

Mix or match? Sexual attraction, identity and behaviour in same sex attracted young women in
Australia: an update
in
Redress, 15(2), 10-15.

Lynne Hillier

Abstract

Over the last ten years we have witnessed in Australia an upsurge in interest in young people, same sex attraction and sexual health. Until 1998, much of this sexuality research interest focused on young men because of the more obvious risks of HIV and other sexually transmitted infections. The findings from a 1998 national survey with same sex attracted youth indicated that the assumptions made about the ways sexual attraction translates into identity and behaviour for same sex attracted young women were inaccurate and this had implications for their sexual health and well being. For many of these young women there was no clear match between attraction, identity and behaviour and many exclusively same sex attracted young women were having sex with opposite sex partners. These young women were sexually active earlier and, according to one large Australian study, were several times more likely than their heterosexual peers to have contracted a sexually transmissible infection. Now, after a great deal of social change and considerable work in schools to promote an inclusive curriculum and to reduce homophobic abuse, we have a second national survey to provide an update on what we know about how these young women are performing their sexual difference.

Introduction

Over the last ten years in Australia we have witnessed an upsurge in interest in non-heterosexual young people's sexual health and well-being. In particular, a great deal of attention has been paid to the sexuality and sexual health of same sex attracted young men. Despite the indications that these young people do gender differently from their heterosexual peers, little research attention for many years was paid to the ways that this may play out for same sex attracted young women, particularly at the intersections of sexual attraction, identity and behaviour. In a 2001 article we argued that research 'privileges gay male populations, under-represents women and bisexuals and does not sufficiently differentiate between homosexual experience for women and men' (Dempsey et al, 2001, p.67). The reasons for this lack of attention are many, however of pertinence to this article is the assumption that same sex attracted young women are immune from sexual health issues.

Since the advent of the HIV pandemic, research has mainly focused on HIV prevention with same sex attracted young men. The assumption has been that same sex attracted young women are not at risk for HIV and therefore HIV research dollars should not be committed to them. Same sex attracted young women have been produced as somehow immune from sexual health and well-being problems and not needing to figure in preventative research. As a result, there has been the temptation to bracket them out of the equation when sexual health research and interventions are considered. As well, the belief that woman-to-woman transmission of other sexually transmitted infections is unlikely and rare translated into a lack of interest in non-heterosexual women. The campaign *Lesbians need pap smears too* by the Anti-Cancer Council in Victoria in 2001 was an attempt to redress the popular belief that lesbians do not suffer from sexually transmitted infections and their secondary effects. The main flaw in this type of thinking is the belief that lesbians do not have sex with men. We learned from the first national survey of same sex attracted youth, *Writing Themselves In* (Hillier et al, 1998) that many young women who are same sex attracted, and/or who identify as lesbians, do have sex with men. Furthermore, these

young women are sexually active earlier than their heterosexual peers and in many cases are performing heterosexuality more actively than heterosexual young women. The stark mismatch between the sexual attraction, identity and behaviour of many of these young women was confirmed by Smith et al's work in Australia (2003b) and Diamond's work with non-heterosexual young women in the United States (Diamond 2000). Young women were also less likely to have acted on their same sex desires than were young men.

Though not wanting to be prescriptive, or to foreclose on a more fluid sexuality for young women, it is difficult to ignore the fact that the vast majority of opposite sex attracted young people have an unquestioned and seamless congruence between these three parts of their sexuality which are positioned as natural, normal and inevitable. If we leave aside identity, and discussion in the literature about the problems of identity politics, it is hard to argue for the merit, in terms of their well-being, of a mismatch between sexual attraction and behaviour in these young women, especially when the mismatch is produced in a culture that punishes sexual difference. These findings have been discussed in detail elsewhere (Dempsey et al, 2001; Hillier, 2001).

Of relevance to the sexual health of same sex attracted young women, was a further finding from *Writing Themselves In* (1998), that schools' neglect of inclusive sex education and other curricula was particularly evident where lesbian relationships and safe sex were concerned. Less than one in 10 of these young women were given information about relevant safe sex from school or the family. Strong evidence of the need for attention to the sexual health of these young women was found in the 1997 national survey on the sexual health of 3,500 senior students where same sex attracted female students were four times more likely to have been diagnosed with a sexually transmitted infection than their heterosexual counterparts (Lindsay et al., 1997).

Since the 1998 *Writing Themselves In* national report there have been many changes in the Australian cultural landscape in regard to visibility, acceptance and support of sexual difference.

A new inclusive sexual health curriculum, *Talking Sexual Health* has been introduced into schools in each state. There has been an increase in positive media representation of alternate sexual lifestyles and funding has been made available for community development projects that have raised awareness of sexual difference and have built community capacity to support same sex attracted young people. Relationships bills have been introduced in most states and Ministerial Advisory Committees on gay and lesbian health have been set up in two states.

Of particular interest to this article is what the second national study of the sexual health and well being of same sex attracted young people, *Writing Themselves In Again* (2005) can tell us about the sexual attraction, identity and behaviour of same sex attracted young women and their sexual health in 2005.

Method

A self-complete survey was made available at the beginning of 2004 on the internet and in printed form. The project was advertised nationally in magazines, on the Internet, national radio and through youth networks. Young Australians aged between 14 and 21 years, who were sexually attracted to people of their own sex, were invited to participate. The survey included demographics and items on homophobia, sexual identity, attraction and behaviour, drug use, self-harm, disclosure and support and feelings of safety in a number of venues. The questionnaire was piloted with young people and youth workers in urban and rural areas.

Young people were invited to complete the survey anonymously online via the www.latrobe.edu.au/ssay/ website or fill out a coupon in a magazine with their name and address and apply for a copy. They could also leave their contact details on a toll free answering services for the survey to be sent to them. The content for the web-based version was the same as the hard copy version, with the format modified in order for participants to simply scroll down and submit at the end. To ensure anonymity was maintained, the mail-back process was configured to conceal participants' email addresses.

Using the term 'same sex attracted'

As with our previous research (Hillier et al., 1996; Hillier et al 1998), we adopted the descriptive term 'same sex attracted' for a number of reasons. First, young people tend to experience sexual attractions long before they assign themselves with a sexual identity and so by using attractions as our criterion we were maximising our potential research population. Second, unlike the terms 'gay' and 'lesbian', 'same sex attracted' is less threatening for organisations and young people. We were, for example, given permission to distribute a rural survey through education department schools using a question about attraction where we may not have been able to use the terms gay or lesbian. Third, by using the term 'same sex attracted' we are not foreclosing on young people's sexual futures by using a firm identity. Young people who are same sex attracted today may or may not become the gay or lesbian adults of the future.

Findings

It is impossible to calculate a response rate for this survey. We used a scattergun advertising approach in an attempt to reach as many young people as possible and, because no one was directly approached to be involved in the research, we have no idea how many same sex attracted young people were exposed to the advertising.

We received 1749 valid surveys, over double the number in the 1998 study. Young people were on average, 18 years old with young women being 6 months younger. The gender balance was skewed away from young women, who made up 37% (n=643) of the group. There were nine transgender young people (7 m-f and 2 f-m) in the sample. Eighty-eight percent (n=1539) were born in Australia and (2%, n=35), New Zealand. Of the 10% (n=175) born elsewhere, the majority were born in the Americas (3%, n=51), North-West Europe (3%, n=51) and South-East Asia (2%, n=35). As well, 2% (n=35) were of an Aboriginal and/or Torres Strait Islanders (ATSI) background, the same percentage for the 1998 survey and a little under the population census figure of 2.9% (Census of Population and Housing: Australia's Youth. (2001). Eighty percent of

young people came from major Australian cities (n=1327), 15% (n=256) from inner regional Australia 5% (n=82) from outer regional and remote Australia.

Sexual attraction

As in 1998, we asked young people whether they were attracted to people of the same sex only, both sexes, the opposite sex only, or if they were they unsure. In Table 1 it can be seen that in 2005, more young men and young women were attracted exclusively to their own sex and fewer young men and young women were attracted to both sexes than in 1998.

Table X Difference in young women and men’s sexual attraction from 1998 to 2004

	YW 1998 (374)	YW 2005 (643)	YM 1998 (375)	YM 2005 (1103)
SSA	32%	45%	60%	78%
BSA	58%	46%	32%	19%
OSA	1%	.6%	1%	.2%
Unsure	9%	9%	7%	3%

Whereas in 1998, young women were more likely to be both sex attracted than same sex attracted, in 2005 the difference had disappeared. In 2005, 13% more young women reported that they were exclusively same sex attracted than in 1998. The shifts in reported attraction towards the same sex exclusively could be interpreted as reflecting a society in which sexual diversity is more acceptable and where positive visibility creates ways of thinking about young people who are same sex attracted that are acceptable in the eyes of the community, thus making it easier for the young people to acknowledge their desire.

Sexual identity

We asked young people about the identity label, if any, that they attributed to themselves. We gave the same category options as in 1998 with an added one, 'no label', to cater for young people who, for whatever reason, did not choose to label themselves at all. The choices given were 'gay/lesbian/homosexual', 'bisexual', 'heterosexual', 'I don't label myself' and 'other'. We also asked young people to explain the reasons for the label they chose.

Similar to the shift in young people's sexual attraction from 1998 to 2005, both young women and young men were more likely in 2005 to identify as gay/lesbian/homosexual. The addition of the 'no label' category muddied the waters in this comparison because it potentially took numbers away from identity categories. The 10% increase in young women identifying as gay/lesbian/homosexual is therefore an important one (see Table 2). It parallels the change in attraction and is also likely to reflect increased visibility and opportunities for exploring sexuality that are available today.

Table 2 Difference in young women and men's identity from 1998 to 2004

	YW 1998 (374)	YW 2005 (631)	YM 1998 (375)	YM 2005 (1103)
Gay/les/hom	32%	42%	61%	71%
Bisexual	61%	31%	28%	13%
No label	N/A	21%	N/A	14%
heterosexual	11%	1%	6%	.2%
other	14%	3%	8%	2%

Despite the overall shift towards a lesbian identity, young women were still less likely to identify as gay/lesbian/homosexual than the young men and more likely to identify as bisexual or choose 'no label' than the young men. Their reasons for choosing 'no label' mainly concerned not

wanting to be defined by their sexuality or have their future options curtailed. Some young women chose not to have a label because they were still exploring their feelings.

Sexual behaviour

Sexual behaviour was the third aspect of sexuality that we were interested in exploring. We chose the term 'sex' for sexual encounters in general (to be inclusive of lesbian sex) and more specifically 'penetrative sex' for vaginal or anal intercourse. In 2005, the percentage of young women who had had sex, (this included lesbian sex) at 72%, remained unchanged from 1998. What did change, however, was the gender of the partner with whom young women were having sex. Over the past two years, of the young women who had had sex, 40% (29% in 1998) had had sex with females only, 11% more than in 1998, 40% (39% in 1998) had had sex with both sexes and 12% (32% in 1998) with males only, a stark drop of 20%. These shifts to an increase in exclusively same sex, sex and a decrease in exclusively opposite sex, sex are in line with the shifts in sexual attraction and sexual identity and may reflect a more congruent sexuality in these young women. It may also be a result of greater opportunity for young women to meet other like minded women to act out their same sex attractions. This shift was also apparent in young men.

Despite the very apparent shift towards what appears to be a more congruent sexuality in 2005, substantial numbers of young women were having sex that was not in line with their attractions. When we overlay the young women's attraction on their sexual behaviour we find that only 47% of the exclusively same sex attracted young women had sex exclusively with women in the past two years. A quarter of them were having sex with both sexes, six percent with men only and the remaining 22% had not had sex. In effect, 31% of these exclusively same sex attracted women were having sex with men. Though the shift towards congruence is robust, these findings do show that the terrain of sexuality is very complex for these young women and there are many more factors than attraction involved in choice of sexual partners.

An overlay of identity on behaviour produced a similar undermining of our notion of congruence. In theory, we would have expected young women who identified as lesbian to be having sex only with women, however, this was not always the case. Less than half (46%) of the 265 lesbian identified young women had had sex exclusively with women in the last two years, 27% had sex with both sexes, five percent only with men and almost a quarter (22%) had not had sex. Of the women who identified as bisexual, 37% had sex with both sexes, 17% only with the opposite sex, 14% only with the same sex and 32% had not had sex. Of the 'no label' women, 28% had had sex with both sexes, 18% only with men, 20% only with women and 34% had not had sex. One observation from these findings is that young women who identified as 'bisexual' or chose 'no label' were less likely to have had sex than those who chose the gay/lesbian/homosexual label. From these data and those on attraction, we learn that same sex attracted young women's sexual behaviour cannot necessarily be predicted from their chosen identity or their disclosed attraction.

Further understanding the mismatch between sexual attraction, identity and behaviour

We asked young women to tell us more about their answers to the attraction and identity items and their comments made it clear that their identity choices were based on a range of assumptions, many of which had nothing to do with sexual attraction or behaviour. Some of the reasons were political ones, others social and on other occasions they were related to sexual attraction and behaviour. What follows is a representative selection of their answers.

Around one third of young women in all identity categories were absolutely certain about their attraction, identity and behaviour and these were mainly the young women who had more congruence between these aspects of their sexuality. Bridget, who was same sex attracted, identified as a lesbian and only had sex with girls wrote:

i loooooovvvvveeee girls!!!!!!!!!!!!!!! (Bridget 20 years)

Erica was exclusively same sex attracted and only had sex with girls but chose 'no label' because she didn't like the stigma of a lesbian classification:

I'm 100% into girls. Known since I was 10. Often the words used to label me are used in a negative way. I'm a person not a classification. (Erica 19 years)

Others, such as Wendy, same sex attracted and gay, had achieved congruence but remained unsure and anxious about her identity choices:

I know in my heart I am gay but it doesn't stop me from wondering whether I might end up changing and being bi or straight and making a fool of myself after identifying as gay. (Wendy 20 years)

Mary on the other hand was attracted to both sexes but chose a lesbian label because it made life safer and easier:

I've gotten sick of going backwards and forwards, if I say I'm bisexual it just confuses people and I get harassed by guys who don't understand what it means. It's safer and EASIER just to call myself a lesbian cos I get less crap and people can deal with it. (Mary, 15 yrs)

Jo who was attracted to both sexes, had sex with men and women in the last two years and called herself bisexual, appeared to have settled into a seamless sexuality, however, she found the label unsatisfactory because her sexual attraction was not equal to both sexes:

I consider myself bisexual, I am attracted to both sexes, but for different reasons. And of course, it is not 50/50 attraction, That is why I find the labelling of 'bisexuality' problematic. (Jo, 19 yrs)

There were also those who disliked labels because of the belief that they fell for a person, not a gender. However, this did not stop Sarah, who was attracted to both sexes, from identifying as a lesbian.

I fall in love with personalities not genders. (Sarah 20 years)

It would seem that while sexual difference is marginalised and stigmatised, young people will have great difficulty acting on their attractions and then matching their attractions with an identity that does not penalise them in some way. Identities are clearly problematic for many same sex attracted young women, not the least because they doesn't capture their feelings and/or because they often carry stigma.

Penis-vagina sex, pregnancy and sexually transmissible diseases

When we separated out the 15–18 year old school-attending young women in the study and compared them with their heterosexual peers in the 2003 national study of secondary students (Smith et al, 2003), we found that the same sex attracted young women in this study were more likely to have experienced penetrative sex than their heterosexual peers. On average, about half of young women who complete year 12, have experienced penis-vagina sex (Smith et al., 2003). In comparison, 63% of the 15-18 year old female students in *Writing Themselves In Again* had experienced penis-vagina sex. The finding that same sex attracted young women are likely to be more heterosexually active than heterosexual young women reflects the complexity of the lives of these young women. This difference affirms results from previous research and has implications for the provision of relevant sex education in schools, for health professionals and any adults working with young people. Same sex attracted young women need accurate information about a range of sexualities and safe sex.

The 1997 national study on the sexual health of senior students in Australia found that one in 12 same sex attracted young women had been diagnosed with a sexually transmissible disease (Lindsay et al 1997). Though we did not ask about sexually transmissible diseases in the 1998 *Writing Themselves In* survey, we did include a question in 2005. One in ten of the young women had been diagnosed with a sexually transmissible disease, a figure several times higher than for their heterosexual peers but not as high as the incidence in the young men. We also asked about pregnancy and found that, 10% of the school attending 15-18 year old women had been pregnant. In comparison, eight percent of the equivalent heterosexual young women in the third national study of the sexual health of senior students had been pregnant (Smith et al, 2003). As mentioned previously, few young women were given appropriate information about lesbian relationships or safe sex from school or family in 1998 and the provision of relevant information about safe sex and relationships from school and family remained scarce in 2005. Less than one in five of these young women received inclusive sex education, a slightly better finding than the one in ten in the earlier study.

Conclusion

It is clear from Australian research with same sex attracted young women, that assumptions about their immunity to sexually transmitted infections and pregnancy remained unfounded in 2005.

What appeared to be a shift between the two national studies towards exclusive same sex attraction and a lesbian identity, in fact played out quite differently in sexual behaviour. Many same sex attracted young women were heterosexually active earlier than their heterosexual peers. Moreover they were three times more likely to report having been diagnosed with a sexually transmitted infection and at least as likely to have been pregnant.

The findings of higher rates of sexually transmitted diseases in same sex attracted young women and their high rates of pregnancy are a wake up call for health professionals and others working with same sex attracted young women that a lesbian label and same sex attraction in young women do not necessary predict exclusive sex with women. Young women choose their sexual

identity for many reasons and these don't always relate to sexual desire. It is important that those working with young people don't jump to conclusions based on given identities or foreclose on the options that young women may wish to take up in the future. In the case of health professionals, only the taking of sexual history that elicits information beyond heterosexual norms will give the information needed to be able to give appropriate information and referral about sexuality and reproductive issues. It is a reminder that clinics need to provide positive visibility about sexual difference for young women so that they know.

For schools, this research provides evidence of their continued neglect of same sex attracted young women in failing to provide adequate and relevant information about safe sex. It is a reminder that sexuality education needs to be inclusive and non-prescriptive. Clearly, same sex attracted young women require information about heterosexual safe sex that is not couched exclusively within the heterosexual norm. Similarly assumptions about lesbian identity that dictate exclusively same sex partners, need also to be re evaluated.

We do not know whether in the next decade, same sex attracted young women's sexual identity, behaviour and attraction will continue to move towards the 'same sex' end of the spectrum, and whether a change in the culture to one that is accepting of sexual difference at home, in school and the community will create more congruent sexualities in these young women. In the meantime, simplistic assumptions about these young women's sexual behaviours are unhelpful, inaccurate and dangerous to their sexual health.

References

Dempsey, D., Hillier, L. & Harrison, L (2001). Gendered [s]explorations among same sex attracted young people in Australia. *Special Issue of on Gay, Lesbian and Bisexual Young People. Journal of Adolescence: 24, 67-81*

Diamond, L.M. (2000) sexual identity, attractions and behaviour among young sexual minority women over a two year period. *Dev. Psychol.* 36(2) 241-50

Hillier, L. (2001) I'm wasting away on unrequited love: gendering same sex attracted young women's love sex and desire. *Hecate*, 27(1), 119-127.

Hillier, L., Turner, A. & Mitchell, A. (2005) *Writing Themselves In Again – 6 years on: the second national report on the sexuality, health and well being of same sex attracted young people*. Melbourne: Australian Research Centre in Sex Health and Society, La Trobe University.

Lindsay, J., Smith, A. & Rosenthal (1997) Secondary students and sexual health: results of the second national survey of Australian secondary students, HIV/AIDS and sexual health, Melbourne: Centre for the Study of STDs, La Trobe University.

Smith, A.M.A., Agius, P., Dyson, S., Mitchell, A. & Pitts, M. (2003a) Secondary students and sexual health: results of the third national survey of Australian secondary students, HIV/AIDS and sexual health, 2002. Monograph series no. 47. Melbourne: Australian Research Centre in Sex Health and Society, La Trobe University.

Smith A, M. A., Rissel C., Richters, J. Grulich A, & de Visser R. (2003b) Sexual identity, sexual attraction and sexual experience in a representative sample of adults. *Australian and New Zealand Journal of Public Health*, 27(2), 138-145.