Border Sexualities and Relationships: beyond the binaries of ethnic/Anglo and gay/straight

Dr Maria Pallotta-Chiarolli
School of Health and Social Development
Deakin University
mariapc@deakin.edu.au
“The limits of the sayable” (Butler, 2004): sexual health policies, programs, pedagogies, and pastoral care perpetuate sexual and relationship dichotomies

Unquestioned and unquestionable affirmation and support to

- **Heteronormativity/Heterosex**

- Straight monogamous relationships

Increasing but questioned affirmation and support to

- **“Homonormativity”/Homosex**

- Gay and lesbian monogamous relationships
In excess of, on the borders, ‘falling into the gaps’, between within and beyond the gay/straight divide/duality/dichotomy are:

- Bisexual
- Heteroflexible
- Homoflexible
- Sexually fluid
- Fujoshi and Fudanshi
- Mixed-orientation relationships
- Polyamorous relationships
“The world isn’t heterosexual or homosexual, it’s lotsasexuals”. Wendy, 15

- **social ascription (de-sex or over-sex):** being what external society and its systems, such as health, media and educational systems, demand; eg “hot bi babes/barsexuals” and “bad bi boys”.

- **community acknowledgement (selective sexing):** being what one’s significant others and cultures positively affirm or negatively discourage, such as in a school community, gay and lesbian community, and ethnic community; and

- **personal agency (my-sex):** being what the individual actually does despite the regulations and oppressions from both the wider society and one’s communities
Bisexual youth health: US Studies

Bisexuals Face Severe Health Disparities

- Higher rates of anxiety, depression and other mood disorders, compared to heterosexuals, lesbians and gays.
- Higher rate of STI diagnoses, compared to heterosexuals.
- Higher rate of heart disease, compared to heterosexuals.
- Higher rate of cancer risk factors, compared to heterosexuals.
- Lower rate of cancer screening, compared to heterosexuals.
- Higher rate of tobacco use, compared to heterosexuals, lesbians and gays.

Best health in relation to sexual orientation

Poorest health in relation to sexual orientation

Heterosexuals  Gays & Lesbians  Bisexuals

Bi the Way, Our Health Matters Too!
Mainstreaming and Marketing Bisexuality
From “Difference” to “Diversity”:

• “Binary sex-filing cabinets”


Multiplicities and Intersectionalities: Being Multicultural Multifaith Multisexual

1. Developing/constructing healthy sexual, cultural, and gender identities (multiple selves)

2. Resolving/managing/negotiating conflicts that may arise in belonging to a cultural/home community, a queer community, several other communities, and the wider Australian society (multiple lifeworlds)

3. Resisting and challenging stigma and discrimination coming from the interconnections of homophobia, racism (multiple marginalities)
Figure 1: Issues Arising from the Intersection of Racism and Homophobia

RACISM IN GLBT COMMUNITIES
- Racism from service providers and general community
- Racism in bars and venues
- Expectation to “come out”

CALD/GLBT PERSONS
- Cultural Homelessness
- Internal conflict
- Isolation
- Depression
- Invisibility
- Lack of understanding from service providers

HOMOPHOBIA IN CALD COMMUNITIES
- Homosexuality as “wrong” and “sinful”
- Sex as taboo subject
- Homosexuality perceived as a western phenomenon
- Deviating from traditional gender norms
- Homosexuality brings shame to the family
Specific Health Issues

- Violence: towards LGBTIQ youth, and from LGBTIQ youth eg from boys to their female partners

- Homelessness

- Financial and other deprivations

- Deportations to ‘home countries’ for arranged marriages and ‘cures’

- Links between purging of same-sex attraction and violent behaviours towards self and others eg adopting religious fundamentalist actions and groups to deflect and purge LGBTIQ feelings (complicit and compensatory masculinity)

- Substance abuse leading to crime

- Rape and other forms of sexual assaults
“The Ethnic Excuses”

• “We’ve got enough to handle with racism and sexism in our multicultural communities. Homophobia is too much and very different for our community.”

• “This is a moral issue that our multicultural religious families will object to”.

• “Our ethnic and migrant families will be offended as it’s contrary to their cultural heritage and maintenance of cultural traditions that we are committed to.”

• “We won’t get community/board/team/funding consensus on this one”.

• “Parents/community leaders will complain”
  TPS: “Three-Parent Syndrome”
Is it the Culture or the Religion?
Is it the Culture or Poverty?
Is it the Culture or Lack of Education?

Is it Spirituality or Man-Made Dogma and Interpretation?

Who are the gatekeepers of the religious community?
Where are alternative views?
The Meanings and Deployment of Multiculturalism and Multifaith Heritages in (Not) Addressing Gender and Sexual Diversity

1. maintaining heteropatriarchal selective cultural/religious heritage and traditions

2. establishing and developing a heteropatriarchal community’s culture/faith by producing sex-gender normative specific religious narratives, texts and festivals/spaces

3. constructing the authentic religious migrant/refugee experience as heteronormative, constructed by hegemonic
Some Questions In Order to Promote Effective and Culturally Competent Sexual Health Services

- What is the range of beliefs, values, information, definitions and experiences in our rural communities?

- Which community workers and religious leaders can act as mediators/facilitators/key informants?

- Is “coming out” appropriate? What will people gain? What will they lose?

- How do we inform young people and their families of their own culture’s and religion’s sexual histories? What’s going on in their own ‘home’ countries?
• What are some common understandings and shared spiritual values we can work with: the importance of family and loving our children; the reality of sexual diversity across all cultures

• Is sexuality the problem? What are some underlying fears and concerns: that their children will end up alone without family to care for them; that their children are doomed to hell; media images of the GLBT community focus on sexual ‘promiscuity’, drugs and alcohol, affluent white urban party scene

• How significant are issues of sexuality in a young person’s life? Are there other more important and immediate concerns?
AGMC: an Example of Multiplicity, Intermixture, Inclusion and Justice


The Australian Gay, Lesbian, Bisexual, Transgender, Intersex & Queer Multicultural Council with members who are:

- Diverse African
- Diverse Arabic
- Diverse Asian
- Diverse Southern and Central American
- Greek
- Italian
- Jewish
- Muslim
- Refugees
Other Resources and Research

• Centre for Multicultural Youth

• Rainbow Network
  [http://www.rainbownetwork.net.au/](http://www.rainbownetwork.net.au/)

Arabic-speaking families and homophobia in Sydney

• ARCSHS: Queer Young Refugees
GLHV: Gay and Lesbian Health Victoria
Resources

• **Swimming Upstream: making places welcoming** (dis)ability.

• **Coming out, coming home or inviting people in? Supporting same-sex attracted women from immigrant and refugee communities**
Multicultural Centre for Women’s Health and the Understanding Sexuality Research Project.

• **Double Trouble? the health needs of culturally diverse men who have sex with men**
Multicultural Health and Support Service (MHSS) report

**The Inaugural AGMC Living and Loving in Diversity** –
a) Conference Papers and
Hares & Hyenas Bookshop
63 Johnston St, Fitzroy
