations between

AUDIT-C scores and perceived stigma, acceptance from family and acceptance from non-family were not statistically significant in the multivariate model.

Table 7.11. Linear regression analysis of covariates of AUDIT-C scores ($N = 512$)

Variable	Univariate				Multivariate			
	<i>B</i>	<i>SE B</i>	β	<i>p</i>	<i>B</i>	<i>SE B</i>	β	<i>p</i>
Gender								
Female	-				-			
Male	0.38	0.22	.07	.09	0.33	0.25	.06	.20
Sexual orientation								
Not exclusive same-sex	-				-			
Exclusive same-sex	0.22	0.27	.04	.40	-0.24	0.31	-.04	.44
Age	-0.05	0.05	-.04	.32	-0.06	0.05	-.05	.21
Internalised homophobia (IHP-R)	-0.14	0.13	-.04	.28	0.13	0.15	.04	.39
Perceived stigma	-0.45	0.16	-.12	.006	-0.21	0.19	-.05	.25
Verbal abuse in past 12 months	0.39	0.22	.07	.08	0.27	0.23	.05	.25
Physical abuse in past 12 months	0.37	0.44	.04	.41	0.07	0.45	.01	.88
Psychological distress (K10)	-0.02	0.01	-.08	.07	-0.02	0.02	-.08	.12
Ever attempted suicide	0.24	0.26	.04	.37	0.36	0.29	.06	.21
Past month thoughts of suicide	0.07	0.28	.01	.81	0.66	0.33	.10	.047
Acceptance from family	0.26	0.12	.09	.031	0.17	0.12	.06	.16
Acceptance from non-family	0.48	0.14	.14	.001	0.21	0.16	.06	.19
Overall sexuality disclosure	0.50	0.11	.18	< .001	0.34	0.15	.11	.023
Same-sex attracted friends								
Few or none	-				-			
Some, most or all	0.12	0.24	.02	.63	-0.11	0.25	-.02	.66
Heterosexual friends								
Few or none	-				-			
Some, most or all	0.09	0.32	.01	.78	0.35	0.33	.05	.30
Lesbian and gay venue attendance								
Less than weekly	-				-			
Weekly or more often	1.63	0.30	.22	< .001	1.53	0.31	.22	< .001
Straight / mixed venue attendance								
Less than weekly	-				-			
Weekly or more often	1.51	0.26	.24	< .001	1.26	0.27	.20	< .001

Covariates of illicit drug use. Table 7.12 shows the results of a logistic regression analysis conducted to determine covariates of any illicit drug use in the preceding month. The Hosmer and Lemeshow goodness-of-fit statistic was not significant, $\chi^2(df = 8) = 4.70, p = .79$, indicating that the data fit the model. Four variables were significantly associated with recent drug use in the multivariate model. Respondents who attended straight or mixed licensed venues at least weekly, attended lesbian and gay licensed venues at least weekly, were more out or open about their sexual identity, and were not exclusively same-sex oriented were more likely to report drug use in the preceding month. Significant univariate associations between illicit drug use and three of four minority stress variables (internalised homophobia, homophobic verbal abuse, and homophobic physical abuse) were not statistically significant in the multivariate model. However, the association between physical abuse and illicit drug use approached significance in the multivariate model.

A linear regression analysis was also conducted to determine covariates of the number of illicit drug classes used in the preceding month. The multivariate model was significant, $F(17, 512) = 5.59, p < .001$, and accounted for 13% of the variance in the number of illicit drugs used in the preceding month (see Table 7.13). Four variables in the multivariate model were significant covariates of the number of illicit drugs used. Respondents who attended straight or mixed licensed venues at least weekly, attended lesbian and gay licensed venues at least weekly, were male, and were not exclusively same-sex oriented reported using a greater number of illicit drug classes in the preceding month. The significant univariate associations between the number of illicit drugs used and minority stress and overall sexuality disclosure were not significant in the multivariate model.

Table 7.12. Logistic regression analysis of covariates of illicit drug use in the preceding month ($N = 513$)

Variable	Univariate			Multivariate		
	OR	95% CI	<i>p</i>	OR	95% CI	<i>p</i>
Gender						
Female	1.00			1.00		
Male	0.68	0.47, 0.98	.04	1.23	0.77, 1.95	.38
Sexual orientation						
Not exclusive same-sex	1.00			1.00		
Exclusive same-sex	0.70	0.45, 1.10	.12	0.46	0.26, 0.81	.008
Age	1.13	1.04, 1.23	.003	1.08	0.98, 1.18	.10
Internalised homophobia (IHP-R)	0.73	0.58, 0.91	.006	0.92	0.70, 1.21	.57
Perceived stigma	0.94	0.73, 1.22	.65	1.09	0.78, 1.52	.60
Verbal abuse in past 12 months	1.56	1.10, 2.21	.013	1.23	0.81, 1.86	.33
Physical abuse in past 12 months	2.37	1.22, 4.59	.011	2.14	0.98, 4.67	.055
Psychological distress (K10)	1.01	0.99, 1.03	.40	1.01	0.98, 1.04	.54
Ever attempted suicide	1.49	0.99, 2.23	.06	1.38	0.84, 2.28	.20
Past month thoughts of suicide	0.97	0.62, 1.52	.90	1.02	0.56, 1.86	.94
Acceptance from family	1.22	1.01, 1.49	.043	1.24	0.98, 1.56	.07
Acceptance from non-family	1.15	0.91, 1.44	.25	1.08	0.81, 1.45	.60
Overall sexuality disclosure	1.60	1.06, 2.14	< .001	1.47	1.10, 1.97	.010
Same-sex attracted friends						
Few or none	1.00			1.00		
Some, most or all	1.21	0.83, 1.78	.33	0.85	0.54, 1.34	.47
Heterosexual friends						
Few or none	1.00			1.00		
Some, most or all	0.54	0.33, 0.87	.012	0.62	0.35, 1.09	.10
Lesbian and gay venue attendance						
Less than weekly	1.00			1.00		
Weekly or more often	2.68	1.90, 4.24	< .001	2.38	1.41, 4.04	.001
Straight / mixed venue attendance						
Less than weekly	1.00			1.00		
Weekly or more often	1.99	1.33, 2.98	.001	2.07	1.30, 3.29	.002

Table 7.13. Linear regression analysis of covariates of the number of illicit drugs used in the past month ($N = 512$)

Variable	Univariate				Multivariate			
	<i>B</i>	<i>SE B</i>	β	<i>p</i>	<i>B</i>	<i>SE B</i>	β	<i>p</i>
Gender								
Female	-				-			
Male	0.26	0.12	.09	.028	0.34	0.14	.12	.014
Sexual orientation								
Not exclusive same-sex	-				-			
Exclusive same-sex	-0.01	0.14	-.004	.93	-0.42	0.17	-.12	.013
Age	0.03	0.03	.05	.20	0.04	0.03	.06	.13
Internalised homophobia (IHP-R)	-0.17	0.07	-.10	.018	-0.09	0.08	-.05	.26
Perceived stigma	-0.08	0.09	-.04	.37	-0.05	0.10	-.02	.61
Verbal abuse in past 12 months	0.34	0.12	.12	.003	0.18	0.13	.06	.15
Physical abuse in past 12 months	0.60	0.23	.11	.009	0.31	0.24	.06	.20
Psychological distress (K10)	0.01	0.01	.05	.21	0.01	0.01	.06	.24
Ever attempted suicide	0.19	0.14	.06	.17	0.19	0.16	.06	.22
Past month thoughts of suicide	0.18	0.15	.05	.22	0.26	0.18	.07	.14
Acceptance from family	0.10	0.07	.07	.14	0.06	0.07	.04	.34
Acceptance from non-family	0.05	0.08	.03	.51	0.02	0.09	.01	.80
Overall sexuality disclosure	0.23	0.06	.16	< .001	0.11	0.08	.06	.19
Same-sex attracted friends								
Few or none	-				-			
Some, most or all	0.06	0.13	.02	.61	-0.13	0.14	-.04	.33
Heterosexual friends								
Few or none	-				-			
Some, most or all	-0.53	0.17	-.13	.002	-0.34	0.18	-.08	.06
Lesbian and gay venue attendance								
Less than weekly	-				-			
Weekly or more often	1.12	0.15	.29	< .001	1.01	0.17	.26	< .001
Straight or mixed venue attendance								
Less than weekly	-				-			
Weekly or more often	0.46	0.14	.14	.001	0.45	0.14	.13	.002

Covariates of dependence on club drugs. A further logistic regression analysis was conducted to determine covariates of current dependence on any club drug, including cocaine, ecstasy, crystal methamphetamine, GHB and/or ketamine (see Table 7.14). Dependence was assessed using diagnostic cut-offs on the SDS. The Hosmer and Lemeshow goodness-of-fit statistic approached statistical significance, $\chi^2(df = 8) = 14.73, p = .06$, suggesting that the data was not a good fit for the model. In the multivariate model, two variables were significantly associated with any dependence on club drugs. Older respondents and respondents with higher levels of psychological distress were more likely to have SDS scores above the diagnostic cut-off for dependence for at least one of the five drugs assessed. The significant univariate association between club drug dependence and homophobic verbal abuse was not significant in the multivariate analysis.

Table 7.14. Logistic regression analysis of covariates of current dependence on club drugs ($N = 513$)

Variable	Univariate			Multivariate		
	OR	95% CI	<i>p</i>	OR	95% CI	<i>p</i>
Gender						
Female	1.00			1.00		
Male	1.59	0.82, 3.10	.17	1.92	0.81, 4.58	.14
Sexual orientation						
Not exclusive same-sex	1.00			1.00		
Exclusive same-sex	1.69	0.69, 4.10	.25	1.54	0.50, 4.78	.46
Age	1.15	0.99, 1.33	.06	1.20	1.02, 1.41	.025
Internalised homophobia (IHP-R)	0.78	0.50, 1.20	.25	0.62	0.37, 1.06	.08
Perceived stigma	1.55	0.97, 2.47	.07	1.51	0.85, 2.69	.16
Verbal abuse in past 12 months	1.98	1.02, 3.86	.045	1.57	0.73, 3.38	.25
Physical abuse in past 12 months	1.65	0.55, 4.92	.37	0.68	0.19, 2.38	.54
Psychological distress (K10)	1.04	1.01, 1.07	.021	1.05	1.00, 1.09	.032
Ever attempted suicide	2.13	1.09, 4.16	.026	2.03	0.90, 4.58	.09
Past month thoughts of suicide	1.46	0.69, 3.08	.32	0.97	0.38, 2.43	.94
Acceptance from family	0.94	0.67, 1.31	.70	0.84	0.56, 1.26	.41
Acceptance from non-family	0.90	0.61, 1.33	.59	1.00	0.63, 1.61	.99
Overall sexuality disclosure	1.27	0.87, 1.84	.22	0.83	0.51, 1.37	.47
Same-sex attracted friends						
Few or none	1.00			1.00		
Some, most or all	1.05	0.52, 2.11	.89	0.98	0.43, 2.23	.95
Heterosexual friends						
Few or none	1.00			1.00		
Some, most or all	0.63	0.28, 1.41	.26	0.90	0.34, 2.38	.84
Lesbian and gay venue attendance						
Less than weekly	1.00			1.00		
Weekly or more often	1.33	0.59, 2.98	.49	1.50	0.60, 3.79	.39
Straight / mixed venue attendance						
Less than weekly	1.00			1.00		
Weekly or more often	1.33	0.64, 2.73	.44	1.17	0.50, 2.74	.71

Discussion

The aim of this chapter was to determine respondents' patterns of alcohol and other drug use, and examine whether higher levels of minority stress and greater involvement with the lesbian and gay scene were associated with regular use of alcohol and other drugs and potentially harmful patterns of use. The majority of the sample were regular drinkers, and most had used illicit drugs, with half of respondents reporting drug use in the preceding six months.

There was limited support for the association between minority stress and alcohol and other drug use. Of the 16 possible associations between minority stress and substance use that were measured, only two effects approached significance. Young people who had experienced homophobic physical abuse in the previous year were more likely to report illicit drug use in the previous month. In addition, young people with lower levels of internalised homophobia were less likely to report current dependence on club drugs.

However, there was strong support for the relationship between greater involvement with the lesbian and gay scene and risky alcohol use, drug use in the previous month, use of a greater number of drugs in the previous month, but not dependence on club drugs. However, this association was not limited to frequency of attendance at licensed venues of the scene. Young people who regularly attended straight or mixed licensed venues were also more likely to report risky alcohol use, illicit drug use in the previous month, and use of a greater number of drugs in the preceding month.

Patterns of Alcohol and Other Drug Use

Alcohol use. The current Australian alcohol guidelines do not define “binge drinking”, but instead refer to drinking that may increase the risk of alcohol-related injury on a single occasion of use. This is defined as consuming more than four standard drinks on a single occasion, for both women and men (National Health and Medical Research Council, 2009). In the current study, the AUDIT-C was used to measure risk from a single occasion of drinking, which was defined as six or more standard drinks (Bradley, et al., 2007). Approximately one-quarter of respondents reported drinking six or more drinks on one occasion on at least a weekly basis, but not daily. In addition, almost two-thirds of respondents had AUDIT-C scores indicative of risky drinking and the possibility of a current or future alcohol use disorder (Australian Government Department of Health and Ageing, 2009; Bradley, et al., 2007).

In the 2010 National Drug Strategy Household Survey (NDSHS), 35% of 18 to 19 year old men and 27% of 20 to 29 year old men reported drinking more than four standard drinks on a single occasion at least weekly, but not every day. Among women, 22% of 18 to 19 year olds and 17% of 20 to 29 year olds reported this pattern of alcohol use (Australian Institute of Health and Welfare, 2011). While not directly comparable with the results of the current study, this may suggest that heterosexual young men in the wider community consume alcohol at a similar or higher level than same-sex attracted young men in the current study. Other research conducted with school-aged males in Australia found that while an equivalent proportion of heterosexual and same-sex attracted males reported regularly drinking at risky levels, same-sex attracted males did this more often than heterosexual males (Smith, et al., 1999). Among women, the current findings suggest that same-sex attracted young women may be more likely to regularly drink risky levels than other women of a similar age (Australian Institute of

Health and Welfare, 2011). Other research has similarly found that same-sex attracted young females are more likely to report risky drinking than young heterosexual females (Corliss, et al., 2008; Eisenberg & Wechsler, 2003; Smith, et al., 1999; Ziyadeh, et al., 2007). However, the majority of risky drinking in young adults in Australia appears to occur in people who do not meet criteria for an alcohol use disorder (Reid et al., 2007).

A recent study on the social and cultural context of alcohol use in young people in Australia found that alcohol was a central feature of young people's social lives, and one that helped to foster a sense of social acceptance and inclusion within their peer group (Borlagdan et al., 2010). While alcohol use may be a normative feature of adolescent sociality, the young age at initiation of alcohol use in the current sample and in the general population is concerning because of the risks of alcohol-related harm (Australian Institute of Health and Welfare, 2011). The earlier young people start drinking, the more likely they are to drink in risky ways or develop alcohol dependence as an adult (Andersen, Due, Holstein, & Iversen, 2003; Bonomo et al., 2001; Chou & Pickering, 1992; DeWit, Adlaf, Offord, & Ogborne, 2000; Hawkins, Catalano, & Miller, 1992; Toumbourou, Williams, Snow, & White, 2003). Alcohol may also affect the development of the adolescent brain. For example, young people with alcohol use disorders often show differences in brain structure and cognitive function compared to those without an alcohol use disorder (Brown & Tapert, 2004; De Bellis et al., 2005).

Illicit drug use. Respondents in the current study on average were experienced in the use of drugs. Three-quarters of young women and two-thirds of young men had used illicit drugs, with one-third reporting drug use in the preceding month. Cannabis was the most commonly used drug, followed by ecstasy, methamphetamine powder (speed), and cocaine. Compared to young women, young men were more likely to report recent use of GHB, ecstasy, ketamine and crystal methamphetamine. The rates of

drug use reported here are considerably higher than in the general population.

Compared to 18 to 29 year olds in the 2010 NDSHS, young people in the current study were at least twice as likely to report using illicit drugs in the previous month (Australian Institute of Health and Welfare, 2011). For individual drugs, differences were often more pronounced, with young men in the current study 5 times more likely to report recent cocaine use, and 6 to 7 times more likely to report recent ecstasy use compared to similar aged NDSHS respondents.

While these differences appear dramatic, it is partially due to the group these young people are being compared to. When patterns of drug use among young people in the current study are compared with patterns of drug use among predominantly heterosexual young people of a similar age recruited from music festivals or who regularly attend nightclubs, the differences are much smaller or even reversed. For example, in the most recent survey of young people attending the Big Day Out music festival in Sydney, 55% had used illicit drugs in the previous year (Bryant, et al., 2010), while among participants at the same festival held in Melbourne in 2008, 43.5% had used illicit drugs in the previous month (Lim, et al., 2010). In another Melbourne study, one-third of young people recruited from bars and nightclubs reported using illicit drugs in the previous month (Duff, 2005), which is equivalent to the proportion of respondents in the current study who reported drug use in this period. Unfortunately, Duff's study did not collect any data on sexual orientation, although same-sex attracted people are likely to have been well represented as the author intentionally recruited participants from "gay and queer nights" (p. 164).

As shown in Chapter 2, studies comparing substance use between same-sex attracted and heterosexual people in Australia are rare. Only one study has compared substance use patterns according to sexual orientation in clubbing populations, and

reported higher rates of recent use of several different drugs (e.g., ketamine, crystal methamphetamine) among same-sex attracted people compared to heterosexuals (Degenhardt, 2005). However, participants in that study were a drug-experienced group, as inclusion into this study required use of ecstasy at least six times in the previous six months, and likely represent only a segment of those who regularly attend bars and nightclubs.

Merely comparing substance use in same-sex attracted young people only with similar-aged heterosexuals in population surveys does not provide explanations for higher rates of drug use, and may pathologise same-sex attracted young people by suggesting that sexual orientation is the reason for the higher prevalence of use (Savin-Williams, 2001a). At a minimum, substance use among same-sex attracted people should be compared with heterosexuals with similar social interests. When substance use is compared in same-sex attracted and heterosexual people who regularly attend bars and nightclubs, differences are often small or absent when findings are stratified by gender (Kelly, et al., 2006; Parsons, Halkitis, et al., 2006). More research is needed in the Australian setting to better understand differences in the patterns of illicit drug use among same-sex attracted and heterosexual people who regularly attend bars and nightclubs, as well as people who attend these venues less frequently.

Harms from Alcohol and Other Drug Use

Dependence on club drugs. In the current study, 7% of respondents were classified as dependent on a club drug (cocaine, crystal methamphetamine, ecstasy, GHB, and/or ketamine). These findings are broadly comparable with the 3% to 6% of same-sex attracted adults meeting criteria for drug dependence in two representative samples of same-sex attracted adults in the U.S. (Cochran, et al., 2004; McCabe, et al.,

2009). Compared to rates of drug dependence reported among heterosexuals in these studies (0.5% - 2.8%), rates of club drug dependence in the current study were higher. Unfortunately, there are limited data available in Australia or internationally to compare these findings with other same-sex attracted young people.

Of the club drugs assessed in the current study, crystal methamphetamine had the highest rates of dependence, with half of males and one-third of females reporting use in the preceding six months scoring above the diagnostic score for dependence. Research conducted with same-sex attracted people in Sydney who used methamphetamine at least weekly in the previous three months reported higher rates of dependence than in the current study, with 61% of participants meeting criteria for dependence (Matheson, Roxburgh, Degenhardt, Howard, & Down, 2010). Additional comparison data comes from another Sydney study, where 56% of people who had used crystal methamphetamine at least 12 times in the previous year met criteria for dependence (McKetin, Kelly, & McLaren, 2006).

Alcohol and other drug treatment. Six percent of same-sex attracted young people in the current study reported having sought treatment because of their use of alcohol and other drugs, with almost half of these respondents reporting alcohol as their principal drug of concern. Less than one-fifth of young people that were classified as dependent on club drugs, or as having risky patterns of alcohol use, reported having accessed treatment. This suggests an underutilisation of treatment in this subsample of respondents. Similar underutilisation of treatment for alcohol problems has been reported in the general population in Australia, where only 22% of people with an alcohol use disorder had accessed treatment (Teesson et al., 2010).

There is only limited comparison data regarding treatment seeking for alcohol and other drug use problems in same-sex attracted people. This is because sexual

orientation data is not typically collected by drug treatment services, and few studies on substance use in same-sex attracted people collect information about treatment. In one U.S. study, 11% of same-sex attracted young men (aged 17 to 28) who had used club drugs in the previous month had ever sought treatment for their use (Clatts, Goldsamt, & Yi, 2005). Research with lesbian and bisexual women in the U.S. found that 8% had ever sought treatment for alcohol or other drugs, while more than 40% of those with high-risk patterns of use had ever sought treatment (Corliss, et al., 2006).

Rates of having attended an emergency department because of alcohol and other drugs in the current study (10% of respondents) appear high compared to available information about young people in the general population. A NSW study that examined emergency presentations for acute alcohol problems found that rates of emergency department attendance were highest in 18 to 24 year olds, at 390 per 100,000 population (Muscatello, Thackway, Belshaw, & McGrath, 2009). Similar data could not be sourced for illicit drug use presentations, although other research from Sydney showed that there were typically less than half as many drug-related than alcohol-related emergency presentations (Indig, Copeland, Conigrave, & Arcuri, 2010).

Again, there is a lack of information about alcohol- and other drug-related presentations to hospital emergency departments among same-sex attracted people, for the same reasons that there is limited data on treatment seeking. One of the few studies to explore emergency presentations in same-sex attracted people regrettably did not examine reasons for attendance (Sanchez, Hailpern, Lowe, & Calderon, 2007). There is some data from drug-using samples in Australia that provide approximate comparisons with the current findings. In a recent study of same-sex attracted people in Sydney who regularly used methamphetamine, 18% had ever presented to emergency for issues with methamphetamine or other drugs (Matheson, et al., 2010). In the 2010 EDRS, 5% of

regular ecstasy users in Australia reported having attended an emergency department in the previous six months because of their use of ecstasy or other drugs (Sindicich & Burns, 2011).

Some studies suggest that same-sex attracted people may be reluctant to seek treatment for substance use problems because they perceive that they will not receive good treatment because of prejudice towards sexual minorities (Matthews & Selvidge, 2005). In one study, same-sex attracted clients reported feeling less connected to their drug treatment clinician and less satisfied with treatment compared to heterosexuals (Senreich, 2009). Same-sex attracted clients also reported lower levels of abstinence at treatment completion, and were more likely to leave treatment early (Senreich, 2009). Among same-sex attracted methamphetamine users in Australia, the majority reported feeling comfortable discussing their sexual orientation with a drug treatment clinician, while only half felt that existing drug treatment services comprehend the needs of same-sex attracted people (Matheson, et al., 2010).

Injecting drug use. Injecting drug use in the preceding six months was more commonly reported in the current sample (0.8% of young women and 1.8% of young men) than in the general population in Australia in the preceding 12 months (0.3% of women and 0.8% of men; Australian Institute of Health and Welfare, 2011). However, the proportion of young people in the current study who reported recently injecting drugs was lower than reported in periodic surveys of same-sex attracted women (3.6%) and men (4.7%) in Sydney in the previous six months (Lee, et al., 2010; Richters, et al., 2005). Only 5 respondents had injected drugs in the preceding month, and all of these respondents were male. Only one young man indicated that he had shared needles, syringes and other injecting equipment in the preceding month. These findings suggest that most respondents who inject drugs are adopting injecting practices to reduce the

risk of transmission of hepatitis C and other blood-borne viruses (Crofts, Aitken, & Kaldor, 1999). However, this is interpreted with caution because of the small number of respondents reporting recent injecting. Young women in the current study were much younger when they first injected drugs (mean age of 17 years) than the age when most people transition to injecting drugs (mean age of 20 years; Stafford & Burns, 2011). Earlier initiation of injecting drug use has been associated with increased risk of harm, including polydrug use, accidental overdose, and more sharing of injecting equipment which increases the risk of becoming infected with a blood-borne virus (Fennema, Van Ameijden, Van Den Hoek, & Coutinho, 1997; Franken & Kaplan, 1997; Lynskey & Hall, 1998). However, almost all of the young women who had injected drugs in the current study had not done so in the preceding six months, which may suggest that injecting drug use was a transient experience for these women.

Polydrug use. Concurrent and simultaneous polydrug use were common among respondents who had used drugs, consistent with other research that has found that polydrug use is common in same-sex attracted and heterosexual people who regularly attend bars and nightclubs (Barrett, Gross, Garand, & Pihl, 2005; Degenhardt, 2005; Degenhardt & Topp, 2003; Halkitis, Palamar, & Mukherjee, 2007; Husbands et al., 2004; Kelly & Parsons, 2008; Winstock, Griffiths, & Stewart, 2001). Among respondents who had used ecstasy or cocaine in the preceding six months, most reported usually using alcohol in the same session, and almost half of GHB users reported usually using alcohol in the same session. Ecstasy use was also commonly used in the same session as other club drugs.

The high rates of polydrug use in this sample are concerning because of the increased risk of harms associated with combining drugs. This includes a higher likelihood of experiencing psychological problems and deficits in cognitive functioning

(Fox, Parrott, & Turner, 2001; Parrott, Milani, Parmar, & Turner, 2001; Schifano, Di Furia, Forza, Minicuci, & Bricolo, 1998). In addition, using ecstasy with other psychostimulant drugs in the same session can enhance both desired effects as well as adverse effects because of the synergism from using more than one type of stimulant (Gouzoulis-Mayfrank & Daumann, 2006). Using alcohol with other drugs can increase the risk of harm compared to using alcohol alone (e.g., physical injuries), and the effects of alcohol may be masked by the use of psychostimulants, which may lead to people drinking more in a single occasion (Farre et al., 1997; Farre et al., 1993).

In the current study, more than one-third of young men and almost one-quarter of young women who had used GHB had reported having ever lost consciousness after using GHB, with smaller but substantial numbers reporting losing consciousness after using GHB and alcohol together. These rates of overdose are lower than reported in another Australian study where 52% of GHB users reported having lost consciousness after taking GHB (Degenhardt, et al., 2002), and lower than in a U.S. study where 66% of participants reported loss of consciousness after taking GHB (Miotto et al., 2001). GHB use is associated with a high likelihood of overdose, and only small increases in the amount used can lead to overdose because of the steep dose-response curve (Galloway et al., 1997). Overdose is characterised by a temporary loss of consciousness, and there have been some reports of fatalities (Caldicott, Chow, Burns, Felgate, & Byard, 2004; Chin, Sporer, Cullison, Dyer, & Wu, 1998; Galloway, et al., 1997). Combining GHB with alcohol and other drugs also increases the risk of overdose and death (Liechti, Kunz, Greminger, Speich, & Kupferschmidt, 2006; Zvosec, Smith, Porrata, Haller, & Dyer, 2005).

While not explored in the current study, it is likely that many respondents were aware of the risks associated with drug use and polydrug use. Research has shown that

same-sex attracted men adopt drug use practices and strategies to minimise the risk of harm. For example, maintaining limits regarding the frequency and quantity of use in a session, avoiding mixing some drug classes, avoiding injecting, and looking after one's health when not using drugs (Greenspan, et al., 2011). These practices aim to maximise the pleasure derived from drug use while minimising the possibility of experience adverse effects and getting “messy” and “out of control” (Dowsett, et al., 2005; Reback, 1997; Southgate & Hopwood, 2001). Similar harm reduction strategies have been reported in heterosexual women and men who regularly attend nightclubs and raves (Gourley, 2004; Hansen, Maycock, & Lower, 2001; Kelly, 2007; Measham, 2002; Moore & Measham, 2008). However, maintaining controlled use of drugs can be difficult for some people, and many club drug users cite difficulties in avoiding excessive use due to perceived poor self-control (Pennay & Moore, 2010).

Substance Use and Minority Stress

It was hypothesised that young people with higher levels of minority stress would be more likely to report risky patterns of alcohol use, illicit drug use in the preceding month, and have higher rates of recent concurrent polydrug use and current dependence on club drugs compared to young people with lower levels of minority stress. The findings provided limited support for these hypotheses. There was no relationship between minority stress and alcohol use, or between minority stress and the number of drugs used in the preceding month. However, those who had experienced homophobic physical abuse in the preceding 12 months had twice the odds of reporting illicit drug use in the preceding month. Young people with higher levels of current psychological distress and young people who reported a suicide attempt were also more likely to be classified as dependent on club drugs. There was no relationship between

perceptions of societal stigma towards same-sex attracted people and any of these measures of alcohol and other drug use.

The partial association between minority stress and substance use has also been reported in other research. In the sole study that has explored the associations between all three minority stress indicators and substance use found that while experiences of discrimination were associated with more frequent alcohol and other drug use in gay men, internalised homophobia and perceived social stigma towards sexual minorities were unrelated to substance use (Hatzenbuehler, Nolen-Hoeksema, et al., 2008). The findings of the current study support this lack of association between perceived stigma and substance use. However, the current findings are the first to report data on the association between perceived stigma and substance use in same-sex attracted young women and men, so more research is required to better understand this relationship.

Other research has tended to explore the association between substance use and a single indicator of minority stress, typically either internalised homophobia or homophobic prejudice. In one study, same-sex attracted young people with higher levels of internalised homophobia were more likely to report risky patterns of alcohol use (Baiocco, et al., 2010). The results of the current study do not support these findings, as no relationship was found between internalised homophobia and alcohol use. However, higher alcohol consumption among young people who had suicidal thoughts in the preceding month may suggest that alcohol is being used by these young people to cope with distressing feelings, although there was not a strong relationship between alcohol use and psychological distress. However, the findings reported in Chapter 5 showed that there was a strong association between psychological distress and minority stress.

An unexpected finding was that young people with higher levels of internalised homophobia were less likely to meet the diagnostic cut-off on the SDS for current

dependence on club drugs. While one study found that illicit drug use was more common in young men with higher levels of internalised homophobia (Rosario, et al., 2006), another study reported that young people with lower levels of internalised homophobia were more likely to report illicit drug use (Wright & Perry, 2006). The current findings provide support for neither of these studies, although young people in the current study with higher levels of internalised homophobia were less likely to be categorised as dependent on club drugs. Wright and Perry (2006) suggested that young people with lower internalised homophobia may be less socially isolated, and thus have greater exposure to illicit drugs. This may help to explain why lower internalised homophobia was associated with a greater likelihood of dependence on club drugs. However, a similar relationship was not found between internalised homophobia and risky alcohol use or illicit drug use in the preceding month, so this explanation should be considered with caution.

Same-sex attracted young people who have experienced homophobic victimisation and abuse are often more likely to report use of alcohol and other drugs as well as more frequent use of these substances (Bontempo & D'Augelli, 2002; Espelage, et al., 2008; Hillier, et al., 2010; Hillier, et al., 2005). This has led some to conclude that many same-sex attracted young people “are self-medicating to ease the pain of the rejection and hostility in their families, schools and communities” (Hillier, et al., 2010). However, many of these studies recruited same-sex attracted young people who were still at school, or had samples in which the majority of participants were under the age of 18. A study that focused on the experiences of same-sex attracted young people who were mostly over the age of 18 found that more frequent use of alcohol and other drugs was not correlated with the experience of recent homophobic verbal or physical abuse (D'Augelli, et al., 2002). The findings of the current study largely support the findings

of D'Augelli and colleagues (2002), which may reflect the older age of respondents in the current study. The only significant association between minority stress and substance use was that respondents who had experienced homophobic physical abuse were more likely to report using illicit drugs in the preceding month. There was no relationship between homophobic verbal abuse and substance use, and no relationship between physical abuse and alcohol use. Contrary to the conclusions of Hillier et al. (2010), there was also no relationship between substance use and how accepting families and friends were after respondents disclosed their sexuality. However, this is perhaps unsurprising as respondents in the current study first disclosed their sexuality to another person 5 years prior to participating in the research. The time between disclosure to family and friends and study participation for many respondents is likely to have reduced the impact that initial reactions to disclosure may have on current patterns of alcohol and other drug use. While not explored in the current study, negative reactions from family and friends may in many cases have eased over time, as has been found in other research (Savin-Williams & Dubé, 1998). Hillier and colleagues' sample were much younger and therefore more likely to have only recently disclosed their sexuality to family and friends. In addition, many of their participants were still at school and living in the family home, which reduces the possibility of forging an independent existence away from potential hostile school and home environments. Therefore, the claim that many same-sex attracted young people use alcohol and other drugs as a coping mechanism may be accurate, although less so as same-sex attracted young people come of age and are able to create distance from hostility they may have experienced at school, from family, and in the wider community.

Same-sex attracted young people have been shown to display resilience when faced with homophobic abuse, framing the experiences as something wrong with the

perpetrator rather than something wrong about them (Fine, 2011; Hillier & Harrison, 2004; McDermott, et al., 2008). While the majority of young people in the current study had experienced homophobic abuse, most had low levels of internalised homophobia and most had experienced accepting responses from heterosexual friends after disclosing their sexuality (see Chapter 5). Social support from friends may buffer the effects of homophobic abuse and perceptions of societal stigma towards sexual minorities, and reduce the internalising of negative social attitudes and homophobic experiences (Doty, et al., 2010; Needham & Austin, 2010; Ryan, et al., 2010). Future research could further explore the extent that social support is protective in reducing the use of alcohol and other drugs to cope with internalised homophobia, perceived stigma, and experiences of homophobic abuse.

Importantly, young people who were bisexually-oriented were more likely than exclusively same-sex oriented young people to report risky patterns of alcohol use, use of illicit drugs in the preceding month, and use of a greater number of different drugs in the preceding month. This supports previous research that has found that bisexually-oriented people are more likely to report illicit drug use and risky alcohol use (Corliss, et al., 2010; Eisenberg & Wechsler, 2003; Marshal, et al., 2008; Russell, et al., 2002). Contrary to these findings, bisexually-oriented young people in the current study were no more likely to report dependence on club drugs. However, the current study only explored dependence on club drugs, which may limit comparisons with other research that investigated dependence on a wider variety of drugs. People who are bisexually oriented are said to experience a double stigma from lesbians and gay men as well as from heterosexuals (Herek, 2002; Mohr & Rochlen, 1999). This may contribute to an explanation of elevated rates of substance use in this group.

Substance Use and Engagement with the Scene

Patterns of alcohol and other drug use among same-sex attracted young people in the current study appeared to be less about self-medicating due to chronic minority stress, but rather related to sociality and pleasure (Race, 2009). The strongest covariates of risky alcohol use and illicit drug use in the current study were at least weekly attendance at lesbian and gay licensed venues or straight or mixed venues. Respondents who regularly attended lesbian and gay venues and straight or mixed venues were 2.4 times and 2.1 times more likely, respectively, to report use of illicit drugs in the preceding month.

However, further inspection of respondents' patterns of drug use in different licensed venue settings showed that among young men, drug use in the preceding six months was more likely to occur on the scene than in straight or mixed venues. A different pattern emerged for young women, of whom an equivalent proportion reported recent use of drugs in lesbian and gay venues and straight or mixed venues. Young men were also more likely than young women to report recent drug use in both lesbian and gay venues and in straight or mixed venues. Australian and international research has found that same-sex attracted men who regularly attend venues on the scene are more likely to report illicit drug use and risky patterns of alcohol use (Baiocco, et al., 2010; Greenwood, et al., 2001; Kipke, et al., 2007; Prestage, Degenhardt, et al., 2007; Prestage, Fogarty, et al., 2007; Stall, et al., 2001). Similarly, international studies have found that same-sex attracted women who regularly attend bars and clubs are more likely to report risky alcohol use and regular drug use (Baiocco, et al., 2010; Heffernan, 1998; Parks, 1999b; Trocki & Drabble, 2008). However, there is a lack of studies that have examined the association between alcohol and other drug use and attendance at lesbian and gay licensed venues as well as straight or mixed venues. Research has

tended to examine attendance at lesbian and gay venues only, or licensed venues more generally, without specifying whether these were lesbian and gay venues or straight or mixed venues.

The findings of the current study suggest that the scene is a more common site for drug use among same-sex attracted young men, but not for same-sex attracted young women. It is unclear why this may be the case as there is a lack of studies that have compared the relationship between substance use and the scene in both same-sex attracted men and women. However, there are several possible contributing factors. The findings in the previous chapter suggest that there is some degree of segregation on the scene between women and men. Young men were more likely to attend venues with a higher concentration of men, while young women were more likely to attend nights that cater specifically to women. The atmosphere in male-oriented venues may be more conducive to drug use because they may be more likely to have a nightclub orientation than nights catered to women. For several decades, nightclubs have been a popular setting for drug use in both heterosexual and same-sex attracted young people because of the pleasure derived from dancing on psychostimulant drugs (Husbands, et al., 2004; Lenton, et al., 1997; Moore & Miles, 2004; Release, 1997; Ross, Mattison, & Franklin, 2003). Unfortunately, respondents in the current study were not asked to differentiate between bars and nightclubs when reporting their patterns of engagement with the scene, as some of the venues and nights on the scene were considered to have both a bar and club atmosphere.

Also, the recent use of club drugs was more common among young men than young women. This may help to explain why a higher proportion of young men reported drug use on the scene as well as in straight venues compared to young women. Young women were more likely than young men to report recent use of cannabis, with

almost 30% reporting use in the preceding month. While the setting for cannabis use was not explored, it is possible that use of this drug occurs in private homes or in public spaces other than licensed venues.

Young men were more likely to report drug use on the scene than in straight or mixed licensed venues. Again, it is unclear why this would be the case as male respondents attended venues on the scene and straight or mixed venues with similar frequency. More detailed information about patterns of engagement with the scene and other licensed venues beyond frequency of attendance may be required to better understand the relationship between licensed venues and drug use. For example, it is possible that young men are more likely to use drugs on the scene because they first go to a straight or mixed venue for drinks at the beginning of a night out, and go to a venue on the scene for drug use and dancing as the night progresses. However, it is difficult to draw such conclusions without knowing whether these young people are more likely to attend gay nightclubs than straight nightclubs. In the previous chapter, it was shown that more than half of young men reported that they feel safe, comfortable, and more confident on the scene, so the scene may function as a space where they feel more comfortable in “letting go”, which may be conducive to increased drug use. Drug use is often claimed to be normalised on the scene, where many attendees use drugs or have easy access to drugs (Ireland, et al., 1999; Slavin, 2004b; Southgate & Hopwood, 2001). Therefore, regular engagement with the scene may increase exposure to drugs and increase the likelihood of using when in these spaces.

Venues on the scene that cater specifically to women may have less of a club and drug orientation than venues that cater more to men. This may reduce exposure to drugs among young women, as drug use may be less commonplace in these settings. Future research into patterns of drug use among same-sex attracted young people would

benefit from a more in-depth examination of patterns of engagement with the scene and other licensed venues, and the relationship between these patterns and alcohol and other drug use.

Furthermore, the use of a number of individual drug types was more commonly reported on the scene than in straight or mixed venues in the preceding six months. For example, more than three times as many respondents reported using GHB and ketamine in scene venues compared to other venues. Ecstasy and cocaine use were also more commonly reported on the scene than in straight venues. This suggests that venues on the scene are more commonly used as a site for drug use and may be normalised in these spaces, particularly among young men. This may be related to the nightclub orientation of these venues.

Conclusions

The findings reported in this chapter make a substantial contribution to the literature, because there is a lack of studies that have examined the association between alcohol and other drug use and attendance at lesbian and gay venues as well as straight or mixed venues. In addition, few studies have examined the relationship between substance use and licensed venue attendance in same-sex attracted women, with no study to date exploring this relationship among women in Australia.

Same-sex attracted young people in this study represent a relatively drug experienced sample. Drug use was common among respondents, and comparable to patterns of drug use reported in other studies of same-sex attracted people and people who regularly attend nightclubs. It is concerning that many respondents had heavy patterns of alcohol use that were potentially harmful, although this was comparable with patterns of alcohol use among heterosexual young people in Australia. While minority

stress is often cited as a contributing factor to higher rates of substance use in same-sex attracted young people, there was only limited support for this in the findings of the current study. Regular attendance at licensed venues, whether lesbian and gay or straight or mixed, was a much stronger predictor of alcohol and other drug use. However, many drugs were more commonly used on the scene compared to other venues, which may suggest that drug use is more normalised on the scene. If disengagement from the scene is occurring among young people, as post-gay theorists and other commentators have suggested, it is possible that patterns of drug use among same-sex attracted young people will also change. However, this is highly speculative and future research could examine the patterns, context and motivations for drug use in same-sex attracted and heterosexual young people to better understand differences in drug use between these groups.

CHAPTER EIGHT

GENERAL DISCUSSION

The aim of this thesis was to examine whether the notion of *post-gay* could be applied to the experiences of same-sex attracted young adults in Sydney, Australia. Specifically, the thesis examined whether experiences with sexual orientation, engagement with the lesbian and gay scene, and patterns of alcohol and other drug use could be understood within a post-gay framework. Post-gay theorists have suggested that Western societies are transitioning to a new era of same-sex sexuality where lesbians, gay men and bisexuals are “no longer persecuted and self-loathing” (Harris, 1996, p. 176). In a post-gay era, same-sex attracted people are said to have successfully overcome struggles for equality and “are now free to move beyond identity politics”, because of improved social attitudes towards sexual minorities (New York Times, 1998).

Qualitative research in Australia and the U.S. has found that same-sex attracted people are increasingly building an identity around aspects of themselves other than their sexual orientation; a phenomenon that is particularly apparent in same-sex attracted young people (Reynolds, 2007; Seidman, 2002). Improved social attitudes towards sexual minorities are said to manifest in greater ease in coming to terms with same-sex attraction and a greater sense of continuity in one’s life before and after disclosure of sexual orientation to family and friends. Same-sex attraction and lesbian, gay and bisexual identities may be becoming “increasingly unremarkable” in this climate of greater tolerance (Reynolds, 2008, p. 226).

Liberalisation of social attitudes towards sexual minorities is thought to not only destabilise lesbian and gay identities, but also the subculture that supports these

identities (Bech, 1997; Reynolds, 2009; Seidman, 2002; Sinfield, 1998; Stein, 2010). In recent years, there has been much discussion of the diminishing significance of the lesbian and gay scene and community. In many cities in Europe, North America and Australia, lesbian and gay subcultures have undergone a structural decline where bars and nightclubs of the lesbian and gay scene have closed and been replaced by straight venues or retail shops (Rosser, West, et al., 2008; Ruting, 2008). This appears to be as a consequence of reduced attendance at these venues by same-sex attracted people, as well as difficulties by these venues in maintaining financial viability because of the gentrification of traditionally gay neighbourhoods and increased rent and property values (Rosser, West, et al., 2008; Ruting, 2008). As social attitudes improve and same-sex attracted people experience less rupture in their lives after disclosing their sexual orientation, the scene is claimed to have less appeal as a segregated space to socialise away from prejudice in wider society (Bech, 1997; Reynolds, 2008, 2009; Seidman, 2002; Sinfield, 1998; Stein, 2010).

Post-gay was operationalised in the current study in a number of ways. First, Seidman and colleagues' (1999) concepts of *normalisation* and *routinisation* were quantified and used to measure the extent that respondents had subjectively accepted and socially integrated their sexual orientation. Meyer's (1995, 2003) minority stress theory was then used to determine whether respondents were experiencing poorer health outcomes related to internalised homophobia, perceived social stigma towards sexual minorities, and homophobic abuse. Second, post-gay claims about the continued relevance of the lesbian and gay scene were explored. This part of the study examined same-sex attracted young people's level of engagement with the lesbian and gay scene in Sydney, their motivations for attending lesbian and gay venues, and their engagement with straight or mixed licensed venues. Finally, post-gay theory was extended to

examine the extent that changes in the organisation of lesbian and gay life may influence young people's patterns of alcohol and other drug use. Specifically, the hypothesis was tested that lower levels of minority stress and reduced engagement with the lesbian and gay scene would be associated with less harmful patterns of alcohol and other drug use, in the relative absence of detailed data on patterns of alcohol and other drug use among same-sex attracted young people in Sydney and in Australia more broadly.

Main Findings and Implications

Sexual Identity and Minority Stress

A post-gay reading of sexual identity suggests that same-sex attracted young people in an urban area like Sydney would be likely to be out or open about their sexual orientation, and would have experienced relatively high levels of acceptance from family and friends after disclosing their sexual orientation. They would also have low levels of minority stress related to their sexual identity. The findings of this thesis provide mixed support for these claims.

The majority of respondents appeared to have subjectively accepted their sexual orientation, evidenced by most respondents not endorsing any of the questions related to internalised homophobia. Most respondents had disclosed their sexual orientation to family and friends, and generally received a response from these people that was more accepting than rejecting, especially from heterosexual friends and people from work and study settings. Despite this, it was concerning that one-fifth of mothers and almost one quarter of fathers were perceived to be rejecting after disclosure, particularly as rejection from family was associated with a higher odds of having attempted suicide. Respondents also expected to receive a more rejecting response to disclosure from

family and friends than the one they perceived that they received. Contrary to post-gay thinking, this suggests that anguish continues to be a common occurrence in same-sex attracted young people coming to terms with their sexual orientation, as has been found in Australian and international research (D'Augelli, et al., 2005; Fankhanel, 2010; Hillier, et al., 2010).

Many respondents had strong perceptions of social stigma towards sexual minorities and most had experienced homophobic abuse. Rates of psychological distress and suicidal thoughts and behaviour were alarmingly high, and these health outcomes were associated with the experience of sexual minority stress. The high rates of self-harm, suicidal thoughts, and attempted suicide reported in this study provide support for the findings of Hillier et al. (2010) who reported similarly high rates of suicidality in a national sample of same-sex attracted adolescents and young adults.

The relationship between minority stress, psychological distress, and suicidality was not consistent across minority stressors. While perceived stigma and internalised homophobia were strongly associated with current psychological distress and thoughts of suicide in the preceding month, only perceived stigma was associated with having attempted suicide. In addition, homophobic physical abuse in the preceding 12 months (but not homophobic verbal abuse) was marginally associated with psychological distress and attempted suicide, but not recent thoughts of suicide. These findings represent a significant public health concern, and suggest that minority stress may contribute to psychological distress and suicidality in same-sex attracted young people in Sydney. Health services should continue to make efforts to enquire about the sexual orientation of their young clients to determine whether issues with sexual orientation are impacting on their mental health. Despite social attitudes towards same-sex attracted people improving gradually over time, homophobic abuse remains a significant concern

and common experience for same-sex attracted young people. While the majority of young people in the current study were no longer at school, schools have a crucial role to play in addressing homophobia and the potentially negative effects that this can have on young people coming to terms with same-sex attraction.

The current findings are largely supportive of Seidman and colleagues' (1999) assertion that the subjective acceptance and social integration of sexuality would be "incomplete" despite improved social attitudes towards sexual minorities. In addition, the large number of young people who had experienced homophobic abuse and perceived that many people in wider society held negative attitudes towards same-sex attracted people calls into question the claim that attitudes towards sexual minorities have liberalised to the point that Australian society is moving into a post-gay era. As Toni McNaron (2007) noted in reference to same-sex attracted women, it is difficult to accept the notion of post-gay while there is ongoing prejudice towards sexual minorities. McNaron refuses post-gay because she does "not want emerging lesbians to be lulled into any false sense that the world is eager to welcome us to its bosom" (McNaron, 2007, p. 148).

The Lesbian and Gay Scene

The findings of this thesis also offer only partial support for the post-gay hypothesis that the lesbian and gay scene is declining in relevance for same-sex attracted young people. Young women attended venues on the scene less often than they did straight or mixed venues, while young men attended scene venues and other venues equally often. However, only 12% of young women and 19% of young men attended venues on the scene at least weekly. More than half of respondents were either indifferent to the scene or considered it unimportant, with just under half considering

the scene important for their night-time leisure. Despite this, the scene had unique perceived features that were not available in other settings, and these features were valuable to many respondents. For example, the scene provided a safe and comfortable space to be around other same-sex attracted people. Participants of the scene could be physically intimate with same-sex partners without fear of negative consequences, and potentially meet new friends and sexual and romantic partners.

The variables that were most consistently associated with how regularly respondents attended scene venues and how important they regarded the scene were being single, and having few or no heterosexual friends. In addition, respondents who had been verbally or physically abused because of their sexual orientation in the preceding 12 months were more likely to regard the scene as important. There was no relationship between engagement with the scene and reactions to sexuality disclosure from family and friends.

These findings suggest only limited support for the post-gay hypothesis that the lesbian and gay scene has become less central to the lives of same-sex attracted people as social attitudes towards sexual minorities have liberalised over time. In contrast to this hypothesis, the finding that verbal and physical homophobic abuse was associated with regarding the scene as important suggests that the scene may be valued by young people who have experienced abuse because it provides a safe space where they are less likely to be persecuted because of their sexual orientation. While post-gay claims that improved social attitudes disable this primary function of the scene, as long as homophobic abuse remains as common as was reported among young people in the current study, the scene is unlikely to be considered irrelevant or passé. However, the experience of homophobic abuse was only strongly associated with regarding the scene as important, and less strongly associated with regular attendance at scene venues. So

the experience of homophobic abuse may encourage young people to regard the scene as important space, but not necessarily attend these venues more frequently. There may be some comfort in knowing that the scene is there should these young people wish to use it.

The finding that young people with few or no heterosexual friends go out on the scene more regularly than young people with more heterosexual friends can be interpreted in more than one way. It may suggest that young people with few heterosexual friends engage with the scene to make friends and because they have not found a sense of place in other social environments, but may also indicate that because they go out on the scene so regularly they have fewer opportunities to forge meaningful connections with heterosexuals.

It seems likely that there is a core group of same-sex attracted young people who are highly engaged with the scene. At the other end of the spectrum there also appears to be a group who avoid engaging with the scene and hold the scene in fairly low regard. Interestingly, the group who regularly attended scene venues did not have higher levels of minority stress and did not experience a more rejecting response from family, friends and other after disclosing their sexual orientation. Instead, the scene may be valued for the pleasure derived from attendance, which includes dancing, music, alcohol and other drug use, as socialising in an environment with a high concentration of other same-sex attracted people. This may offer social and sexual experiences less available in other settings.

The findings suggest that post-gay commentators and other researchers may have overstated the decline of the lesbian and gay scene is progressing. The diversity among respondents in their engagement with the scene and other licensed venues in Sydney, and the degree of importance that they ascribe to the scene may indicate the

coexistence of gay and post-gay modes of engagement with the scene. In broad terms, improved social attitudes and greater social integration of sexuality may contribute to a reduced impetus to regularly access the scene. However, post-gay reasoning has in some respects underestimated the persistence of homophobia in Western societies. It seems likely that the scene will continue to serve an important role for same-sex attracted people at least until the experience of, or potential for, homophobic abuse declines substantially.

Alcohol and Other Drug Use

Commentators on the changing dynamics of lesbian and gay life have mostly been silent on the topic of substance use. The two most prominent theories that have been used to explain the higher prevalence of substance use in same-sex attracted people compared to heterosexuals is that alcohol and other drugs are used to cope with the daily and cumulative struggles of living with a non-heterosexual identity, and that substance use is normalised within lesbian and gay subcultures because bars and nightclubs have served as the primary meeting place for this group for several decades (Bux, 1996; Hughes & Eliason, 2002; McKirnan & Peterson, 1989b). Exploring patterns of substance use in same-sex attracted young people thus seemed a logical extension of post-gay claims that changes to lesbian and gay life included reduced anguish around sexual orientation and disengagement from the lesbian and gay scene.

Young people in the current study were a drug-experienced group. The majority of respondents reported having used illicit drugs, with one-third reporting use in the preceding month. Approximately 1 in 14 young people reported patterns of club drug use that were indicative of substance dependence. Most respondents consumed alcohol at least monthly, and approximately two-thirds of respondents reported patterns of

alcohol use that were potentially harmful according to the current Australian alcohol guidelines (National Health and Medical Research Council, 2009).

There were strong associations between licensed venue attendance and alcohol and other drug use, although this included young people who regularly went out on the scene as well as young people who regularly attended straight or mixed venues. However, further inspection of respondents' patterns of drug use in different licensed venue settings showed that the use of some drugs was more commonly reported on the scene compared to other licensed venues, including MDMA, GHB, cocaine, ketamine, and crystal methamphetamine. This was despite respondents attending scene venues and straight or mixed venues with similar frequency. This suggests that the scene is more commonly used as a setting for drug use than straight or mixed venues, although drug use was still commonly reported in straight or mixed venues. It is possible that this is because many venues on the scene have a nightclub atmosphere, while straight or mixed venues have a higher proportion of bars and a smaller but substantial proportion of nightclubs. It may also indicate that drug use is more normalised on the lesbian and gay scene than in straight or mixed venues. While the results of the current study and other research suggests that drug use is normalised on the scene (Ireland, et al., 1999; L. A. Lewis & Ross, 1995; Slavin, 2004b; Southgate & Hopwood, 2001), others have suggested that drug use is normalised in young people who regularly attend bars and nightclubs, irrespective of their sexual orientation (Duff, 2005). While only a few studies have examined drug use and sexual orientation among regular nightclub attendees, these studies have mostly reported that same-sex attracted people are more likely to report use of particular drugs, and greater frequency of use of these drugs, compared to heterosexuals (Degenhardt, 2005; Kelly, et al., 2006; Parsons, Kelly, et al., 2006).

In univariate analyses, there were various associations between substance use and minority stress that were not significant when the effects of other variables were controlled for. For example, there was an association between illicit drug use and internalised homophobia and recent homophobic physical abuse, between harmful alcohol use and perceived stigma, and between drug use and recent homophobic verbal abuse, and between club drug dependence and recent homophobic verbal abuse. When minority stress was considered together with demographics, psychological distress, suicidality, and the social integration of sexuality, there was only a marginally significantly association between homophobic physical abuse and illicit drug use in the preceding month, where young people who had experienced physical abuse had twice the odds of reporting recent drug use. These findings thus support research that has reported higher rates of drug use in same-sex attracted people who had experienced homophobic abuse (e.g., Bontempo & D'Augelli, 2002; Espelage, et al., 2008; Hillier, et al., 2010; Lehavot & Simoni, 2011). However, contrary to these studies, the current findings do not support an association between alcohol use and homophobic abuse. Studies exploring the association between internalised homophobia have been inconsistent in their findings, with some reporting an association with alcohol and other drug use (Baiocco, et al., 2010; Rosario, et al., 2006; Weber, 2008), while others report no association (Igartua, et al., 2003; Ross, et al., 2001). It is possible that young people coming of age in an era of greater social acceptance of same-sex attracted people may be less likely to self-medicate as they become adults and gain more independence. Feeling bad about one's sexuality, experiencing homophobic abuse at school, and experiencing rejection from family and friends have been associated with higher rates of alcohol and other drug use in same-sex attracted adolescents, which has largely been interpreted as a mechanism to cope with these unpleasant experiences and coming to

terms with their same-sex attraction (Birkett, et al., 2009; Bontempo & D'Augelli, 2002; Hillier, et al., 2010). Alcohol and other drug use in the current study appeared mostly related to respondents' patterns of licensed venue attendance and less to do with psychosocial stress about their sexual orientation.

Contributions to the Literature

This thesis makes several contributions to the literature on sexual orientation, the lesbian and gay scene, and alcohol and other drug use in same-sex attracted young adults. Firstly, this is the first study in Australia to examine the relationship between minority stress, mental health and substance use using the framework devised by Meyer (1995, 2003). Some studies have examined univariate associations between homophobic abuse and substance use, self-harm (Hillier, et al., 2010; Hillier, et al., 2005) and attempted suicide (Nicholas & Howard, 1998). However, most Australian research has only reported frequency data about individual minority stressors (typically homophobic abuse), and not explored their association with health outcomes (e.g., Berman & Robinson, 2010; Van de Ven, et al., 1998). In addition, the current study is one of few internationally to have assessed all three measures of minority stress (internalised homophobia, perceived stigma, homophobic abuse) and their associations with multiple health measures (e.g., mental health, suicidal thoughts and behaviour and substance use). It is also the first to do this with a sample of same-sex attracted women.

This study also contributes to the literature by quantifying Seidman et al.'s (1999) concepts of *normalisation* (subjective acceptance) and *routinisation* (social integration) of sexual orientation, which were originally examined using qualitative methods. The current thesis extends this work by exploring these concepts with a much larger sample of same-sex attracted people, focusing specifically on the experiences of

young people in a city with a relatively high degree of lesbian and gay visibility. This is in contrast to the work of Seidman et al. that sought to recruit participants who had less exposure to lesbian and gay subcultures and thus would more likely be closeted. This thesis also extends Seidman et al.'s work by including their unexamined hypothesis that normalisation and routinisation would be associated with decreased engagement with the lesbian and gay scene.

This study also quantifies and qualifies the post-gay thesis. While other research has focused on larger historical shifts in lesbian and gay life (Bech, 1997; Reynolds, 2007; Sinfield, 1998), the current study complicates this work by suggesting that Western societies are not seamlessly transitioning to a post-gay era because of the persistence of homophobia.

This study is also one of the few to provide data about same-sex attracted young women's involvement with the lesbian and gay scene in Australia. With the exception of a small number of studies (Bennett, 1983; Jennings, 2009), most Australian research that has examined engagement with the scene has focused on the relationship between substance use, HIV sexual risk and scene involvement in same-sex attracted men (Kippax et al., 1992; Knox, et al., 1999; Prestage, Degenhardt, et al., 2007; Prestage, Fogarty, et al., 2007).

This thesis also contributes to the literature on alcohol and other drug use in same-sex attracted young people. In Australia, this study is one of few to provide detailed data on patterns of alcohol and other drug use, context and motivations for drug use, injecting drug use, and problems with alcohol and other drug use in same-sex attracted young people. This study is also one of few internationally to examine the predominant theories for higher rates of substance use in same-sex attracted people, namely minority stress and engagement with the lesbian and gay scene.

Finally, this is the first study to have differentiated between scene venues and straight or mixed licensed venues in determining the extent that attendance at these venues is associated with harmful patterns of alcohol use, recent illicit drug use, recent concurrent polydrug use, and dependence on club drugs.

Limitations of the Research

This study is not without limitations. Firstly, a cross-sectional design was used which has some disadvantages. Causation cannot be differentiated from association in cross-sectional surveys, so it is difficult to explain some findings beyond speculating on plausible explanations and the direction of association between covariates and outcome variables.

Secondly, convenience sampling has the potential for self-selection bias. People who were less open about their sexual orientation or who had not disclosed their sexuality to anyone may have been uncomfortable participating in the research. Using a web-based survey was intended to reduce uneasiness about participation among people who were less open about their sexual orientation because of the greater anonymity afforded in web-based research. Despite this, it is possible that this group is underrepresented in the current study.

The majority of participants were recruited via Facebook advertising, which randomly targets individual users who meet the criteria set by the researchers over a specified time period. While this approach is likely to have increased the chances of recruiting a broader mix of same-sex attracted young people, not all same-sex attracted young people will be on Facebook, and advertising on Facebook is limited by the parameters that researchers set. The current study targeted young people who indicated in their Facebook settings that they were “interested” in their own gender. However,

selecting a gender of interest is optional for Facebook users, so it is likely that young people who did not indicate this preference did not see the study advert. To address the limitation of recruiting a large proportion of respondents from the one source, a diversity of other sources were used to recruit respondents. The majority of remaining respondents were recruited via lesbian and gay organisations and websites, which may have lead to an overrepresentation of young people with high levels of participation in lesbian and gay life. However, the use of Facebook as the primary mode of recruitment was intended to balance this common problem in sampling same-sex attracted people (Meyer & Wilson, 2009). Respondents were intentionally not recruited from bars and clubs to minimise the chances of an overrepresentation of young people who regularly attend licensed venues. While it is possible that there were some differences in the demographic characteristics of respondents recruited from different sources (e.g., those recruited via GLBT websites compared to those recruited via Facebook), the variety of sources used was intended to facilitate the recruitment of a diverse sample of same-sex attracted young people. This is particularly important as population samples of same-sex attracted people are very difficult to obtain.

The survey was titled “Sexuality and nightlife survey” in information flyers and advertising materials, without mention of alcohol and other drugs so people who did not use drugs were not discouraged from participating. However, the use of the word “nightlife” in these materials may have deterred young people who did not regularly attend licensed venues or other party environments. Flyers and adverts only included the term “same-sex attracted” to describe the sexual orientation of desired respondents rather than using the identity labels “lesbian”, “gay” and “bisexual”. This was done to increase the attractiveness of participation for same-sex attracted young people who did

identify with these labels. However, despite these efforts only a small number of bisexually-oriented young men participated in the research.

As with most convenience samples, data could not be collected on young people who viewed an information flyer or advert but chose not to participate. In addition, demographic information was collected at the end of the questionnaire, so demographic data is not available on young people who commenced but did not complete the questionnaire.

Participation in the research was only available to young people who lived or regularly spent time in Sydney in the preceding six months. This may limit how generalisable the findings are to same-sex attracted young adults in other capital cities in Australia, as well as to same-sex attracted young people outside of Australia. Many of the findings may not be generalisable to same-sex attracted young adults living in regional and rural areas of Australia, where there are less tolerant attitudes towards homosexuality, low visibility of same-sex attracted people, and fewer opportunities for socialising within a lesbian and gay subculture (Cohn & Hastings, 2010; Heath & Mulligan, 2008; Kennedy, 2010; McCarthy, 2000; Roy Morgan Research, 2010b).

Finally, some of the findings are limited by the use of single items to measure complex experiences. For example, questions on self-harm, suicidal ideation and suicidal behaviour may have been too simplistic to gain a thorough understanding of suicidality in the current sample. Some researchers have warned against using a single item to assess suicidal behaviour, because of the chance of false positives and over-reporting (Savin-Williams & Ream, 2003b). Nevertheless, the high rates of self-harm, suicidal ideation, and suicidal behaviour reported by young people in this study is concerning. While similar findings have been reported in other studies of same-sex attracted young people (Fergusson, et al., 1999; Hillier, et al., 2010; Marshal, et al.,

2011; McNair, et al., 2005; Nicholas & Howard, 1998), it is possible that rates of suicidal behaviour are over-reported in the current study and in other studies that have used a single item to assess attempted suicide. In addition, the measure of homophobic prejudice only elicited information about experiences of verbal and physical abuse. While rates of homophobic abuse were very high in this sample, other forms of homophobic prejudice (e.g., discrimination, social exclusion) were not enquired about and thus homophobic prejudice may be underreported.

Directions for Future Research

More detailed research on psychological distress and suicidality among same-sex attracted young people is warranted so effective interventions can be developed to address these problems. A study comparing psychological distress and suicidality in same-sex attracted and heterosexual young people that examines characteristics of same-sex attracted young people that elevate their risk of psychological distress and suicidality (e.g., minority stress) is particular warranted.

Future research with same-sex attracted young people could also examine whether those who lack social support from family and friends are more likely to gravitate towards the lesbian and gay scene and other gay community institutions to find other same-sex attracted people to foster a sense of belonging and reduce feelings of isolation. This research could also examine whether social support mediates the relationship between minority stress and poorer health outcomes, and would benefit from a longitudinal cohort design to address some of the limitations of cross-sectional research.

Longitudinal research is also needed that compares patterns of alcohol and drug use in same-sex attracted and heterosexual young people. The strong associations

between substance use and attendance at either scene venues or straight or mixed venues suggests that a more detailed investigation of alcohol and other drug use in young people who regularly attend bars and nightclubs is warranted. If same-sex attracted young people are disengaging from the lesbian and gay scene, it is possible that patterns of substance use in same-sex attracted and heterosexual young people will increasingly converge. The limited association between minority stress and substance use in young people in the current study suggests that other unexplored factors may contribute to an explanation for the high rates of substance use often seen in same-sex attracted young people.

Conclusions

Despite improvements in social attitudes towards sexual minorities, stigma and prejudice around homosexuality continue among a significant proportion of the population. While attitudes towards sexual minorities are most liberal in capital cities like Sydney, the majority of respondents in the current study had experienced homophobic abuse. While young people in this study appeared to be aware of the unevenness of social progress, only a minority had internalised negative social attitudes towards same-sex attracted people. The paradox of improved social attitudes is that they foster greater openness and visibility around sexuality, while this increased visibility can make same-sex attracted easier targets for homophobic abuse. Psychological distress and suicidality continue to be a serious problem for same-sex attracted young people who experience these problems at a far higher rate than among heterosexual young people. The findings of this study provide support for the minority stress theory that chronic social stress due to sexual orientation is associated with poorer mental health.

Commentators on the changing dynamics of lesbian and gay life may have been too quick to conclude that the scene has outlived its usefulness and is of diminishing relevance to same-sex attracted young people. The findings of this study suggest that the scene continues to be regarded as valuable by many same-sex attracted young people, perhaps most importantly as a space to meet sexual and romantic partners, and be physically intimate in a safe and comfortable space away from an unwelcome and potentially hostile reception from some segments of the general population. By underestimating the persistence of homophobia in Western societies, post-gay theorists have failed to recognise that same-sex attracted young people who have experienced homophobic prejudice are more likely to value the scene, as the results of this study suggest.

Alcohol and other drug use was very common among young people in this study. While minority stress is often used to explain higher rates of substance use and substance use problems in same-sex attracted people, the current findings offered little support for this theory. Instead, patterns of attendance at bars and nightclubs appeared to be more influential, and the results offer support for the hypothesis that drug use among same-sex attracted young people is normalised on the lesbian and gay scene.

Overall, this thesis provides mixed support for the post-gay hypothesis. While there was good evidence that many respondents had subjectively accepted and socially integrated their sexuality, homophobic abuse, psychological distress and suicidality were very common. The results of this thesis undermine the post-gay thesis of a straightforward progression to an era where same-sex attracted people experience little internal conflict about their sexuality and high levels of acceptance from family, friends and wider society. The persistence of negative social attitudes and homophobic abuse

suggests that the hypothesised transition to post-gay is progressing more unevenly than some theorists envisaged.

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APPENDIX A: INFORMATION FLYERS**Survey Phase****Facebook Advert****Sexuality survey**

Seeking same-sex attracted [women / men] aged 18 to 25 for survey on sexuality and nightlife in Sydney. You can win 1 of 2x \$200 gift vouchers...

Information Flyer**Sexuality and nightlife in Sydney:
Survey of same-sex attracted young people**

To participate you need to be 18-25 years old, same-sex attracted, and live or regularly spend time in Sydney.

You can go into a draw to win one of two \$200 Coles Myer gift vouchers. It takes about 20-30 minutes.

To access the survey go to: <http://nightlifesurvey.webs.com>

Please also pass on to anyone you think might be interested!

Interview Phase



**PARTICIPANTS NEEDED FOR
STUDY ABOUT SEXUAL IDENTITY
AND ALCOHOL / DRUG USE**

We are looking for volunteers aged 18 to 25 to participate in an interview about sexual identity, the GLBTQ 'scene', and alcohol and other drug use.

You will receive \$20 for participating.

For more information contact Toby on:
Phone: 0423 501 462 Email: toby.lea@student.unsw.edu.au

This study has received ethical approval from the Human Research Ethics Committee of the University of New South Wales (Approval no# 08287) and ACON.

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APPENDIX B: SURVEY MEASURES**Revised Internalised Homophobia Scale (IHP-R)**

Item	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have tried to stop being GLBQ/same-sex attracted					
If someone offered me the chance to be completely heterosexual, I would accept the chance					
I wish I weren't GLBQ/same-sex attracted					
I feel that being GLBQ/same-sex attracted is a personal shortcoming for me					
I would like to get professional help in order to change my sexual orientation to heterosexual					

Stigma Scale

Item	Strongly agree	Agree somewhat	Disagree somewhat	Strongly disagree	<i>Don't know</i>
Most employers will not hire a GLBQ person					
Most people believe that GLBQ people cannot be trusted					
Most people think that GLBQ people are dangerous and unpredictable					
Most people think less of GLBQ people					
Most people look down on GLBQ people					
Most people think GLBQ people are not as intelligent as the average person					

Kessler Psychological Distress Scale (K-10)

In the past four weeks, how often did you feel...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
... tired out for no good reason?					
...nervous?					
...so nervous that nothing could calm you down?					
...hopeless?					
...restless or fidgety?					
...so restless you could not sit still?					
...depressed?					
...that everything is an effort?					
...so sad that nothing could cheer you up?					
...worthless?					

Alcohol Use Disorders Identification Test – Consumption questions (AUDIT-C)

How often do you have a drink containing alcohol?	Never	Monthly or less	2 – 4 times a month	2 – 3 times a week	4 or more times a week
How many standard drinks containing alcohol do you have on a typical drinking day?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Severity of Dependence Scale (SDS)

Did you ever think your use was out of control?	Never or almost never	Sometimes	Often	Always or nearly always
Did the prospect of not using make you very anxious or worried?	Never or almost never	Sometimes	Often	Always or nearly always
Did you worry about your use?	Not at all	A little	Quite a lot	A great deal
Did you wish you could stop?	Never or almost never	Sometimes	Often	Always or nearly always
How difficult would you find it to stop or go without?	Not difficult	Quite difficult	Very difficult	Impossible