Australian Same-sex Attracted Women Resisting Sexism and Homophobia: A Qualitative Investigation

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The paper reports on research which explores how Australian same-sex attracted (SSA) women use resistance strategies to cope and build resilience in the face of sexism and homophobia. Ten SSA women participated in semi-structured qualitative interviews about their history of experiencing homophobia, the resistance strategies they used, and the psychological impact of these over their lifetime. The data were analysed using Interpretative Phenomenological Analysis (IPA). Four categories were identified among the range of resistance strategies participants reported using: challenging, deflection, finding community and protective strategies. SSA women reported that their resilience increased as a result of directly challenging homophobia in their daily lives, along with engaging with members of the SSA community for emotional and social support.

Same-sex attracted (SSA) women have a long history of experiencing institutional and interpersonal oppression in Australia (Altman, 2013). Although, research has explored the impacts of oppressive forces on the mental health and wellbeing of members of the SSA community, very little work has explored whether the homophobia experienced by Australian SSA women manifests in a gendered way that may be distinct from the experiences of other genders. Additionally, despite a rich body of literature on how SSA women resist oppression, research previously reported has yet to elucidate the psychological costs or benefits of SSA women's resistance within an Australian context.

In recent times, there has been a movement to reduce homophobia and sexism in Australian culture (Altman, 2013), however, both homophobia and sexism are still an everyday occurrence in Australian society (Flood & Hamilton, 2005; Hillier et al., 2010, Leonard, et al., 2012). Research on Australian SSA young people conducted in 2010 found 61% of participants had experienced verbal abuse and 18% experienced physical abuse. Additionally, 69% reported other forms of enacted stigma, including rumours, homophobic language, cyber bullying, humiliation, and social exclusion (Hillier et al., 2010). The Australian Human Rights Commission (AHRC, 2014) reported that six out of 10 members of the SSA community experience verbal abuse, with 23% of SSA women reporting such abuse. Additionally, two out of 10 SSA people reported physical homophobic abuse. In terms of sexism, a recent report found that 63% of women and girls surveyed believed that gender inequality was still a problem in Australia (Our Watch, 2016). In addition, research has found that one in four Australian women are subjected to physical or sexual violence (ANROWS, 2015), 33% of Australian women have experienced sexual harassment (AHRC, 2012), and a significant number of women experience sexual harassment within their workplaces (21%; AHRC, 2012) or educational institutions (63%; AHRC, 2017).

Homophobia experienced by SSA people has been empirically linked to an increased prevalence of mental illness compared to heterosexual people (Hatzenbuehler, 2009; Keleher, 2009; Lea, de Wit, & Reynolds, 2014; Lewis, Derlega, Griffin, & Krowinski, 2003; Lewis, Kholodkov, & Derlega, 2012; McDermott, 2006; Meyer, 2003). This increased incidence of mental illness in the SSA community has been empirically shown to be the result of “minority stress”, that is, the psychological distress caused by the conflict between a minority person's experience and the discriminatory and stigmatising values of the dominant culture they live in (Pachankis & Lick, 2017). SSA women have been
described as a “double minority” (Mason, & Lewis, 2016) in that they experience the adverse impacts of sexism and homophobia separately, as well as the intersection of these types of discrimination manifesting in “gendered homophobia” (Denissen & Saguy, 2014; DeBlaere & Bertsch, 2013; Swim et al., 2001; Szymanski & Chung, 2003; Szymanski & Henrichs-Beck, 2014; Szymanski, Carr & Moffit, 2011). When specifically examining SSA women, it has been found that they experience elevated levels of anxiety, depression and substance use compared to heterosexual women (Hughes, Johnson, Steffen, Wilsnack, & Everett, 2014; Lehavot & Simoni, 2011; Lea et al., 2014; Meyer, Dietrich, & Schwartz, 2008), as well as when compared to SSA men (Leonard et al., 2012). Szymanski and Henrichs-Beck (2014) found both homophobia and sexism cause significant psychological distress in SSA women and that their effects seemed to be additive, as both stressors combined increase the extent of psychological distress experienced by the women.

**Resistance as a Response to Stigmatisation**

The study of resistance as a means to promote wellbeing is an emerging area of interest in psychology (Campbell, & Deacon, 2006; Campbell, Nair, Maimane, & Nicholson, 2007; Prilleltensky, 2008). To anchor the discussion of resistance, this research uses Thoits’ (2011) model of stigma resistance. This model proposes a framework of stigma resistance that explores the strategies which marginalised individuals use to oppose harmful forces and influences of stigma in their daily lives. This model of resistance was born out of research into mental illness stigma; however, Thoits argues the framework can be applied to the experiences of other marginalised groups. According to the model, resistance to stigma comes in two forms: challenging and deflection. Both are intentional, agentic responses to experiences of being stigmatised and they serve to protect the self from devaluation. Challenging requires direct confrontation of stigmatising attitudes and beliefs of others. The aim of challenging is to engage and change the biased attitudes that lead to stigmatisation (Thoits, 2011). The nature of challenging stigma is interpersonal and requires the stigmatised individual to directly engage with others as a stigmatised person (Thoits, 2011).

In addition to challenging, many stigmatised people may resort to deflection strategies (Thoits, 2011). Deflection strategies are usually cognitive in nature and may include distancing from the stereotypical representations of the stigmatised group (e.g., “they are referring to flamboyant gay men, lesbians are different”), choosing to not define oneself strongly by the stigmatised identity (e.g., “being same-sex attracted is only a small part of me”), or defining the nature of the stigmatising characteristic in themselves as being less discrediting than the social attitude would suggest (e.g., “I am attracted to women but I am not really a lesbian”; Thoits, 2010). Deflection is a relatively safe resistance strategy, as it only requires an internal, psychological shift on behalf of the stigmatised person, without the risk of externally challenging the stigmatising individual or institution.

It should be noted that this definition of resistance strategies may be seen as conceptually similar to coping strategies. Coping, although a term broadly used and historically difficult to define, also speaks to the cognitive and behaviour processes that help an individual manage the adverse impacts of external stressors (Aldwin, 2011). In this research, the term resistance is preferred because it better situates the process of managing adverse impacts of stigma within a socio-political context and, specifically, describes acts that are designed to protect against the devaluing of a person’s marginalised aspect of self.

Gaining a better understanding of how SSA women attempt to resist homophobia can provide important insights into the psychological processes of maintaining wellbeing in the face of the negative impacts of homophobia. Resistance literature has identified a number of behaviours and cognitive strategies that SSA women use.
Reed and Valenti (2012) found in their study of young black SSA women that participants used cognitive restructuring to stay true to themselves and be proud no matter what others said. SSA women have also been found to resist sexual objectification by acting in ways that diffuse the saliency of their sexuality (e.g. not revealing the gender of a partner) or by mirroring the stigmatising behaviour to highlight its inappropriateness (e.g. queer women making sexual advances on the female partner of a male colleague; Denissen & Saguy, 2014). Additionally, SSA women may engage in posing as straight or use “role flexing” behaviours to comply with the norms of the dominant group and to diminish the impact of negative biases or stereotypes (Reed & Valenti, 2012). Furthermore, SSA women have reported creating community via “gay families” or “families of choice” as a means to diffuse the impact of homophobia on their social supports and to construct safe social environments (Reed & Valenti, 2012).

The relationship between resistance strategies and psychological wellbeing is complex (Thoits & Link, 2015; Firmin et al., 2016). The limited available research suggests a positive effect of stigma resistance in buffering against the adverse impacts of stigmatisation and in the recovery of associated mental illness (DeBlaere et al., 2014, Thoits & Link, 2015; Firmin et al., 2016). DeBlaere and colleagues’ (2014) study of SSA women found that engaging in collective action moderated the impact of gender discrimination on psychological distress. Research found that some young SSA women engaged in direct confrontation, in the form of physically or verbally “fighting back”, as a way to cultivate positive attitudes towards themselves and to cope with homophobia (Reed & Valenti, 2012). Research has shown that social connection created through collective actions or “families of choice” with other SSA women and the ability to share emotions linked to discrimination, aids in protecting SSA women’s sense of self against both homophobia and sexism (DiFulvio, 2011; Lehavot & Simoni, 2011; Keleher, Wei, & Liao, 2010). However, in some cases the strategy itself may be empirically linked to distress. For example, concealing sexual identity has been linked to negative consequences, including cognitive (e.g. increased vigilance and suspiciousness), emotional (e.g. mental illness, guilt and shame) and behavioural (e.g. social withdrawal; Pachankis, 2007) consequences. Research has also found stigmatised individuals who strongly identify with stigmatised identity can have their self-esteem negatively impacted by involvement in support groups (Crabtree, Haslam, Postmes, & Haslam, 2010). Furthermore, the risk of retaliation in response to resisting stigma may leave SSA women more vulnerable to further homophobia or prevent them from safely resisting stigma in ways that enhance their wellbeing.

The research reported here explored how ten SSA women engaged in resistance to homophobia and what the psychological impacts were of using different resistance strategies. Additionally, this study investigated the factors that influence when and where these SSA women engaged in particular resistance strategies.

**Method**

In this research exploring SSA women’s lived experience of multiple stigmas (i.e. sexism and homophobia) and stigma resistance, an Interpretative Phenomenological Analysis (IPA) approach was used in designing semi-structured qualitative interviews and subsequent transcript analysis. IPA was chosen because it seeks to understand the lived experiences of the participants and enables the exploration of experience without using prescriptive categories (Smith, Flowers & Larkin, 2009). The use of a qualitative method of investigation allows the voices of oppressed people to be a central feature of the research (Fox, Prilleltensky, & Austin, 2009). IPA was developed initially to study psychological and health related issues, and has since been used extensively where in depth understanding of participants’ responses and experiences is required. Analysis within the IPA framework provides...
a systematic and rigorous way of identifying themes in participants’ reported experiences but also allows flexibility in the research focus (Eatough & Smith, 2017).

The study’s primary research question was:

**How do Australian SSA women resist homophobia?**

The secondary questions were:

1. How does homophobia manifest in the lives of these Australian SSA women?
2. How do SSA women resist homophobia psychologically and through their actions?
3. What factors shape how SSA women resist stigma?
4. How do SSA women perceive their resistance behaviour as fostering or diminishing their psychological resilience?

**Participants**

Strategies for recruitment included convenience sampling (recruiting through personal and professional networks), and snowball sampling (asking qualified people to recommend participants that met the inclusion criteria (Patton, 1990). After the study was approved by the University Human Research Ethics Committee, participants were recruited using advertising flyers placed in Queer and Women’s spaces at multiple local university campuses and other public spaces (i.e. library notice boards) and emailed to peers and colleagues with connections to the LGBTI community to ask them to forward to individuals who might like to participate in the study. Once an individual expressed interest in participating, they were sent the demographic questionnaire via email and instructed to return the completed questionnaire via email before being selected for interview. The responses to the demographic questionnaire were used to ensure participants met the selection criteria. The following selection criteria were applied to recruit suitable participants who would be able to provide relevant information for this study. All participants needed to be above the age of 18, self-identify as both SSA and a woman, and be fluent in English. A pre-interview questionnaire was delivered to collect demographic information about the participant (e.g., age, gender identity) as well as to gather preliminary information about their sexual identity, the importance of that sexual identity to them, and what other minority identities participants defined themselves by. As this research aimed to explicitly explore the lives of SSA women from a multiple oppression approach, it was considered that understanding the additional minority identities each participant held would enable a richer and more intersectional analysis of their lived experiences. It would also facilitate understanding of any additional socio-political barriers faced by the participants when attempting to resist homophobia. Although the recruitment process did not exclude transgender women from participating in the study, all the women volunteering to take part in the study identified as cisgender women. Additionally, all participants identified as white and of European cultural background. Participants’ demographic details and responses to pre-interview questionnaire are presented below in Table 1.

**Materials**

The data were collected in two forms: questionnaire and interview. The interview was semi-structured and conducted with each participant in a single session. The interview schedule included two imaginary scenarios and nine interview questions. The scenarios presented at the beginning of the session were designed and strategically used for two reasons. First, due to the highly personal and sensitive nature of the study, the use of the structured scenarios enabled the participants to talk about instances of discrimination and develop to rapport with the primary researcher, the first author, without having to immediately self-disclose personal experiences. Additionally, having the scenarios presented in the first section allowed the participants to gauge how comfortable they felt with engaging in the subject matter before discussing their own stories. Participants could choose to revoke consent if they felt proceeding with the
The scenarios were strategically designed to cover a range of different discrimination experiences from overt harassment to subtler social shaming. It was hoped that these examples would help prompt the participant to think about a broad range of instances of discrimination in their own lives that they might be willing to discuss in the second half of the interview.

The scenarios are presented below:

**Scenario 1:** Imagine you are at your work’s end of year function with your colleagues and their family members. Your co-workers start talking about their relationships and you join in by talking about your relationship with your same-sex partner. Soon after you begin to talk about your partner, one of your co-workers stops you and says “We don’t care if you are gay, but don’t talk about in front of the children”.

**Scenario 2:** Imagine you are sitting with your same sex partner on a train. Suddenly, a fellow passenger starts to yell at you and say you are “disgusting” and “an abomination”. None of the other passengers respond in support or stand up for you and your partner.
The semi-structured interview asked participants to: describe situations where they experienced homophobia, how they resisted homophobia, how they would have ideally liked to respond to the homophobia, to discuss what contributed to a positive or negative experience of using resistance strategies, and what they perceived the relationship was between their chosen resistance strategies and their resilience to homophobia.

**Procedure**

Interviews lasted between 30-40 minutes and were digitally recorded using a portable audio recording device. Initially, the participants were asked to read and describe how they would respond to imaginary situations of discrimination based on being an SSA woman, the scenarios presented above. In the second half of the study, participants were invited to share their experiences of discrimination and how they resisted stigma in their own lives. For clarity, the researchers provided a definition of resistance to participants. The definition, summarised from Throits’ 2011 model is provided below;

“Resistance strategies are ways people choose to consciously respond to situations of discrimination. In this context we are classifying any external behavioural response (e.g. correcting a person’s misinformation, yelling back) or conscious internal psychological response (e.g. rationalizing the behaviour of others, positive self-talk) as a form of resistance.”

**Ethical Considerations**

This study was conducted according to the Monash University Human Research Ethics Committee processes and procedures. As SSA women are a highly stigmatised group in Australia it was important that the study maintained the participants’ confidentiality and ensured that participation did not lead to significant distress. To maintain confidentiality, the identity of the participants was only known to the first author. All interview transcripts and audio recordings were de-identified. The paper-based consent forms and demographic questionnaires were coded and stored separately. Due to the sensitive and potentially distressing subject matter of the interview, participants were provided a detailed explanatory statement as part of the informed consent process and were informed they could revoke consent at any time during the interview. Participants were provided with a list of affordable and accessible telephone and face-to-face support services on the explanatory statement for the study and encouraged to use them should they feel any discomfort or distress subsequent to their participation.

**Data Analysis**

IPA was used to analyse the interview transcripts. Digital transcripts of the recorded interviews were prepared by the researcher to ensure confidentiality. The data collected in its raw and transcribed forms were kept anonymous. The digital recordings and the transcripts were stored on a password-protected computer only accessible by the primary researcher.

In order to successfully apply IPA to the transcripts, the researchers used the process of analysis outlined by Smith et al. (2009) using the following procedure. The responses from the imaginary scenarios and the interview questions were collapsed and analysed together. The first step involved listening to the recording of the interviews and immersion in the transcripts by reading and re-reading them. The second step of the process involved initial noting, including recording descriptive comments, linguistic comments and conceptual comments. The third step developed emergent themes, connections and patterns between exploratory notes. Finally, the fourth step determined the structure of the experience, with searches for connections across the developing themes using abstraction, subsumption, polarisation, contextualisation, numeration and identifications of functions (Smith et al., 2009). This four-step IPA procedure was repeated for each case and then patterns across all of the cases were identified.
Findings
Experience of Homophobia Reported by the SSA Women

Participants described how the majority of the homophobia they experienced was shaped by heteronormative assumptions of traditional gender roles. Many of the women reported instances of having their sexuality dismissed as not being legitimate, feeling sexually objectified, or being punished for transgressing traditional gender roles.

Denial of sexual agency. Four women reported instances of their sexuality, or that of SSA women they knew, being denied. For example, Josephine mentioned how, even after explicitly disclosing her sexuality, people still did not comprehend that she was attracted to women.

“I remember this one person. When I introduced my partner, he was clearly thinking then “well are they or aren’t they?” Like I could see it, I could see it like “is this a coming out scenario of or is this a friend?”

Even though I used the word ‘partner’ or I think I did. If not partner I would have said “girlfriend”. Usually, I just say partner because it is more explicit but then, even then, he said “so how long have you known each other?” and then I said “we’ve been together for…” (Josephine)

Marilyn recounted how the sexual acts between two women was often questioned by young men she attended university with and described as “not real sex”. Billie spoke about how she had many exchanges with men who would subtly deny the legitimacy of her sexuality by implying it may change to heterosexual if she had sex with a man.

Sexual objectification. Six of the women interviewed described experiences of being sexually objectifying by heterosexual men and men fetishizing lesbian sex. Much of the reported sexualising and sexual harassment of queer SSA occurred while they were walking down public streets. Marilyn, Virginia, Vita, Florence, and Billie spoke of being harassed on the street by men when they were perceived to be with a SSA partner.

The street harassment varied from sexual taunts, to overt acts of aggression. Marilyn described an instance of being sexually objectified while walking down a busy restaurant area in Melbourne.

“…walking down Lygon Street with my partner holding hands and suddenly becoming aware , feeling like my hairs were standing up on the back of my neck, hearing like male voices, deep male voices, laughing and sneering at us. You think you are being paranoid and you turn around. No you are not being paranoid, there are two dudes leering at us. Then one said something like “give us a kiss” or “give her a kiss for us” like they wanted a show ostensibly. Like my feeling I had for another human being were actually just a show for their entertainment value.” (Marilyn)

Punishment for not complying with gender roles. Many of the women interviewed described retaliation or punishment for transgressing what would be considered their traditional role as women. Both Marlene and Elenor described heterosexual men becoming offended and “escalating” their aggression when the women disclosed that they were queer and not sexually interested in the men that approached them. Virginia and Willa spoke of more subtle discrimination in the form of being overlooked for work opportunities and promotions, which they perceived, was a result of acting and dressing in a way that was outside of the prescribed heteronormative gender roles.

“There have been lots of times when I have gone out or something, and someone had approached me, usually male. I would say I not interested in them and follow up saying ‘yeah I am attracted to girls so…’ well um… a lot of the time people would sort of retaliate kind of. Made me feel bad or they would think they can change my mind or something, yeah something, like that. Which is never going to happen but basically they feel entitled that they can do that for some strange reason. So I have had that happen a lot. That is probably the most recurring one that I have noticed”. (Marlene)

Types of Resistance Strategies Employed by SSA Women
Challenging. Seven of the women interviewed said they would seek to educate others in casual conversation in the form of gently questioning other people’s homophobic assumptions, calling out slurs and other homophobic language as it arose, and being available to answer questions. Two women spoke about educating on a macro level in the form of public forums, poster campaigns, and organizing discussion groups. Marie spoke about organizing a straight-gay alliance at her high school to help educate staff and students about the issues faced by young SSA students as well as arranging formal poster campaigns at her school. Willa spoke about publicly speaking about queer issues during the 1970’s at conferences on women’s issues as a representative for queer woman. Seven women said that they engaged in direct confrontation of homophobic actions of others. This confrontation took the form of public protests, engaging in verbal arguments, yelling abuse back at those who abused them as well as confronting people through formal channels such as escalating complaints through Human Resources within their workplace.

Marie spoke about choosing an educative response when faced with discrimination. She remarked: “I would go for education in this scenario, because it is a workplace function and they have an obligation to treat me the same as everybody else. Particularly if you knew the colleagues were not going to get violent. You can assess in this situation that they will probably not get violent, I think it is a good opportunity for education.” (Marie)

Willa spoke about wanting to be more confrontational in her responses to homophobia she experiences in her workplace but being limited by the potential...
of having to change jobs or being forced to leave her workplace. She explained: "I mean I have had people at work say some pretty backward things and um, I just have to remember that they are my colleagues, unless I want to change jobs, unless I want it to run me out of a job I otherwise like, in an area I otherwise like, then I have got to find a way to work with them productively. So then I suppose I end up donning the cap of queer education officer." (Vita)

Five women described instances of actively choosing to be visible as SSA attracted as a way to challenge homophobia. Marie described a process of being visible by ‘holding space’ in the face of discrimination. For her this meant actively declining to change behaviour that could be read as overt indicators of her queer identity (e.g. holding hands with another woman) even when someone was trying to publicly shame her for those actions. Marie described how she saw the power of visibility in combating stigma as well as bolstering a positive sense of self.

"I think challenging people, and making them feel uncomfortable and promoting visibility is a positive thing. As I said before, you may not have effected change, but you may chip away at it, because every time you are visible, every time you challenge somebody, you promote a program, or even on social media, you promote that this is happening and you want people to engage, you are doing something of chipping away of that position of heteronormativity or homonegativity and that can be good for your sense of self." (Marie)

Florence described visibility as an offensive tactic against homophobia. She spoke about visibility being connected to pride and authenticity as well as limiting social spaces where she was accepted. She spoke about wearing t-shirts saying “I am a lesbian” in the 1970’s and how she chose to be visible in all circumstances possible, even if it meant not being able to get a job or being at greater risk of physical or verbal abuse. She also spoke about visibility being connected to pride and authenticity. She explained:

“I basically worked on creating lesbian visibility and um lesbian pride and creating you know moving in lesbian groups, hanging up signs, slogans whatever so, okay we were persecuted by the police, um, the police were our enemies they were dangerous people, when we were attacked by men you know who made physical attacks on home on our person when we were being out we certainly didn’t call the police because that would just make things worse not better, um, they were probably more dangerous in a way than, the, uh, um you know the neighbours um yeah so um I guess by being myself by choosing to be my authentic self without compromise, I relinquished a place in society- an acceptable place in society for, for most of my life.” (Florence)

Deflection. Seven of the participants referred to people who enacted homophobia as being an “idiot” or “ignorant”. For some of the women, this strategy appeared to be used to help psychologically correct the power differential between the SSA woman and the aggressor of homophobia. This was evident when Marilyn was describing instances where another woman in her university class would call Marilyn disgusting and treat her as an oddity. She related how knowing she was more intelligent than the other woman made her feel powerful and helped her deflect the impact of homophobic slurs. She described the mental dialogue she undertook when in conversation with her homophobic classmate:

“I knew intellectually I could definitely take you. I can take you down with my words, don’t even need to raise my hand. What are you going to do? Like you already know and it is really satisfying because you are like, I don’t care if you like me, I don’t need you to like me, and throw all your stupid prejudices and phobias at me and I will take them down one by one and I will deconstruct them and analyse them and tell you how stupid they are, because they are stupid and I am not threatened by you and it was really satisfying to tell you how stupid you are.” (Marilyn)

Additionally, dismissing someone who enacted homophobia as an “idiot” allowed
women to diminish the legitimacy of the insult and thus, protected their sense of self. Elenor demonstrated this when she was describing how she protected herself from doubting her self-worth after encountering homophobia by reminding herself that she knows the truth about herself, and anyone who does not like her because of her sexuality is an “utter idiot”.

Three women reported that they cognitively reframed the situation so that they felt pity for the person enacting homophobia. Virginia described feeling sorry for people who were too ignorant to understand how “wrong” their views are. Billie, a pansexual woman, described feeling pity for her friend who told her that SSA woman who sleep with men are “disgusting”, knowing that Billie was dating a man. She said “I felt a lot of pity for people that would still think that way, like, about that. I was like, what is it really like for you? I feel sad that there...is anyone that counts out a whole group of people based on their gender”. Marlene echoed this sentiment when describing how she pitied people who enact homophobia by saying “most of the time it is sad that they think you can be that way, it is more like pity for you, rather than a problem for me.”

Seeking Community. The SSA women interviewed drew on the SSA community for support to protect against negative feelings of homophobia. Marie, Florence, and Willa reported drawing on the strength of other SSA people and allies through formal community building and activism, and eight of the women mentioned seeking informal community solidarity and support. Multiple women discussed how solidarity with other SSA people provided an increased sense of empowerment. For example, Marilyn said, when confronting a homophobic classmate, “just that feeling of bonding, warmth and friendship... it just made [homophobic peer] less, it made her nothing, it made her less of a worry.”

Seven women said they relied on debriefing or venting about experiences of discrimination to other queer women or allies. For some women this strategy appeared to help them feel that their anger or hurt were legitimate and to discharge the painful emotions that they felt building up within them and allowed them to recharge their energy to face further discrimination. For example, Marie said, “I was involved in a queer theatre group outside of school and that was a beautiful supportive environment that allowed me to build up my kind of energy and resistance and go back into the school every day.”

In terms of formally organised community support, Willa and Florence both noted that involvement in the women’s liberation and gay rights movement of the 1970’s was an important buffer against homophobia throughout their lives. Florence also spoke about creating exclusive lesbian communities so that she could live her life as authentically as possible and not have to compromise her values to be part of a greater “straight” community. Florence also described how as she has gotten older, and many of her “solidarity sisters” are not physically present in her life as much as they used to be, she felt like she could not draw on their strengths to fight homophobia as much as she did in her younger years. She said, “I feel more on my own now, so the more isolated you feel, the less likely you are, to you know, pull people up on things, because immediately if you’re on your own you become the other, the weirdo, the you know, the person that can be excluded, and um, so you know you are not as empowered. Solidarity is very important and I think that’s one thing that a lot of young people have forgotten today, the concept, if you really want to counter discrimination you need solidarity... ‘cause they will pick you off one by one if you try to stand up for yourself on your own.” (Florence)

Protection strategies. Six women described concealing their sexual identities unless they were certain the person they were disclosing to would not harbour any harmful beliefs about SSA women. This vetting process varied in terms of complexity. For example, Marilyn describes using a “queer community police check,” whereby she will
only bother to get to know people she knows are friends with people she has previously vetted as not homophobic. Josephine spoke about “the line,” where she would not emotionally commit herself to a friendship unless she felt comfortable coming out to that person. Billie described a more elaborate process where she would connect with colleagues and peers on social media to assess their political views and feelings about queer issues. In terms of modifying behaviours to conceal sexual identity, Willa and Marilyn both spoke about speaking in gender-neutral terms about their partners (e.g., their, them, my partner). Marilyn also discussed avoiding public displays of affection to avoid being noticed as an SSA woman in public.

Psychological Impact of Resistance
The impact of choosing between confrontation and self-protection. Six women described the goal of confrontation as changing people’s minds, hoping to stop future homophobia. Providing this goal was achieved, queer women reported being able to classify these interactions as positive and beneficial experiences. Marlene described how the momentary discomfort was worth it if she knew that some of those men would not act negatively to other queer women in the future. In comparison, when this goal was not achieved, it resulted in a sense of regret or self-blame. For example, Willa detailed how she ruminates on what she ‘ought’ to have said for many days after she perceives that she had not confronted homophobia ‘competently.’

For some women who chose protecting themselves over challenging homophobia the awareness of how their actions could impact the queer community resulted in an increase in emotional distress and psychological conflict. Vita described feeling the need to always educate gently to prevent prejudiced people from extrapolating her disagreeableness as a community trait. She described feeling like she would be doing “a disservice to all future lesbians” if she did not educate and change minds. When responding to the first scenario, Billie described how she feels an obligation to challenge the disrespectful behaviour of the aggressor because she “would feel a responsibility for everyone else this person would have contact with… [she] would feel a responsibility to [her] queer community…”

Five women noted that they have to choose between their personal safety and the psychological distress of compromising their authenticity as queer women. For example, Marie said:
“It does chip away at your sense of self. That is not who I am as a person, I want to be the activist, I want to stand up against this stuff, but in terms of staying safe, and living to fight another battle, when you are in those situations you do things to minimise harm. It is confronting and conflicting. It makes you assess different parts of yourself and different values that you have.”

The impact of vetting on social relationships. A considerable proportion of the resistance strategies employed by SSA woman involved limiting exposure to homophobic events or attitudes. As a result, six women described themselves as being more reserved and less trusting of new people. Josephine says that her hyper-vigilance to homophobia has made her a “less approachable person.” Vita also describes herself as becoming more “reserved” socially as a result of trying to protect herself from homophobia.

Four women described wanting to withdraw into social spaces of predominantly SSA people. This was usually regarded as an affirming and energising experience, however Marilyn also describes how the process of retreating into what she called the “queer bubble” has also reduced her ability to tolerate homophobia outside of the queer community.

“It is so good to remove yourself from potentially dangerous space but you can easily spiral into a pattern where you just flee from everything gross and horrible, and eventually if you let that be your modus operandi…you will never leave your house.” (Marilyn)

Relationship between resistance and resilience. All participants reported that engaging in resistance increased resilience to some degree. Billie, Willa, Josephine and
Marlene described how primarily challenging through visibility and education helped them build a psychological immunity to future instances of discrimination and how they are better able to recover and protect themselves psychologically against being stigmatised. Vita also described how her chosen resistance strategies of educating, and being an affable, visible, lesbian has helped her build resilience by making her feel more prepared to respond to homophobia. However, she says that the emotional pain experienced is still as hurtful with every encounter, regardless of how well she responded to it. Marlene, Billie, Willa, Florence and Josephine described how resistance through challenging has increased resilience by expanding their ability to assert themselves and feel more confident in their identity as a SSA woman. Florence, Willie and Billie all spoke of resistance buffering against shame by allowing them to actively affirm what they all referred to as their “truth,” or in other words, that they are not inherently shameful as SSA women. Billie, when asked how her resistance strategies, both challenging and deflecting, have impacted her resilience, remarked “I would say the most important thing is that I am able to say that I don’t accept that as my truth. People are saying something that is born out of ignorance, that is born out of hate, born out of fear, it is a projection of them it is not of me.”

Elenor, who resisted primarily through cognitive deflection, noted that being able to dismiss the aggressor as an “idiot” or actively choose not to internalise any homophobic comments, enabled her to not “dwell” on the homophobia she experienced and psychologically recover quickly. Both Marie and Marilyn noted that their resilience has increased indirectly as the result of engaging in resistance strategies that involve developing social networks and a community of “safe” people. Marie reflected, “I think the main thing is that [engaging in collective action] links you to other people …part of the being in a community that makes you feel ok and have enough resilience and energy to keep on fighting and keep on being resistant.”

Four of the women who used challenging strategies noted that resisting in this way had the potential to momentarily reduce their resilience. For example, Willa describes how she felt like all her “skin had been peeled off” and she was “just raw nerves” after she completed a public speaking tour as the representative of SSA women in the 1970. She reflected that this impact on her wellbeing made her realise that she could not sustain the amount of activist activity she was engaged in.

Billie described how even if the initial incidents made you feel more vulnerable at the time, resisting is the better choice overtime. She said, “it is hard to do any of this resisting whether it is internal or external, but it feels better in the long-run.”

Discussion
This research identified the nature of the homophobia experienced by these Australian SSA women participants and how they resisted that homophobia. It also explored the impact of resistance on their resilience. Consistent with past research, the women interviewed reported homophobic micro-aggressions, as well as more overt verbal and physical abuse (Leonard, et al., 2012). Much of the reported homophobia was centred on sexual objectification or denial of sexual agency, as well as a retaliation for transgressing gender roles. It is worth noting that most of the homophobia reported was enacted by apparently heterosexual men and that fear of men's violence was a defining factor in the how the women chose to respond to homophobia.

The study revealed that the SSA women used a variety of resistance strategies; some consistent with Thoits’ (2011) model (challenging, deflecting) and others that are consistent with research into how SSA community members have historically protected themselves from homophobia (e.g. building community, concealment; Difulvio, 2011; Lehavot & Simoni, 2011; Keleher, Wei, & Liao, 2010; Pachankis, 2007). The findings suggest that the employment of resistance strategies appears to be context-
dependent and determined by the type of homophobia. The likelihood of engaging in confrontation, and the perception of whether it would be beneficial, was contingent on the predicted outcome of the confrontation. If confronting the homophobia resulted in changing homophobic attitudes, six women reported that any momentary discomfort in engaging in challenging homophobia was outweighed by the perceived benefit to themselves and the SSA community as a whole. This was linked to a sense of pride and self-affirmation. However, all interviewees discussed a process of ensuring they were physically and emotionally safe before engaging in challenging. The women discussed how if they felt unsafe they might choose to engage in more passive resistance strategies, like cognitively reframing. This sometimes led to cognitive dissonance between their identity as an activist or someone who defends themselves, and their self-protective behaviours. For some women this dissonance resulted in heightened psychological distress and a compromised sense of authenticity. The most prominent concern for SSA women assessing their safety was to ensure there was a low chance of facing men’s violence as retaliation to their challenge. This may be because the majority of the homophobia cited by participants involved aggressive, disrespectful or violent behaviour perpetrated by men. The interviews revealed that the women experienced an ever-present apprehension in challenging homophobia by men because of a perceived deficit in their ability to physically defend themselves.

The final aim of this study was to explore the connection between resistance used by SSA women and resilience in the face of homophobia. Overall, engaging in resistance strategies improved the queer women’s sense of resilience to homophobia, however no clear relationship was found between a specific resistance strategy and their perceived resilience. For some, confronting homophobia appeared to be associated with building immunity to homophobia, reducing the impact of the homophobia on their wellbeing as well as creating a feedback loop, increasing their confidence and sense of efficacy to assert their beliefs and enabling them to continue to engage in challenging behaviours. Three women also considered that using resistance strategies affirmed their ‘truths’ and belief that they do not deserve to be devalued based on their same-sex attraction. For some of the women cognitive deflection enabled them to recover more quickly from any psychological wounding that homophobia may have caused. Finally, collective action and community building allowed some women to access the social resources necessary to rebuff impacts of homophobia.

Limitations and Implications

There are some limitations of this work. First, due to the small scale of the study, it is not appropriate to apply the findings to SSA women or the SSA community as a whole. However, this research does contribute to a growing body of research that examines the lived experience of members of the LGBT community within Australia (Easpaig, Fox, & Bowman, 2018). It is hoped that this research serves as a foundation for a discussion about how practitioners can incorporate models of stigma resistance into practice alongside the established models of minority stress. The research identified the potential protective and risk factors associated with resistance behaviours. Furthermore, the findings revealed the interpersonal and psychological costs associated with SSA women choosing self-protection and withdrawal as primary modes of resistance. This may act as a basis for further research in this area that can help community psychologists explore resistance interventions at individual or collective level while minimising the risk of social withdrawal and internal conflict.

This research has highlighted the importance of adapting models of wellbeing and stigma resistance which best suit the unique combination of intersecting stigmas experienced by a particular client. In the context of SSA women, it is important to consider the gendered element of both the homophobia experienced as well as the
actual or perceived power SSA women have to resist that homophobia safely. This emphasises to community psychologists the importance of acknowledging the differences between SSA women's unique challenges and other members of the SSA community when applying interventions that were developed using other subsections of the queer community (e.g. gay men). It is also imperative to acknowledge the intersections of identity not present in this study. All participants were white, university educated women. The nature and morphology of resistance strategies will undoubtedly be shaped by additional marginalised identities involving race, class and ability. Additionally, no instances of sexism or stigma from within the SSA community (e.g. biphobia) was present in the participants’ responses. This may be a result of the interviewer being read as a SSA woman herself and thus, the participants may not have felt comfortable exploring stigma within the SSA community with a member from that community.

Conclusion

This research drew on the voices of ten Australian SSA women, as people who have survived stigmatisation, and also as agents who attempted to enact change. Their unique lived experiences have highlighted the importance of incorporating a multiple oppression perspective into research and practice. This study has shown the potential for resistance behaviours as protective and/or risk factors in SSA women’s resilience and wellbeing. Further research is warranted to explore these functions in more detail, but the findings of the current research can be applied immediately by community psychologists and others working with queer women. Incorporating an understanding of resistance behaviour into the development of individual, group and community interventions designed to support SSA women can assist them in increasing their resilience.

References


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