



One of the Boys

**Masculinity, Homophobia,
and Modern Manhood**

David Plummer, PhD

One of the Boys
*Masculinity, Homophobia,
and Modern Manhood*

This page intentionally left blank

One of the Boys *Masculinity, Homophobia, and Modern Manhood*

David Plummer, PhD

 **Routledge**
Taylor & Francis Group
LONDON AND NEW YORK

First published 1999 by Haworth Press, Inc., 10 Alice Street, Binghamton, NY

This edition published 2016 by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN
711 Third Avenue, New York, NY 10017, USA

Routledge is an imprint of the Taylor & Francis Group, an informa business

© 1999 by The Haworth Press, Inc. All rights reserved. No part of this work may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, microfilm, and recording, or by any information storage and retrieval system, without permission in writing from the publisher.

Cover design by Marylouise E. Doyle.

Library of Congress Cataloging-in-Publication Data

Plummer, David, 1957-

One of the boys : masculinity, homophobia, and modern manhood / David Plummer.
p. cm.

Includes bibliographical references and index.

ISBN: 1-56023-973-5 (hc. : alk. paper).—ISBN: 1-56023-974-3 (pbk. : alk. paper).

1. Homophobia. 2. Homophobia in children. 3. Boys—Psychology. 4. Men—Socialization.
5. Masculinity. I. Title.

HQ76.P53 1999

305.9'06642—dc21

99-34431
CIP

ISBN 13: 978-1-56023-974-1 (pbk)

To all of my family,
especially my partner, Brian Tunks

ABOUT THE AUTHOR

David Plummer, PhD, MD, is Associate Professor in the School of Health at the University of New England in Australia. In addition he is a sexual health physician and health sociologist. He has authored a number of papers, chapters, and books on sexuality and health. He was the first National President of Australia's national top non-government AIDS body, the Australian Federation of AIDS Organizations (AFAO). Dr. Plummer is also an executive member of Australia's top governmental AIDS advisory body, the Australian National Council on AIDS and Related Diseases (ANCARD), which advises the Federal Health Minister.

He founded and has served as co-editor of *Venereology: The International, Interdisciplinary Journal of Sexuality and Health* for over ten years. Dr. Plummer has special interests in public health, marginalization and health, Aboriginal sexual health, sexuality and aging, and the impact of gender on health. He has been involved in international program development in Australia, Papua New Guinea, and Indonesia.

CONTENTS

Acknowledgments	ix
Introduction	1
Chapter 1. The Homophobic Puzzle	3
Defining Homophobia	3
Clarifying the Terms of Reference	6
The “Epidemiology” of Homophobia: Studies of Homophobic Violence	10
The Significance of Homophobia: Evidence from Twentieth-Century Public Life	24
Chapter 2. Swearing Allegiance	39
Homophobic Meanings	40
Cataloging Homophobic Meanings	44
Evolving Homophobic Meanings: “Onion Skinning”	59
The Power of Homophobic Words	63
Homophobia and “Otherness”	77
Conclusions	88
Chapter 3. Separating the Men from the Boys	89
School	89
The Divided School Ground	92
The Classroom	113
Home	118
The Media	130
Conclusions	133
Chapter 4. Fashioning the Male “Self”	137
Homophobia Prior to Adult Sexual Identity: Pressures That Shape Boys’ Behavior	137
Homophobic Pressures from a Nonhomosexual Perspective	149
Homophobia and Being Homosexual	166

Homophobia and Identity	203
Conclusions	218
Chapter 5. Regulating Male Intimacy	221
Physical Engagement: Sports	222
Manhood Exposed: The Change Rooms	242
Putting Those Fears to Bed: Sleeping Together	252
Knowing When to Get Off: Sexual Restraint and Transgression	256
Friendships, Relationships, and Being Homosexually Active	276
Conclusions	288
Chapter 6. On the Origins of the Sexual Species	291
Homophobic Logic: Mobile Differences and Consistent Negative Bias	291
Between Suppression and Expression	295
Taming Polymorphous Perversity	299
Homophobic Passage: The Orderer of Things	300
Conclusions	305
Appendix A: Methods	307
The Choice of Methods	308
Methodological Theory	309
Sampling	310
Recruitment	312
Interview Structure	313
Analysis: Interpretation, Validity, and Wider Significance	315
Conclusions	318
Appendix B: Sample	321
Participant Profiles	323
Conclusions	337
Appendix C: ATLG Scores	339
References	343
Index	355

Acknowledgments

This work is based on research undertaken at the Australian National University and funded by the National Health and Medical Research Council.

Thanks to the young men who generously gave their time to recount their stories.

Special thanks to Brian Tunks for his endless support.

Thanks also to Robert Kosky, Dorothy Broom, William Walters, Michael Ross, John Ballard, Victor Minichiello, Chris Puplick, Matt Gillett, Dan Sybaczynskyj, Jennifer Hickey, and Bruce Forrest.

This page intentionally left blank

Introduction

Homophobia is widespread, takes diverse forms, and has far-reaching behavioral and social consequences. Instead of people viewing homosexuality with simple disinterest, a number of studies have confirmed that antihomosexual bias is extensive and often deeply felt. The extent and intensity of homophobia invites inquiry into the significance of biases about homosexuality, particularly when homosexuals are so often portrayed as weak individuals belonging to a marginal minority that poses no obvious threat.

This study investigates the development of homophobia and the meanings and significance people associate with it. It is concerned primarily with antihomosexual bias experienced by males. Detailed life histories were collected, focusing on how the informants came to understand sexuality. Subjects described their own experiences as well as how sexual issues were handled by their peers. Interviews were analyzed according to key themes that emerged from the data. Themes include the relationship between homophobia and masculinity, the processes involved in becoming homophobic, the effects of homophobia on masculine self-concept and identity, and the impact of homophobia on intimacy, sexual expression, and relationships. Findings were then used to elaborate on existing theories that attempt to explain homophobia.

The ways in which terms referring to “homosexuality” are used during childhood and adolescence are the key observations of this research. The term “poofter” comes into currency almost universally during primary school and is considered to be among the most negative of terms that can be applied to another boy. Significantly, for the first few (crucial) years of use, “poofter” and similar terms do not have explicit homosexual connotations and many young boys have no understanding of homosexual identity and practice. Instead, these terms take diverse meanings and are applied to boys who are different—particularly those who are softer, academic, less

team sport oriented, less group oriented, who differ significantly from the standards of other boys or who are less restrained by gender roles. Prestigious team sports take a central role in defining and enforcing homophobia.

This study finds that homophobia serves to define a key repository for ideas of “not self,” “difference,” and “otherness” during the processes of forming adult male identities. As sexual maturity approaches, the notion of “poofster” evolves, becomes more specific, explicitly sexual, and is eventually embodied in the male homosexual. A recurring pattern is that homophobia commences, crescendos, peaks, and then in early adulthood, it starts to dissipate (although never completely). This process, called “homophobic passage,” coincides with the passage of young males from childhood to adulthood and appears to play an important role in the formation of the modern adult male self.

Chapter 1

The Homophobic Puzzle

Homophobia is a fascinating puzzle. Even though it is neither universal nor uniform, homophobia is extremely common and has been identified in many modern societies (Hendriks, Tielman, and van der Veen, 1993). Far from provoking simple disinterest, homosexuality typically attracts considerable attention and homophobia is often deeply cathected and can culminate in extreme violence. Studies from around the world have shown that homophobic violence frequently follows well-documented patterns and that people who engage in violence share a range of characteristics. In contrast, the extent and intensity of homophobia seems to be “at odds” with the apparent principal target—in the case of Western homosexual males—who constitute a small minority and are stereotypically portrayed as emasculated and weak. Further, although homophobia appears to be an important, widespread phenomenon, the term was coined only recently (less than twenty-five years ago) and it attracts comparatively little research. This work is concerned with addressing these issues, with elucidating the processes that underwrite male homophobia, with adding to our understanding of how homophobia comes about and why it exists, with tracing the meanings that homophobia invokes, and with defining its relationship with masculinity.

DEFINING HOMOPHOBIA

Since it was first used, the meaning of the term “homophobia” has evolved considerably. “Homophobia” was introduced into the literature by George Weinberg in 1972 in his milestone publication *Society and the Healthy Homosexual*. At the time, he defined homo-

phobia as “the dread of being in close quarters with homosexuals” (Weinberg, 1972: 4). This definition is consistent with formal criteria in the psychological literature for a phobia (American Psychiatric Association, 1994; World Health Organization, 1992). However, since 1972, the use of the term has shifted to include meanings that are considerably broader than Weinberg’s original sense—which is rarely used now even in scholarly writing.

Homophobia is a problematic term, particularly when taken literally. In a 1991 review, Haaga notes that contemporary usage includes “a wide range of negative emotions, attitudes and behaviours toward homosexual people” (Haaga, 1991: 171). These characteristics of homophobia are not consistent with accepted definitions of phobias, which Haaga describes as “an intense, illogical, or abnormal fear of a specified thing” (1991: 171). Five key differences distinguish homophobia from a true phobia. First, the emotion classically associated with a phobia is fear, whereas homophobia is often characterized by hatred or anger. Second, a phobia generally involves recognition that the fear is excessive or unreasonable, but homophobic responses are often considered understandable, justified, and acceptable. Third, a phobia typically triggers avoidance, whereas homophobia often manifests itself as hostility and aggression. Fourth, a phobia does not usually relate to a political agenda, while homophobia has political dimensions including prejudice and discrimination. Finally, unlike homophobia, people suffering from a phobia often recognize that it is disabling and are motivated to change.

The lack of consistency between the contemporary usage of homophobia and the criteria used to designate true phobias is also reflected in the *Oxford English Dictionary*. The *New Shorter Oxford English Dictionary* (Brown, 1993: 1254) defines homophobia as a “fear *or hatred of* homosexuals and homosexuality” and a homophobe as “a person who is afraid of *or hostile to* homosexuals and homosexuality” (emphasis added). Even in Weinberg’s original writings, homophobia is used to refer to widespread social occurrences and to a broad range of antihomosexual bias and is considerably broader than his initial definition allows. For example, he variously refers to homophobia as “hostility,” “revulsion towards homosexuals,” “the desire to inflict punishment as retribution,” a “prejudice,” a “pattern of attitudes,” and

“part of the conventional American attitude” (Weinberg, 1972: 3, 4, 8, 18, and 132).

In an attempt to resolve these inconsistencies, Haaga suggests that the use of the word “homophobia” be restricted to its literal meaning, and those phenomena characterized by antihomosexual bias, which are not true phobias, be reclassified. To support his argument for restricting the use of homophobia and to designate other words for associated nonphobic phenomena, Haaga argues that the term “does not accurately depict the phenomena generally subsumed under homophobia” (1991: 172) and that the term pre-empts an etiological theory. Various authors have offered alternative terminologies including “homoerotophobia” (Churchill, 1967), “antihomosexual prejudice” (Haaga, 1991), “homonegativism” (Hudson and Rickets, 1980), “homosexism” (Hansen, 1982), “homosexual taboo” (Marshall, 1994), “homosexual bias” (Fyfe, 1983), and “heterosexism” (Neisen, 1990). Unfortunately, the alternative terms also imply etiological frameworks of their own; none of which can be assumed to accurately define homophobia, nor to suggest adequate explanations. Furthermore, all terms seem to reflect a desire to collectively refer to the phenomena generally subsumed under the term homophobia, phobic or not, rather than to fragment homophobia.

The uncertainty about how homophobia is to be defined is important for this project because it affects which literature can be drawn upon and the area to be analyzed. Clearly, “homophobia” in its literal sense is an unsatisfactory term. However, rather than attempting to quarantine homophobia to its literal sense, contrary to its general usage, it is advantageous to accept and analyze the meanings reflected in its broader contemporary use despite its etymology. There are a number of reasons for this. First, this is a study of homophobia in everyday life, and it makes some sense to use terms that accord with everyday usage. Second, this project is interested in describing and exploring antihomosexual bias generally, and it is appropriate to use a definition that captures a broad range of phenomena (including true phobias). This avoids making assumptions about etiology as narrower, more precisely defined terms might. Third, there is no generally accepted alternative term, probably because this area has a short history and does not have an extensive

theoretical literature to draw on. It may also reflect how poorly we understand homophobia, and consequently, our language is ill equipped to describe it. For the purposes of this project then, “homophobia” will be used imprecisely, to encompass a broad range of situations and processes characterized, at least in part, by antihomosexual bias. It should be understood that in this context homophobia is a provisional term not to be taken literally. The meanings ascribed to homophobia will emerge as this work unfolds.

CLARIFYING THE TERMS OF REFERENCE

Difficulties with defining homophobia are not confined to whether or not it is a true phobia. The term involves implicit reference to homosexuality, which also has inherent definitional problems. There has been considerable debate in recent years over whether “homosexuals” are universal across different cultures or whether “the homosexual” is an identity that can only be legitimately discussed in relation to modern Westernized cultures. It is argued that it is only possible to talk tentatively of homosexuality prior to the mid- to late nineteenth century because the word “homosexual” only entered the German language in 1869 and English in 1892 (Halperin, 1990: 15). Prior to that time, the concept did not seem to exist—sodomy and nonprocreative forms of sex were of concern, but these acts are not the sole domain of homosexuals. Halperin makes the additional point that it may even be inappropriate to speak of “sexuality” prior to this. He argues that although sex existed, the cluster of phenomena that we refer to as “sexuality” may not have been thought of collectively, or as “sexual” until more recently (Halperin, Winkler, and Zeitlin, 1990: 5). In contrast, it is possible to talk of antihomosexual bias prior to the introduction of the term “homophobia” in 1972, since “antihomosexual bias” only requires the formulation of the concept “homosexual.” A case can be made that antihomosexual bias existed prior to the introduction of the word homosexual, if it can be shown that sodomy laws were exercised differentially and primarily against sodomy between males (Weeks, 1991: 17; Dollimore, 1991: 239). (In fact, it will be argued that homophobia is a necessary prerequisite for the formulation of the “heterosexual” and “homosexual” dichotomy.)

Acts of male-male intimacy have different meanings and follow different patterns in different cultures. Therefore, patterns of bias against these acts might also vary, or be absent. For example, Herdt reports that ritualized male-to-male insemination was an obligatory rite of passage for all young men in parts of Melanesia (Herdt, 1993: 6-7 and 61-65). Halperin and Dover explore the culturally valued homoerotic practices between men (*crastes*) and boys (*eromenos*) in the ancient world (Halperin, 1991: 37-53; Dover, 1989). Watanabe and Iwata describe the special place that homoeroticism played in traditional Japanese culture, particularly for the Samurai warriors (*Wakashu/Shu-do*) and the Buddhist monks (*Chigo*) (Watanabe and Iwata, 1989). These examples are of interest because if bias against male-male intimacy existed at all, it must have been quite different from modern forms so these culturally important phenomena could be accommodated without provoking antihomosexual hostility. The details of each of these cases are quite different, and they are culturally and racially unrelated. It is also notable that the societies where these practices arose have changed. As Watanabe notes, in modern Japan, homosexual behavior has become highly stigmatized and hidden, and is considered alien. He articulates a prevalent modern Japanese attitude: "The Western vice that we Japanese have never known is invading our country" (Watanabe and Iwata, 1989: 121 and 12). These findings suggest that social factors play a powerful role in generating homophobia, and a hiatus or absence of homophobia in certain situations is evidence of its nonessential nature. Thus, although modern surveys in Westernized cultures have found that homophobia is frequent and adheres to identifiable patterns, the historical and cultural evidence reminds us that we cannot assume this is due to an innate human predisposition to antihomosexual bias, nor is it culturally invariable. Indeed, these findings of historical and cultural variability prompt us to look at modern social arrangements to see if we can identify how contemporary patterns of antihomosexual bias are generated, transmitted, and enforced.

A further problem is that sexual difference is often portrayed as dichotomous, opposite, and symmetrical and this representation influences the operations of homophobia and how it is analyzed. Man, woman, boy, and homosexual are different, but it is illogical

that a man is simultaneously the *opposite* of a boy, a woman, a transvestite, and a homosexual. Sexuality and gender systems are founded on nonsymmetrical differences and the difference between man, woman, and child is not one of "equally opposite symmetry." There is no intrinsic reason why the opposite of heterosexual is homosexual or perversion, except when opposite values such as good and evil become attached to these categories. Even within contemporary Western culture, ambiguities concerning homosexual acts and homosexual identities are common, and they have become particularly obvious in HIV/AIDS social research (Altman, 1992: 32-42; Dowsett, 1994). This ambiguity manifests as a gap between people who feel "authentically homosexual," many of whom have had enjoyable heteroerotic experiences, and those people who feel "authentically heterosexual" but sometimes seek out homoerotic experiences. Similarly, a paradox arises in the difference between societies where there is homosexuality, homophobia, and people who feel "authentically homosexual," and those societies where there are homoerotic cultural arrangements but it is not possible to identify a class of people who could be described as "homosexuals." Dichotomies that we view as naturally opposite and symmetrical may not be essentially so, but are positioned that way because of cultural values that are attached to them (Weeks, 1985: 86-87). Likewise, categories that seem unnatural, unbalanced, and asymmetrical appear that way because of the values that serve to define them and their relationship with one another. It will be argued that a principal repository of these "cultural values" is homophobia, which plays a crucial role in creating and maintaining asymmetrical, seemingly natural oppositions.

In Western culture, homophobia is regularly directed at men who are "effeminate." Many researchers have therefore assumed that homosexual men are "womanly" and that homophobia is primarily disapproval of men who act like women. However, homophobia also targets men who aren't obviously effeminate, and transgression seems to occur when same-sex gender conventions are not observed rather than when characteristics of the "opposite" sex are expressed. Thus, there are differences between homosexuals, transvestites, and transsexuals, although they might all be accused of acting like the "opposite sex"; leathermen, "muscle Marys" (gay bodybuilders),

and drag queens differ markedly in how effeminate they are. Furthermore, homosexual relationships are one of few where sex roles are not anatomically preconfigured and there is a potential for symmetry and role change. Although it may be true that homophobia can target men (and boys) who are not “conventionally masculine,” this should not be equated exclusively with being “feminine” or with the female gender (Pringle, 1992: 82). Perceptions regarding being “masculine” or occupying a “female sex role” are highly culturally variable (the dominant males of two centuries ago made a practice of wearing wigs, powder, beauty spots, and flamboyant “drag” that looks decidedly “gay” now). Just as homophobia often occurs independently of known details of a person’s sexuality, this project has identified aspects of homophobia that do not seem to be directly related to gender. Consequently, the process of interpreting this research becomes tricky and requires continual and conscientious reevaluation of prevalent concepts of sexuality and gender.

A number of theorists have equated homophobia with heterosexism or attempted to subsume it under the umbrella of heterosexism (Altman, 1992: 44; Neisen, 1990). This is not satisfactory. Heterosexism and homophobia do overlap, but they are not the same. By conflating them, homophobia is subjected to stronger, competing, sometimes homophobic agendas and the characteristics that differentiate it are at risk of being submerged. Heterosexism also seems inadequate because it suggests that homophobic dynamics arise from intergender considerations, but male homophobia can be considered just as much an intragender phenomenon (“between men”). Furthermore, heterosexism explains certain social arrangements that affect homosexuals, but it lacks a satisfying framework to fully explain the *passion* that permeates homophobia. Last, heterosexism suggests that homophobia primarily has a sexual basis (unacceptable sexual preference). Although it may be difficult at this stage to see homophobia in any other way than sexual, the possibility that homophobia has its origins in nonsexual processes must be kept open until the evidence is reviewed.

This project is concerned with homophobia—not homosexuality. However, many people who knew this was a study of homophobia seemed to read it as a study of homosexuality and wanted to talk about homosexuality and its origins. This is an interesting paradox,

one that was sometimes hard to avoid: homosexuality and homophobia often seem to be conflated. This paradox seems to recur in a popular belief that homophobia is perpetrated by homosexuals who haven't accepted their own homosexuality. This is inconsistent with homophobia being a widespread social prejudice that exceeds the minority of people who are homosexual who are being held responsible. Perhaps the attractiveness of this belief has its origins in homophobia as a wish to make homosexuals responsible even for their own persecution. Alternatively, a controversial proposition is that most perpetrators are heterosexual but are suppressing/repressing more universal homoerotic impulses (perhaps kept in check by homophobia). However, regardless of whether they are suppressing/repressing homoerotic impulses, the majority of homophobic people are and remain heterosexual, and despite earlier reservations about "heterosexism," it is meaningful at this level to relate homophobia to heterosexuality rather than blaming the victim. As Jonathan Dollimore writes when he paraphrases Norman Mailer, "anyone who has succeeded in repressing his homosexuality has earned the right not to be called homosexual" (Dollimore, 1991: 46).

This leads to a further question: although the apparent target of homophobia is "the homosexual," is he, perhaps, not the principal target? Again, if homosexual males are a small and stereotypically "weak" minority, then the extent of homophobia in this culture and the amount of energy put into it seem disproportionate. Is it the case that the energy behind homophobia actually arises because of what homophobia means or does for the majority? In view of these possibilities, it is necessary for the reader to keep an open mind as to the exact operations of homophobia. This is difficult because the culture we live in seems to be deeply impregnated with homophobic conventions, undoubtedly infiltrating the views of the writer and readers of this work.

THE "EPIDEMIOLOGY" OF HOMOPHOBIA: STUDIES OF HOMOPHOBIC VIOLENCE

Homophobic violence constitutes the tip of the homophobic "iceberg." However, studies on homophobic violence provide a useful foundation for investigating homophobia because violence is com-

paratively easy to define, is increasingly well documented, has major ramifications, and offenders' statements often provide unequivocal evidence of homophobic motives.

As a class, gay men and lesbians are at greater risk of harassment, violence, and murder, regardless of whether the motive of the offender is known. In addition, studies that include motives for anti-homosexual violence show that homophobia plays a role in most of the increased violence experienced by gay men and lesbians. A survey commissioned by the New South Wales Police Service in 1994 studied the experiences of gay men and lesbians who attended an outdoor gay event known as the "Mardi Gras Fair Day" (Sandroussi and Thompson, 1995). This event attracts 22,000 people who constitute a broad cross section of Sydney's homosexual men and women. Two hundred and fifty-nine gay men and lesbians agreed to be surveyed and the response rate was estimated to be 80 percent. The survey found that both gay men and lesbians were at least five times more likely to experience verbal harassment in a twelve-month period than the "general community" had ever experienced. It was also found that the 139 gay men in the sample were at least four times more likely than the general Sydney adult male population to experience an assault in a twelve-month period. This was reportedly an underestimate because, unlike the gay cohort, the comparison group—the general Sydney adult male population—included both threatened and actual assault and domestic violence. The survey also found that 57 percent of respondents had experienced some crime/harassment in the past twelve months and that just under half of these (27 percent of the total) had experienced more than one type of "incident." Thirty-three percent of respondents reported three or more separate incidents in the past twelve months.

The frequent experience of harassment and violence is not confined to a few surveys or to one city. Similar findings have been found elsewhere. In 1994, the group Gay Men and Lesbians Against Discrimination (GLAD) published the results of a survey of Victoria's gay and lesbian population (GLAD, 1994). The sample of 1,002 people (492 women and 510 men) was recruited through diverse channels, including 500 surveyed at venues and events, 350 via mailings, and 150 during public meetings. Three thousand surveys

were distributed and the response rate was therefore around one in three. In this survey, 70 percent of lesbians and 69 percent of gay men reported having been verbally abused, threatened, or bashed in a public place "on the grounds of sexuality." This includes 11 percent of lesbians and 20 percent of gay men having been physically assaulted ("bashed") and 2.6 percent of lesbians and 5.5 percent of gay men reported being physically assaulted by the police.

Further evidence for the widespread and serious nature of antigay violence comes from analyses of murder cases in New South Wales. Sandroussi and Thompson (1995) report that since 1990 there have been twenty-two murders in New South Wales that "appear to be gay-hate related." This information is echoed by Tomsen (1993), who reports that between 1989 and 1993, there were seventeen gay murders documented by the New South Wales police and that this constitutes one-quarter of all "stranger murders" in New South Wales during this period. In another paper, Tomsen reports that between 1988 and 1994, there were twenty-four cases of murder "in which the victim's sexuality formed the evident basis for a fatal attack" (1994: 3) and again that this figure constitutes about one quarter of all "stranger murders" in New South Wales in the same period. In 1997, Tomsen expanded these findings to thirty-one murders in the ten years to 1996 (Tomsen, 1997: 38). In addition, violence between men who are known to each other also includes attacks where sexual preference is an important factor.

Similar data are available from Britain and the United States. In a study of 400 gay teenagers in London, Trenchard and Warren found that more than 50 percent had been verbally abused, 20 percent had been beaten up, 10 percent had been "thrown out of home," and many had been sent for medical treatment because of being homosexual (Trenchard and Warren, 1984: 151, quoted in Mac an Ghaill, 1994: 167). Berrill reviewed twenty-six studies of antihomosexual violence and victimization in North America (Herek and Berrill, 1992). Of these, the seven most recent major surveys, covering most of the United States and Canada, reported broadly similar results to those from Sydney and Melbourne. The seven studies were conducted between 1988 and 1991, and each study included sample sizes of 234, 1,363, 234, 291, 721, 542, and 395 respectively (3,780 responses; 2,000 male; 1,379 female; 401 sex not speci-

fied). Results for the two largest samples (1,363 and 721 men and women combined) found that between 84 and 87 percent of respondents had been verbally abused; 45 to 48 percent had been threatened with violence; 25 to 27 percent were targets of "objects"; and 19 to 20 percent reported having been punched, hit, and/or kicked because they were gay or lesbian. Higgins quotes a report from the Hollywood division of the Los Angeles Police Department that sexual preference was a factor in ten of forty-two murders in that precinct (similar proportions to the New South Wales data) (Higgins, 1993: 264).

Characterizing Antihomosexual Incidents

While the number of incidents of violence experienced by gay men and lesbians is substantial, the patterning of the violence is also revealing. The people most frequently associated with antihomosexual violence share a number of important similarities, and the violence they engage in follows predictable patterns both in Australia and overseas.

The "Lesbian and Gay Anti-Violence Project" in inner Sydney monitors incidents of antihomosexual assault and publishes the results in their *Streetwatch* reports. The project relies on self-reporting, and only those incidents considered serious enough to be reported are recorded. These reports do not provide an accurate indication of the incidence of attacks, but they do provide a useful database of the characteristics of antihomosexual violence. The *Count and Counter Report* (Cox, 1994) in the *Streetwatch* series documents 184 incidents: ninety separate incidents between November 1991 and June 1992 and ninety-four separate incidents between July 1992 and June 1993. Physical assault was reported in 110 of the 184 incidents. Forty of these were defined as serious injury (multiple injuries, broken limbs, or major wounds) and fifty-five were less serious (bruises and cuts). Seventy-four cases (76 percent) involved injuries to the head; forty-three (44 percent) injuries to the torso; twenty-six (27 percent) injuries to the limbs, and one with injuries to the groin. Ninety of the attacks involved no other weapon apart from fists and feet; ten involved knives; and twenty involved objects such as clubs, bottles, and stones. Only 1.1 percent of the 1992 cases and 6.4 percent of the 1993 cases included robbery.

The sex of the offenders was recorded in 169 of the incidents. One hundred and forty-six incidents (86 percent) were by males only; a further twenty (12 percent) were mixed; and only three (2 percent) were by females only. The person making the report estimated the age of offenders. The estimated average age of offenders in 113 cases (61 percent) was under twenty-five, and in 144 (78 percent) cases, it was under thirty. The report noted that there was an inverse relationship between the average age of the offender and the number of offenders involved. Of the 177 incidents for which the number of offenders was known, 126 (71 percent) of the incidents involved more than one offender; ninety-five (54 percent) involved three or more assailants; and twelve incidents involved more than ten. Of the 184 incidents, only thirty-two (17 percent) involved assailant(s) who were known to the victim (Cox, 1994).

Details indicating reasons for attacks were recorded. These were divided into "subjective" and "objective" indicators. Of the 152 reports for which the perceived motive was recorded, 143 (94 percent) felt that it was related to sexual preference (including four cases in which this was related to HIV status). The words spoken by the offender at the time of the attack were recorded as an objective indicator of reasons for the attack. It should be noted that in many studies showing evidence of homophobia, it is not possible to conclude whether homophobia precipitated the attack or whether the attacker used it to legitimize the attack (in either case, homophobia is still involved). In 144 of the 184 incidents (78 percent), the assailant spoke. Of the 144 people spoken to during the assault, 104 (72 percent) reported antihomosexual or anti-AIDS (nine cases) comments. The analysis found a correlation between the perceived motives for the attacks and the objective indicators (Cox, 1994).

These Australian findings are similar to those from the United States. Berrill cites a "profile of a gay basher" compiled by the San Francisco group "Community United Against Violence" (CUAV) as "a young male, often acting together with other young males, all of whom are strangers to the victim" (Berrill, 1992: 30). In a study of 418 offenders by CUAV, 54 percent were twenty-one or younger, 92 percent were males, and 57 percent involved multiple offenders. In another study by LeBlanc, published in 1991, of 1,363 victimized respondents, the offenders were identified in 661 episodes. Ninety-two

percent of these episodes involved male offenders only and 4 percent were mixed. Of the 587 people who reported being attacked by strangers, 42 percent said the offenders were “adolescent” and 45 percent were in their twenties. Of the 646 cases where the number of offenders was recorded, only 22 percent were by individuals and 56 percent were by three or more (Berrill, 1992: 30).

Berrill (1992) also reviews the type of attack. Of the seven anti-homosexual victimization surveys in the United States between 1988 and 1991, with sample sizes ranging from 234 to 1,363, four surveys report “verbal abuse” in between 79 to 91 percent of the cases; four report “threats of violence” in 37 to 48 percent; five report “property violence” in 14 to 27 percent; five report “targets of objects” in 21 to 28 percent; six report being “followed or chased” in 13 to 41 percent; four being “spat upon” in 7 to 15 percent; seven being “punched, hit, and kicked” in 9 to 24 percent; and six report the use of a weapon in 7 to 10 percent.

Comstock quotes Flemming, a physician giving evidence about the emergency room of a San Francisco Hospital before a hearing of the San Francisco Board of Supervisors, as saying that antihomosexual attacks are

vicious in scope and the intent is to kill and maim . . . weapons include knives, guns, brass knuckles, tire irons, baseball bats, broken bottles, metal chains, and metal pipes. Injuries include severe lacerations requiring extensive plastic surgery; head injuries, at times requiring surgery; puncture wounds of the chest, requiring insertion of chest tubes; removal of the spleen for traumatic rupture; multiple fractures of the extremities, jaws, ribs, and facial bones; severe eye injuries, in two cases resulting in permanent loss of vision; as well as severe psychological trauma. (Comstock, 1991: 46)

For obvious reasons, surveys cannot capture antigay murders, but as we have seen, these probably account for one-quarter of “stranger homicides” in New South Wales. There is growing evidence in Australia, the United States, and Europe that antigay murder is frequently characterized by extreme violence (beyond what is required to simply kill the person). Berrill quotes Melissa Mertz, Director of Victim Services at Bellevue Hospital in New York City,

as saying, "Antigay murders are often marked by extreme brutality. They frequently involved torture, cutting, mutilation, and beating and show the absolute intent to rub out the human being because of his sexual preference" (Herek and Berrill, 1992: 25).

Miller and Humphreys published a study of fifty-four murders between 1973 and 1977, titled *Lifestyles of Violence: Homosexual Victims of Assault and Murder*. They found that

an intense rage is present in nearly all homicide cases involving gay male victims. A striking feature . . . is their gruesome, often vicious nature. Seldom is the homosexual simply shot. He is more apt to be stabbed a dozen or more times, mutilated *and* strangled and in a number of instances, stabbed or mutilated after being fatally shot. (Miller and Humphreys, 1980: 184)

They noted that a disproportionate number of murders involved stabbing: 54 percent of their sample compared with 18 percent of all reported homicides in the United States at that time. Comstock quotes Kiel on a study of autopsy findings published in 1965 as saying, "multiple and extensive wounds are not uncommon in the fury of the antihomosexual murder" (Comstock, 1991: 47).

These findings are collaborated by recent cases in New South Wales (NSW). A summary of evidence from thirteen recent cases provided in a discussion paper from the NSW Attorney General's Department also reveals patterns of extreme violence, some involving multiple stabbing and a combination of bashing and stabbing (New South Wales Attorney General's Department, 1996).

Evidence Concerning Traditional Safe Havens

Refuges that are usually available to people who have suffered violence seem less willing to offer shelter to people who have experienced antihomosexual violence.

Schools are generally viewed as safe havens for children to be educated and to grow. Yet studies that examined school experiences consistently identified a significant proportion of people who experienced antihomosexual harassment at school. For example, 18 percent of female and 20 percent of male respondents to the GLAD (1994) survey reported harassment during their education. The

younger the respondent, the more likely he or she was to report harassment: 47 percent of respondents under the age of twenty and 21 percent of those between twenty-one and twenty-nine. Several studies reviewed by Berrill reported antihomosexual "victimization in high school or junior high school" in the United States. A study of 721 people (461 male and 260 female) in Pennsylvania in 1988 found that 49 percent of respondents experienced antihomosexual victimization. This was echoed in four earlier studies: 33 percent of 167 people in Philadelphia in 1985; 38 percent of 213 people in Wisconsin in 1985; 37 percent of 323 people in Maine (high schools only) in 1985; and 37 percent of 2,074 people in eight major cities in the United States in 1984 (summarized in Berrill, 1992). Similarly, Comstock found that 29 percent of 104 males and 17 percent of fifty-three women experienced antihomosexual violence at school (Comstock, 1991). The *Schoolwatch Report* documents the results of a survey of 152 people, conducted mainly in New South Wales between 1992 and 1994 (Griffin, 1994). In this study of antihomosexual victimization experienced by students, student teachers, and teachers, 59 percent reported verbal harassment; 21 percent reported threats of violence; and 18 percent reported physical violence. Seventy-seven percent of incidents occurred between 1990 and 1994. Fourteen of the twenty-seven respondents who experienced physical antihomosexual violence at school reported three or more such incidents. Of respondents, 81 percent reported students and 11 percent reported teachers as the offenders in incidents that they considered their most serious.

The family also frequently failed to provide safe haven. Berrill summarizes six separate U.S. studies between 1984 and 1988 that recorded antihomosexual abuse and violence occurring in the family (Berrill, 1992). These studies were from Vermont ($n = 133$; 58 male; 75 female), Philadelphia ($n = 734$; 323 male; 411 female); Maine ($n = 323$; 176 male; 147 female); eight major U.S. cities ($n = 2,074$; 1,420 male; 654 female); Pennsylvania ($n = 721$; 461 male; 260 female); and the District of Columbia ($n = 395$). They found 41 percent, 19 percent, 38 percent, 34 percent, 22 percent, and 24 percent, respectively, of familial verbal abuse related to the subject's homosexuality, and the second, fourth, fifth, and sixth

studies reported familial physical abuse related to the subject's homosexuality in 4 percent, 7 percent, 5 percent, and 8 percent respectively.

When interpreting these findings, it should be borne in mind that homosexual men and women disclose their sexual orientation selectively. Martin explored the reasons for this in his paper "Learning to Hide: The Socialization of the Gay Adolescent" (Martin, 1982). Even the decision to disclose selectively reflects on the safety or perceived safety of the family environment. In *Young and Gay: A Study of Gay Youth in Sydney*, Bennett (1983) reports family disclosure and family reactions of young people in Sydney in 1983. Of 387 young people interviewed, regardless of disclosure, 136 (35 percent) reported having observed favorable family responses to homosexuality and 251 (65 percent) reported nonaccepting or very negative family reactions. When this was cross-tabulated with disclosure, 129 reported that their families were not aware of their homosexuality and 258 that their families were aware, and that those who had observed more favorable reactions were more likely to have disclosed. It should be noted that this study recruited young people from the gay community and therefore may overestimate the number whose family is aware compared to those who are "in hiding."

Another feature of the problems normally associated with safe havens is the difficulty in accessing police services. The GLAD Survey (n = 1,002) found that 22 percent of lesbians and 33 percent of gay men reported difficulties with the police, including 2.6 percent of the women and 5.5 percent of the men reporting physical assault by police (GLAD, 1994). Nine of the studies summarized by Berrill included data on being "victimized by police." Between 8 percent and 30 percent of people reported police victimization. The rates were 20 percent (23 percent males; 13 percent females) and 16 percent (20 percent males; 11 percent females) in the two largest studies (n = 2,074 and 1,363, respectively) (Herek and Berrill 1992: 21-22). The *Count and Counter Report* from Sydney includes ninety-five incidents that were not reported to the police (Cox, 1994). One reason given was that the incident was not serious enough to report, but reasons also included "the report would not be taken seriously" (thirteen cases); the "police would be hostile" (seventeen cases) and the assault was by a police officer (seven cases).

All cases were considered serious enough to make a full report to the Lesbian and Gay Anti-Violence Project.

***Social Dimensions of Antihomosexual Bias:
The Law and Public Opinion***

The purpose of this analysis of antihomosexual violence was to focus attention on important observations that form the foundations of this project. First, antihomosexual violence and harassment is common. Second, it has been shown to occur in strikingly similar patterns “independently” on at least two continents. Third, it is often associated with extreme reactions, which suggest that it is deeply felt by many young men. Fourth, it occurs against a background of antihomosexual bias in key institutions that would ordinarily provide safe havens. Thus, although antihomosexual violence might have initially been viewed as random, aberrant behavior, closer inspection shows it to be highly patterned and is typically a group activity. These observations raise questions about the social “nature” of antihomosexual violence and to what extent homophobia is officially sanctioned.

The Third Pink Book is published as a regular “survey of the social and legal position of gay men and lesbians in the vast majority of countries in the world” (Hendriks, Tielman, and van der Veen, 1993: 249). The third edition systematically catalogs and analyzes the legal status and public opinion of homosexuality in 202 countries. In terms of social acceptance, *The Third Pink Book* reports that the majority of the population is in favor of equal rights for gay men and lesbians in only eleven (5 percent) of the 202 countries surveyed, and that a reasonable minority is in favor in forty-seven countries (23 percent), including Australia, while in 144 countries (71 percent) there is virtually no support at all. This situation is reflected in Australian public opinion polls. In 1993, the majority of the population favored equal rights for gay men and lesbians in only three jurisdictions (South Australia, New South Wales, and the Northern Territory) and a minority in the Australian Capital Territory, Queensland, Tasmania, Victoria, and Western Australia (Hendriks, Tielman, and van der Veen, 1993).

Of the 178 countries where legal data are available, homosexual behavior is illegal in seventy-four (42 percent) countries and not

illegal in ninety-eight countries (55 percent) (Hendriks, Tielman, van der Veen, 1993: 250). It is important to note that "not being illegal" should not be equated with being socially acceptable or legal. In many countries where homosexuality is not classified as illegal, there are different ages of consent for heterosexual and homosexual sex. Significantly, although most societies stereotypically portray women as more vulnerable, the age of consent for male homosexual sex is usually higher. Furthermore, as we will see, in jurisdictions where homosexuality is legal, and even where there are antidiscrimination laws, there are often mechanisms to "legally" exercise discriminatory treatment. At the time of the survey, only six countries, plus parts of Australia, Canada, and the United States, had laws that protect homosexuals against discrimination, while most countries where homosexual behavior is not illegal provide no protection. Paradoxically, although protective laws are often viewed as a sign of a progressive society, the existence of such laws implies that there is sufficient prejudice in a society to justify its regulation.

The Australian legal situation is complex but it reflects the issues raised in the previous paragraph. Acts "against the order of nature" and "acts of indecency between males" were completely illegal in Tasmania until April 1997 and continue to be criminalized in Western Australia in early adulthood (below the age of twenty-one; Godwin et al., 1991). The age of consent in the other states differs from state to state and differs within the state for male homosexual and heterosexual sex in New South Wales (eighteen for male homosexual; sixteen for heterosexual), the Northern Territory (eighteen for male homosexual; sixteen for heterosexual), Queensland and Western Australia (twenty-one for male homosexual; eighteen for heterosexual). The ages of consent for heterosexual and homosexual sex are the equivalent (sixteen) in the Australian Capital Territory, South Australia, and Victoria. There is legal protection from discrimination in several states/territories and New South Wales also provides protection against vilification. However, even in jurisdictions where discrimination is prohibited, many regulations provide for the differential and discriminatory treatment of homosexuals, for example, in relationships, wills, pensions, taxation, court cases, and superannuation.

A substantial number of countries enshrine antihomosexual bias in their laws and regulations. In Australia, this only started to change in 1975 when South Australia became the first state to decriminalize homosexuality. Yet despite changes in the law, there is considerable scope for bias within the framework of the law. We have seen that police are sometimes involved in antihomosexual harassment. We have also seen that in one-quarter of "stranger homicides" in New South Wales, sexual orientation plays a central role. Yet Tomsen notes that despite this, government reports on violence in Australia give "scant reference, and then only in the form of a tokenistic afterthought, to antigay violence," adding that "if this group has featured at all in the study and analysis of crime in Australia, it is as offenders breaching public order and morality with their sexual practices" (Tomsen, 1993: 209).

Bias has also found expression in court cases and jury verdicts of people tried for homicide in which the victim's sexual orientation was an issue. The best-known example of this has become formally named the "Homosexual Advance Defense." This defense relies on the jury being swayed more in favor of accused men when they allegedly "acted in self-defence or under provocation in response to a sexual advance made by another male" (NSW Attorney General's Department, 1996: 6). This is not a formal, legally recognized defense, but concerns arose about the adverse influence of these allegations on the outcome of trials after a number of recent murder cases in New South Wales, Victoria, and South Australia. In these cases, alleged homosexual advance by the victim seems to have influenced the proceedings and resulted in an acquittal or lesser conviction.

These concerns prompted an official inquiry in New South Wales (NSW Attorney General's Department, 1996). The inquiry reviewed thirteen cases from the period 1993 to 1996 in which an allegation of a homosexual advance was made. As a result, a number of recommendations were made: (1) the law should not treat a homosexual advance "as an act of provocation to any lesser or greater degree than . . . a comparable sexual advance upon a woman"; (2) on the issue of sexuality, that "the person's background is not of the slightest relevance, with no prejudice against the deceased or the accused on the basis of sexual orientation"; and (3) an accused person who is "abnormally or exceptionally sensitive to behaviour which may be regarded as provoc-

ative is not permitted to escape the full responsibility for causing the death of another person" (New South Wales Attorney General's Department, 1996: 4-5). The "homosexual advance defense" has also been described in other jurisdictions, including the United States, where it is also known as the "Homosexual Panic Defense" (Comstock, 1989).

Social Dimensions of Antihomosexual Bias: Health Care

Antihomosexual bias is also endemic in health care institutions (Plummer, 1995). This has special importance because victims of antihomosexual assault might turn to health workers for assistance. This is also the domain of the "caring professions," and as a rule, caring professions are not formally charged with enforcing discriminatory practices.

In 1994, the American Association of Physicians for Human Rights (AAPHR) published a report titled *Anti-Gay Discrimination in Medicine: Results of a National Survey of Lesbian, Gay and Bisexual Physicians* (Schatz and O'Hanlan, 1994). The report published the results of a survey that was sent to 1,311 gay, lesbian, and bisexual members of the association in February 1994. By mid-March 1994, there were 711 replies (54 percent response rate), including 118 medical students and 583 physicians from fifty medical specialties and forty-six American states. Of the responses, 255 were from women and 441 were from men.

Concerning antihomosexual bias by colleagues against gay, lesbian, or bisexual patients, 91 percent of respondents reported knowing of situations in which patients were subjected to antihomosexual bias; 88 percent reported having personally heard colleagues make disparaging remarks about gay, lesbian, or bisexual patients; 67 percent reported knowing of patients who had received substandard care or been denied care because of their sexual orientation; and 52 percent reported having observed colleagues providing reduced care or denying care to patients because of their sexual orientation. Furthermore, 5 percent of respondents reported suffering significant discrimination because their patients are perceived to be gay, and 4 percent because their patients are perceived to be HIV positive.

The report also documents antihomosexual bias experienced by the health professionals themselves. Of the respondents, 59 percent (56 percent of physicians and 67 percent of medical students) indicated that they have suffered discrimination, harassment, or ostracism from colleagues because of their sexual orientation; 34 percent of physicians and 54 percent of medical students reported being socially ostracized; and 34 percent of physicians and 51 percent of medical students reported being subjected to verbal harassment or insulted by their medical colleagues because of their sexual orientation. Further, because of sexual orientation, 17 percent of physicians reported being refused "medical privileges," denied employment, educational opportunities, or promotion, or were fired; 17 percent reported being denied referrals; 11 percent reported being denied a place in, or discouraged from entering, a residency or fellowship program; 5 percent reported being denied acceptance into a medical school; and 5 percent reported being denied a loan, credit, or insurance.

These findings were despite most respondents selectively disclosing their sexual orientation: 21 percent of respondents reported that less than 10 percent of their colleagues knew of their sexual orientation, and only 22 percent reported that more than 90 percent of their colleagues knew. Of respondents, 67 percent agreed that physicians would jeopardize their practices if colleagues learned of their sexual orientation and 64 percent did not agree that gay, lesbian, and bisexual physicians are accepted as equals in the medical profession. In response to the question "Have you ever been punched, kicked, beaten, or assaulted because of your sexual orientation?", 12 percent of medical students and 14 percent of physicians answered that they had. Of those who had, 19 percent were male and 5 percent were female.

In Australia, the only large systematic survey to examine antihomosexual bias among health professionals is the GLAD survey of 1,002 men and women in Melbourne (GLAD, 1994). This study found that 17 percent of men and 16 percent of women experienced some form of antihomosexual discrimination in medical and dental services. This included inadequate or inappropriate treatment (13 percent of women; 12 percent of men), breaches of confidence (5 percent of women; 6 percent of men), and being refused treatment (2 percent of women; 3 percent of men).

**THE SIGNIFICANCE OF HOMOPHOBIA:
EVIDENCE FROM TWENTIETH-CENTURY PUBLIC LIFE**

Analysis of homophobic events from the mid- to late twentieth century and the homophobic discourse of people in public life reveals an extensive catalog of rationales and justifications for homophobia that is characterized by certain recurring themes.

Against Tradition: God, Nature, and the Order of Things

Powerful recurring public discourse focuses on the “potential” of homosexuality to cause chaos and disorder. In this discourse, the liberalization of homosexuality is equated with social chaos. For example, in a party room discussion on decriminalizing homosexuality George Brown, the British Secretary of State for Economic Affairs (1966), echoed Edward Gibbon (1789) in the *History of the Decline and Fall of the Roman Empire*. Brown stated, “this is how Rome came down. And I care deeply about it—in opposition to most of my church . . . you will have a totally disorganized, indecent and unpleasant society. You must have rules! We’ve gone too far on sex already” (Higgins, 1993: 194).

Thirty years later on the other side of the globe, the Parliament of the Australian State of Tasmania had its own debates on decriminalizing homosexuality. Several members of parliament including John Loone, Member of the Tasmanian Legislative Council (MLC), echoed the sentiments expressed by George Brown. Loone is recorded in Hansard as saying that Tasmania’s laws need “a clear provision that makes it a penalty to encourage and lead people into homosexual activity, because at the moment these two clauses—122 and 123—are the only barriers against further moral decline. That is why so many people want them wiped out. If we remove them, if homosexual activity becomes legal, all sorts of floodgates can open” (Morris, 1995: 93).

Anything that invokes fears of disorder could be seen as a direct challenge to the forces of order (classically nature or God) and much of the discourse on homophobia relies on religious imagery for its authority and occult imagery to discredit homosexuality. In a speech to the Tasmanian House of Assembly, Ron Cornish (MHA) claimed that the law “can restrain sexual perversity. Even if it can-

not restrain such bigotry or perversity, it ought to try. Further, even if it can do nothing else, the law ought to identify evil for what it is" (Morris, 1995: 84). This linkage between homosexuality and evil was also used by the Honorable George Brookes, MLC, "Do not let them sully our state with their evil activities" (Morris, 1995: 105). Similar imagery can be found in the British discourse of the 1950s in a statement by British Judge Tudor Rees (1955) that homosexuals are affected by an "unconquerable demon" (Davenport-Hines, 1991: 300). And when it appeared that the United Nations might intervene in Tasmanian politics, the Honorable George Brooks (MLC Tasmania) seemed to use simultaneous homophobia, xenophobia, and an oblique allusion to hell: "I would hope the State Government would tell the United Nations to go to buggery" (Morris, 1995: 104).

Disease is an extension of negative metaphors concerning nature, and much discourse—even by advocates of decriminalization—refers to homosexuality as a disability. In 1965, Lord Arran, who led the parliamentary campaign to decriminalize homosexuality, described homosexuals as "the odd man out, the ones with the limp" (Davenport-Hines, 1991: 290). Others were not so benign: Frederick Bellenger, a member of the British House of Commons in 1958, in an extraordinary statement that succinctly combines revulsion, filth, abnormality, disease, dissemination, "flaunting it," the occult, death, chaos, the fall of civilization, and the homosexual as an animal, described homosexuals as "a malignant canker in the community, and if this is allowed to grow, it will eventually kill off what is known as normal life. . . . I believe that human life would eventually revert to an animal existence if this cult were so allowed to spread that, as in ancient Greece, it overwhelmed the community at large. . . . I am repelled by the dirtiness of some of those whose conduct is exposed to the public gaze" (Higgins, 1993: 188).

Hygiene is purity and prophylaxis against disease and it is not surprising to find it used as a counterpoint for the "transmissibility" and "filth" in homophobic discourse. The direct inference of hygiene is to the links between homosexuality and anal sex and this seems to be a potent concern. But here again, by equating homosexuality with anality, the argument relies on logical "slippage" to be convincing. Davenport-Hines points out that numerous surveys

indicate that anal sex is a feature of heterosexual sex too (p. 323) but does not seem to have the same stigmatized association. He also reports surveys that show that a substantial proportion of gay men don't engage in anal sex, but this conveniently goes unnoticed (p. 294). Nevertheless, in the popular mind, homosexuality is equated with "the sexual use of the anus, usually filled with rotting excretory matter, evoked . . . the iridescence of decay" (Davenport-Hines, 1991: 323). Hygiene is, however, more than personal practices; it is a code for public health and a statement of the health of a society or race. Sexual deviance was frequently portrayed as a "stain on the nation" and the regulation of purity was the domain of the health sciences. In Australia, as in most of the English-speaking world until the 1960s, this was explicit in the names for family planning and sexually transmissible disease (STD) clinics. Until then, STD clinics were called "sexual hygiene clinics" and the Family Planning Association was the "Racial Hygiene Association" (Siedlecky and Wyndham, 1990: 215). STD was also a feature of antihomosexual sentiment, and nowhere is this better illustrated than in the histories of syphilis and HIV.

Discourse that relies on disease and hygiene invites a search for causes and remedies. This is a field that still attracts considerable popular and professional interest, and regular reports in the medical literature concern research into neurological, genetic, and hormonal "causes" for homosexuality. Biomedical theories about causation inevitably lead to attempting treatment. Perhaps the best known of these were conducted in the German concentration camps during World War II, described by Gunter Grau (Grau, 1993). Davenport-Hines records similar practices in Britain, which were also not uncommon in Australia, that included the injection of androgens/estrogens, psychiatric treatment, and physical and chemical castration (Davenport-Hines, 1991: 293). Homosexuality can only be conceptualized as a condition to be treated as long as it is perceived to be discontinuous from "normal" sexuality (as "otherness") and has sufficiently negative connotations. The resilience of homophobia is reflected in the nature versus nurture debate, for which homophobia positions itself to underwrite either outcome. Regardless of whether homosexuality is thought to be due to a biomedical event or to result from upbringing, either case can imply abnormality and

be an invitation to attempt “correction.” Homophobia injects causative significance to a dichotomy that wouldn’t be an issue if homosexuality were seen as normal and had no “cause.”

Against the Future: Family, Race, and Reproduction

Disorder also has a counterpoint in continuity. Continuity has spiritual dimensions in the afterlife and eternal life; social dimensions in the survival of cultures, races, and family lines; and for the individual, in reproduction. Homophobia has exploited each of these levels by imbuing homosexuality with symbolic significance as the antithesis of spiritual, racial, family, and individual continuity (the relationship between homophobia and heterosexism starts to emerge in this kind of discourse).

Homophobia has allied itself with the authority of nature, evolution, and biology. For example, in a statement to the British Parliament concerning homosexuality, the biologist Lord Stamp (1977) said, “the breakdown of the procreative function of man can only be regarded as unnatural” (Davenport-Hines, 1991: 329). Implicit in his statement is the assumption that homosexuals are nonreproductive, and that being nonreproductive is a breakdown of nature that has serious implications for society. There is no recognition that populations “naturally” accommodate nonreproductive members or that the world is oversupplied with people.

The Tasmanian debate also saw the biological metaphor used in a more agricultural vein by the Honorable Hugh Hiscutt, MLC, who is recorded in Hansard as saying “If we had a bull like that (homosexual) I know where he would end up if he would not serve the females—he would be in the mall tomorrow among those 8,000 sausages” (Morris, 1995: 105). Clearly, if you are not actively heterosexual, you have more value in the slaughterhouse where you can be reconstituted as Freudian small goods.

Reproductive states seem to occupy a hierarchy of acceptability, in which homosexuality rates poorly. In view of the profound taboos against incest noted by Freud and numerous anthropologists, a comment to the House of Commons by William Shepherd, MP, in 1958 is highly revealing: “Incest is a much more natural act than homosexuality” (Higgins, 1993: 188).