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CONTINUUM *Complete*

International

ENCYCLOPEDIA OF SEXUALITY

Updated, with More Countries

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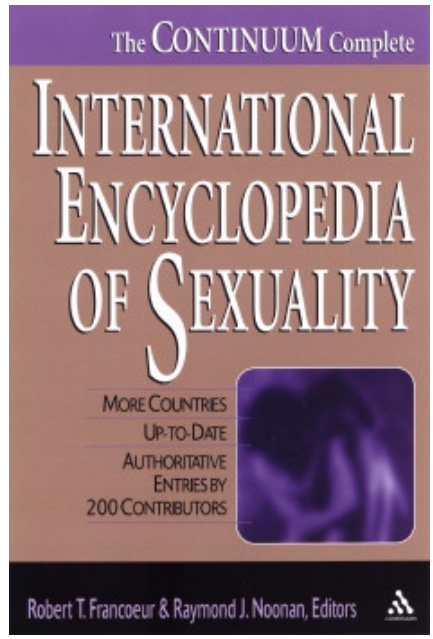

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CU59

Australia
(The Commonwealth of Australia)

Rosemary Coates, Ph.D.
Updates by R. Coates and Anthony Willmett, Ph.D.

Contents

> Always there, blood hanging above the clans of the barramundi:
> Always there, people with moving buttocks.
> *Song 16: Ross River Cycle* (trans. Berndt 1976)

Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Australia occupies an island continent of 2,966,200 square miles (7,682,400 km^2), almost as large as the continental United States, southeast of Asia. Australia is the world's sixth-largest nation. It is surrounded on the west and south by the Indian Ocean, the Pacific Ocean on the east, and the Timor Sea and Arafura Seas on the north. The nearest land neighbors are New Guinea and Indonesia on the north, the islands of New Caldonia, Vanuatu, and Solomon across the Coral Sea in the northeast, New Zealand and Fiji across the Tasman Sea in the southeast, and Tasmania 150 miles (240 km) to the south. Along the coast, east of the Great Dividing Range, the rainfall is heavy with jungles in the Cape York Peninsula reaching north toward New Guinea. The interior lands and western plateau are arid desert; the northwest and northern territories arid and hot.

The indigenous people of Australia, known collectively as Australian Aborigines, constitute 1.95% of the population; about 50,000 are full-blooded and 150,000 part-Aboriginal. The majority, mostly of mixed descent, live in urban areas. Most full-blooded Aborigines live in rural and remote areas of the interior and the north of the continent and maintain important aspects of their traditional cultures. Because there are significant regional variations, generalizations cannot be made. There is a wide range of living conditions and adaptation to Western pressures; however, most Aborigines remain socioeconomically disadvantaged despite compensatory legislation.

(CIA 2002)

Of the nonindigenous people, the longest family history of residence in Australia can be traced back eight generations. This population comprises people from all over the world, although the majority are European in origin.

Australia's population grew from 3.8 million at the turn of the 19th century to 19.2 million in 2000. Natural increase has been the main source of growth since the turn of the century, contributing two thirds of the total increase between 1901 and 2000. Net overseas migration, while a significant source of growth, is more volatile, fluctuating under the influence of government policy, as well as political, economic, and social conditions in Australia and the rest of the world. In 1999-2000, there was a 16% increase in net overseas migration over the previous year, from 85,000 to 99,100 persons. Since 1962, falling fertility has led to a fall in the rate of natural increase. ABS (Australian Bureau of Statistics 2002) population projections indicate that continued low fertility, combined with the increase in deaths from an aging population, will result in the natural increase falling below zero sometime in the mid 2030s.

Despite the concentration of people in the larger cities, Australia is not a homogeneous society, having an indigenous population, a history of European settlement, and, more recently, immigration from Asia and Africa. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: *0-14 years*: 22% with 1.05 male(s) per female (sex ratio); *15-64 years*: 67% with 1.03 male(s) per female; *65 years and over*: 11% with 0.84 male(s) per female; *Total population sex ratio*: 0.76 male(s) to 1 female

Life Expectancy at Birth: *Total Population*: 77.78 years; *male*: 74.67 years; *female*: 81.04 years

Urban/Rural Distribution: 85% to 15%, with the cities scattered along the widely separated coastlines

**Communications*: Rosemary Coates, Ph.D., Curtin University, Shelby Street, Shenton Park, Western Australia 6008, Australia; icoatesr@info.curtin.edu.au. *Updates*: Anthony Willmett, Ph.D., Australian Catholic University National, Prospect Road, Mitchelton, Queensland 4053, Australia; t.willmett@mcauley.acu.edu.au.

Ethnic Distribution: Caucasian: 94%; Asian: 4%; Aboriginal: 1.9%

Religious Distribution: Anglican: 27%; Roman Catholic: 27%; other Christian denominations 22%; non-Christian religions: 3% (more recently, immigration from Southeast Asia and the Middle East has expanded Buddhist and Muslim numbers considerably, and increased the ethnic diversity of existing Christian denominations). Approximately one quarter of all Australians either stated that they had no religion or did not adequately respond to the census question (Australian Bureau of Statistics 2002).

Birth Rate: 14.13 births per 1,000 population

Death Rate: 7.37 per 1,000 population

Infant Mortality Rate: 7.1 deaths per 1,000 live births

Net Migration Rate: 6.33 migrant(s) per 1,000 population

Total Fertility Rate: 1.82 children born per woman

Population Growth Rate: 1.31%

HIV/AIDS (1999 est.): *Adult prevalence*: 0.1%; *Persons living with HIV/AIDS*: 12,940; *Deaths*: < 100. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 100% (1980 est.); portion of youths attending 15 years of compulsory schooling: 95%

Per Capita Gross Domestic Product (*purchasing power parity*): $23,200 (2000 est.); *Inflation*: 1.4%; *Unemployment*: 6.4%

B. A Brief Historical Perspective

When the British Captain James Cook explored the eastern coast of the Australian continent in 1770, it was inhabited by a variety of different tribal peoples. The first settlers, mostly convicts, soldiers, and British government officials, began arriving in 1788. By 1830, when Britain claimed the whole continent, the immigration of free settlers began to accelerate. Australia was proclaimed as a Commonwealth of the British Empire in 1901.

Racially discriminatory policies were abandoned in 1973, after three million Europeans, half of them British, had entered the country since 1945. In 1993, the Prime Minister announced a plan to make Australia a republic, independent of the British Commonwealth by the year 2001. [*Update 2003*: With a change in the political climate, this has not come to fruition. (*End of update by R. Coates*)]

NON-ABORIGINAL AUSTRALIA

1. Basic Sexological Premises

A. Gender Roles

In common with many other countries, Australia is struggling with changing gender roles. Although one of the first countries in the Western world to introduce women's suffrage, other aspects of gender equality have been slower to develop. It was not until the early 1970s, through the activities of well-organized women's groups, that successive legislation has been introduced in support of women's rights. These include laws governing equal opportunity, antidiscrimination, and family law issues.

It has been claimed that, although Australia is one of the most advanced industrial democracies in the world, it is, nevertheless, a sexist society, where women are valued only in terms of being a commodity (Dixson 1976; Mercer 1975). This legacy from the original white settlement is gradually changing, although manifestations continue to be expressed in the phenomena of "mail-order brides" and "sex tours." Both of these customs tend to exploit neighboring Asian countries where poverty forces young women (and some young boys) into bargaining with their bodies.

From the time of initial white settlement up to the early 1960s, women have been "brought" to the country to fulfill the needs of men. The transportation of British convicts to the colonies of Australia is well documented. Female convicts were transported to become servants for the administrators and to meet the sexual needs of both free men and convicts. The first governor of the early colony was instructed by the British government "to keep the female convicts separate till they can be properly distributed among the inhabitants" (Clark 1950, 117). These women were used to serving the needs of men, but were not deemed suitable as wives for the free settlers. As the number of single, free male settlers increased, the British government began to offer young, single, healthy women free passage to Australia. A not dissimilar attitude persisted through to the early 1960s, where successive Australian governments gave a high priority to the immigration of young, single, healthy women.

The history of white, female settlement in Australia is one of the antecedents of the nature of male-female roles and relationships in contemporary Australia. Another significant antecedent was the nature of the pioneering activities undertaken by men in the early decades of white settlement. The concept of "mateship" is a legend of male-to-male relationships, to the extent that it has a place as a literary genre in its own right. The "typical" Australian male has been, until very recently, portrayed as a "good bloke," and a real "mate." In the early years of settlement, the harshness of the country and the nature of pioneering, gold exploration, and farming led men to work in pairs or small groups, often isolated for months at a time from other people. There was an unspoken pact of mutual protection and reliance. Folklore is rich with stories of self-sacrificing "mates." Historical accounts have continued to emphasize masculine activities and associations, and ignored the role of women in pioneering the country, thus helping to reinforce the image of an Australian man who relates to other men, with women being generally ignored. Australian participation in World Wars I and II re-emphasized masculine bonding, and the stories, fact or fiction, of "mateship" and sacrifice continue to be celebrated annually with the commemoration of Anzac Day on April 25. In the view of some, it is on this day that the divide between the white men and women of Australia is most emphasized. The emphasis on male sporting activities and the associated icons are current manifestations of traditional "mateship."

Social conventions, however, are undergoing change, albeit too slowly for supporters of the women's movement. Experiences in Australia are similar to those reported from America, Britain, and some of the European countries, in that the majority of women are in paid employment, but continue to take the major responsibility for home management (Baxter 1992; Chisholm & Burbank 1991). The concept of the "glass ceiling" is well documented, and the proportion of women in senior executive positions in all areas is very low. For example, of the 35 universities in Australia, only two have women as their vice chancellors, less than 13% of federal politicians are women, and a similar percentage of senior positions in the federal public service are held by women, with one woman judge of the high court. There is evidence to suggest that younger men do not have the same expectations of clearly defined gender roles as their fathers, although this does not translate into equal sharing of domestic duties (Edgar & Glezer 1992).

B. Sociolegal Status of Men and Women

In adulthood, men and women are treated equally under the law. Anomalies exist in the status of male children vis-à-

vis female children. For example, the age of consent for sexual acts is 16 years; however, the age of consent for males to have sex with other males is 21 years. There is no recognition in the law for female-to-female sexual acts. [*Update 2003*: In 2002, changes have been made to some State laws bringing a greater level of equality to the laws. For example, in Western Australia, various laws have been amended to ensure equal status under the law for those in same-sex or *de facto* heterosexual relationships. (*End of update by R. Coates*)] Women's social status, while being protected by various laws, remains, nevertheless, inhibited by misogyny and more-subtle cultural factors.

C. General Concepts of Sexuality and Love

Sex is generally viewed as a recreational activity, serving purposes that go beyond procreative ones. It is customary for individuals to couple for reasons of love, with conventional concepts being promoted in European romantic terms. The media, including films, books, television, popular music, and advertising, promotes physical and emotional attraction and idealistic pairing.

Arranged marriage is not an acknowledged practice; however, it does occur in those ethnic groups that follow a particular cultural tradition.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

The dominant culture from the early days of European settlement was Anglo-Saxon and Gaelic, with strong Catholic and Anglican religious influences. Later large-scale migration attracted significant numbers of Italian and Greek people, thus enriching the culture and strengthening the Catholic religious traditions. More-recent migration has increased the ethnic diversity, with people from many of the African countries, the Middle East, Southeast Asia, and India. This has resulted in an increase in the number of people who follow non-Christian traditions such as Islam and Buddhism.

Recent data from the Commonwealth Bureau of Statistics show that 26.1% of the population describe themselves as Roman Catholic, 23.9% Anglican, and 23% follow other Christian movements. Twenty-five percent declare themselves as having no religion. Two percent of the population are classified as non-Christian, with 0.7% being Muslim, 0.5% Buddhist, and 0.4% Jewish (Castles 1992; Australian Bureau of Statistics 2002). Public sexual mores are influenced by traditional Judeo-Christian teachings, although there is an active, fundamentalist minority.

The legal system is unequivocally British in origin and practice. The criminal and other pertinent legislative codes in all states and territories have as their foundation British law. Modifications have occurred over the ensuing period, resulting in variations between different states and territories. [*Update 2003*: The decriminalization of prostitution and the establishment of procedures to conduct a brothel have occurred in some States. Contesting views, which include possible legal action and a court challenge, exist between the Catholic Church and the Queensland State government about antidiscrimination legislation, when such legislation includes shoring up the legal rights of gay and lesbian couples (*Courier Mail* 2002). (*End of update by A. Willmett*)]

[A. Religious Influences and Changes

ANTHONY WILLMETT (*Update 2003*)

[At the turn of the 21st century, two major pillars of society—education systems and the churches—appear to be enmeshed in confusion over their roles in enhancing or controlling the sexuality of young people in their care. While educators promote the importance of education for life in all the meanings of that term, the media reveal ever more incidents of inappropriate behaviors by teachers and clergy. While all agree that children must be protected from inappropriate behaviors, there is currently little agreement on how this should be achieved. Societal responses to these revelations have polarized so, that, while some wish to enforce a return to "the Bible as literal truth" or to "a morality of control," others believe that ever more open discussion will assist young people to regain control of their own emerging sexuality.

[Australian newspapers report incidents of sexually inappropriate behavior in religiously affiliated schools, while at the same time, the list of clergy or members of religious orders of nearly all denominations who are accused and/or convicted of sexual misdemeanors with young people increases in length. For some commentators, the answer is for a "return to the old morality," whereby sexuality is kept firmly within its place, defined strictly as within marriage and for the purposes of procreation. For others, it is precisely this "controlling morality" that has led to the current situation, whereby children appear to be most greatly at risk in precisely those institutions where they might expect to be safest.

[Auxiliary Bishop Francis Patrick Power of the Catholic Diocese of Canberra and Goulburn broke ranks by calling for a study of priestly celibacy. In a widely reported interview on ABC Radio in September 2002, he suggested that priests who have left the ministry to marry should be allowed to exercise their priestly ministry. He called for a rethinking of the Church's teaching on sexuality, and proposed that gays and lesbians should be recognized as human beings with needs and desires. He said that the Church's current teaching on the morality of homosexuality implies a "double moral standard, since a significant percentage of Australian priests are known to be gay" (*National Catholic Reporter* [U.S.] 2002). He also warned that the exclusion of women from positions of authority fosters "a feeling of disenchantment" among Catholics.

[The issue of how the Church might respond to lesbian and gay people who wish to have their commitment to a lifelong faithful relationship affirmed by the Church was vigorously debated at the Eighth Assembly of the Uniting Church in Australia. The Assembly was divided on the issue. (*End of update by A. Willmett*)]

3. Knowledge and Education about Sexuality

A. Sexual Education in Public Schools

Each state and territory, through their respective education authority, has a curriculum that provides for personal development and education in sexuality. These have been developed by experienced educators and offer well-rounded, age-related programs for both primary and secondary education. The implementation of such programs, however, is variable, and no child in Australia is guaranteed a consistent and continuing sexuality education. Curricula packages are available, through the educational authorities, to both public and private schools. To date there is no education authority that has made sexuality and relationship education a required subject. Teachers and parents have the option of deciding what, if anything, is presented to children.

Today's young parents are more prepared to provide their children with sexual information and are offering a wider range of information than their own parents did. The result of this form of education is also variable and young people report that they would prefer to receive a comprehensive and

consistent formal education by properly trained teachers (Coates 1992). No education department offers preservice or in-service training to meet this need.

Typically, the curriculum packages often deal with a variety of health and personal development issues and integrate the sexuality elements at appropriate stages. For example, concept of self and one's position within a family structure are included in the syllabus designed for the early years of primary school, as is nutrition and personal hygiene. Biology and reproductive sexuality is generally offered before the emotional aspects of human sexuality, although personal safety and the concept of invasion of private "space" is suggested for the 6- and 7-year-olds. Information on gender identity and sexual orientation is suggested for secondary school students at about 15 and 16 years of age.

Thus, the deficiencies within the system are the facts that the curriculum is optional and that teachers are not trained specifically to teach human sexuality, and in some areas, teachers are instructed not to answer questions posed by students on certain topics.

[B. Sexual Education in Catholic Schools

ANTHONY WILLMETT (*Update 2003*)

[An examination of teaching about sexuality in Catholic schools (Willmett 2002) reveals that there is little agreement on how best to prepare young people for a sexually healthy life through their formal educational experiences. In fact, two polarized positions have emerged. At one extreme is the suggestion that traditional moral orthodoxy should be reaffirmed fundamentally by controlling and suppressing acknowledgment of the developing sexuality of young people. At the other end is the suggestion that it is precisely because of this suppression and lack of knowledge and understanding of the role of sexuality among students and their teachers, as well as parents and the clergy, that the current situation has developed.

[The Roman Catholic Education system in Australia is the largest unified denominational system in the country. There are links between religious education and sexuality education in these schools, and when the topic is sexuality, educators register a range of reactions that have an impact on their confidence and comfort in presenting material. These dilemmas and concerns can be described in pedagogical, professional, and personal terms.

[*Pedagogical Challenges*

[Pedagogical problems in sexuality education in Catholic schools are often associated with: curriculum rationale, design, and implementation; curriculum content; teaching and learning strategies; students' classroom questions—particularly unpredictable questions; resources; and, assessment and evaluation (Bruess & Greenberg 1994; Hedgpeth & Helmich 1996; Sears 1992; Willmett 2002). Problems connected with curriculum rationale, design, and implementation, often stem from an understanding of and rationale for sexuality education in a school setting. Different outcomes will determine if sexuality education is viewed as a theological, a therapeutic, or an educational endeavor. If the program is seen in theological terms, the religious educator may seek to inculcate in students the values and beliefs of the sponsoring Church community; if the program is seen in therapeutic terms, the religious educator may seek to heal or soothe students' feelings and behaviors to conform to some desirable standard; if the religious educator sees the program in educational terms, the aim will be to enhance students' understanding and appreciation of human sexuality.

[School communities are confronted with the issue of who is responsible for the explicit sexuality education curriculum. Specific outcomes will be seen to be appropriate to schools if educators acknowledge explicitly that learning about sexuality is an ongoing process that continues throughout life (Coates 1997; G. Moran 2001). Different outcomes will also be established when a curriculum is designed solely on the basis of syllabus requirements, rather than as a whole school approach. A whole school approach that employs a collaborative and consultative process involving students, parents, and community representatives, has the potential to link the school appropriately to lifelong learning (Willmett, 2001).

[Problems connected with curriculum content include: identifying developmentally appropriate content material; catering for any overlap and/or repetition of material; and, determining how material that is sometimes described as "sensitive" will be handled. The relevance of the explicit program is a particular challenge to students and parents. Making education and sexuality education relevant to needs and interests is an essential element in learner empowerment (Hedgepeth & Helmich 1996). Parents, teachers, and the local community need to ask learners what they need and want to learn.

[Problems connected with teaching and learning strategies include a hesitancy to adopt teaching and learning strategies that are applied successfully in other curriculum areas. Teaching and learning strategies that invite personal responses in other curriculum areas become problematic in sexuality education, because of the perceived "private and personal" nature of the topics. This is highlighted when it comes to answering students' questions in the classroom. Cries of "What do I say?," "What am I allowed to say?," or "How far can I go?" are heard more often regarding sexuality education than other curriculum areas (Willmett 1998).

[Problems associated with resources include their availability and appropriateness. While there has been some improvement, Australian-produced resources are relatively sparse. Students may not find in the available overseas resources a context that matches their own. In addition, Church and school leaders may deem some materials unacceptable if they raise themes or issues that contradict the expressed values of their community. Resources may be inappropriate if they omit specific religious references, or if they appear to be aggressively religious or seek to preach rather than teach.

[Assessment and evaluation also pose problems, not only because they are connected with and inform the rationale, design, and implementation of sexuality education, but also because they may not exist. Teachers may be comfortable and skilled when it comes to assessing knowledge and skills, but anxious if there is a perception or expectation to assess behavior.

[*Professional Dilemmas and Problems*

[Teachers are aware of sexuality education as providing information for educated choices. They are also aware of sexuality education as an arena of professional insecurity (Willmett 2002). Teachers have a sense of the contesting views about sexuality and sexuality education—both within and outside the Catholic tradition (Chater 2001; Francoeur & Perper 1998; Hogan 1993; Lebacqz 1999; Whitehead & Whitehead 1994, 2001). Heterosexist assumptions underlying course content is one example (Bosacki 2001; Epstein & Johnson 1998; Harrison, Hillier, & Walsh 1996; Selling 2001). Other professional dilemmas and problems involve perceived or real relationships. Relationships between the classroom teacher and the parents or the employing authority, for example, the school board, diocesan authority, parish priest, or minister, can present the religious educator with

difficulties, particularly if there are philosophical and educational differences about sexuality education in the school or Church setting. In addition to problems associated with employing authorities, concern about lobby groups or the media also has an impact on teachers' professional confidence.

[Professional problems in sexuality education can be found in relation to expectations placed on classroom teachers. While they do not want to be judgmental and wish to explore contesting views about sexuality with students in the classroom, teachers do not know how to do so (Went 1985; Willmett 2002; Ziebertz 1992). The extent to which teacher preservice and in-service programs offer method, as well as content courses on sexuality, is a problem for the profession. The absence of professional associations for teachers in this field might be linked to this situation.

[One important professional problem that confronts the classroom teacher is how to narrow the gap between the rhetoric and the reality of an understanding about, and an approach to, sexuality and sexuality education in the school setting—including the classroom program (Sears 1992; Willmett 2002). How well, for example, does the explicit curriculum match the lived experience of people in the school or Church community? How do the policies, practices, programs, procedures, places, and people reinforce and complement what is presented in the explicit curriculum?

[*Personal Concerns*

[Teachers experience sexuality education as a focal point for discrepancy (Willmett 2002). Discrepancies appear in relation to the lived experience of the members of the Catholic community and the official teachings of the institutional Church (Dominian 2001; Grey & Selling 2001; Whitehead & Whitehead 1994, 2001). They also appear in relation to the role of the teacher in the classroom, for example, as a substitute parent, and in relation to the philosophy and educational approach that underpins the sexuality education program in the classroom (Hedgepeth & Helmich 1996; J. Moran 2000; Willmett 2002). A background question for each parent, educational leader, and classroom teacher is: Do I believe sexuality is a private matter, best left to family to educate, or are there public and communal dimensions, which require intelligent conversation in other educational settings beyond family? The response to this issue will help to determine their comfort and confidence in presenting material.

[Teachers also experience sexuality education as personal anxiety. Fear, uncertainty, and concern for their well-being are different ways teachers experience sexuality education. Fear and uncertainty about loss of employment or about being reported to relevant authorities is experienced by teachers (Willmett 2002). Any unease or discomfort with issues of sexuality felt by Catholic educational leadership, and by classroom teachers. will be readily conveyed to students. Their uneasiness will reinforce students' suspicions that the topic of sexuality is somehow off-limits or embarrassing. At their most basic, these personal concerns confront Catholic educational leaders and classroom teachers with their own history, education, and experiences of sexuality. All adults have to confront and respond to their unique childhood experiences and formation in sexuality; this task is immediate and consequential for those responsible for presenting sexuality material in classrooms. Any sexuality educator reflects upon his or her own inventory of attitudes to a range of issues concerning the human body, sexual feelings, behavior and orientations, and the plurality of community sexual standards (Coll 1994; Francoeur & Perper 1998). Catholic educational leaders and classroom teachers may experience the need to gain certainty by resolving all the issues and questions before venturing into the classroom.

[As with any area of teaching and learning, classroom teachers may feel constrained by their own lack of knowledge; they may lack familiarity with some basic knowledge. They may have difficulty resolving the dilemma between sexuality being viewed as an act and as law, or as a relationship and as Gospel within the Catholic tradition (Francoeur & Perper 1998; Dominian 2001; Hogan 1993). The resolution to this dilemma will influence the selection and presentation of material. All the factors described above will contribute to a sense of the relative comfort or relative discomfort on the part of Catholic educational leadership and the classroom teacher when presenting topics on sexuality. (*End of update by A. Willmett*)]

4. Autoerotic Behaviors and Patterns

Large-scale sexological surveys have not been conducted in Australia. As a consequence, much information offered here is based on small surveys and anecdotal evidence. Research undertaken by Coates over a period of seven years and confined to Western Australia (Coates 1987) indicates that, among a population of 678 young adults, 87% of females and 93% of males reported having engaged in self-pleasuring at least once in the preceding six months. More recent research undertaken by Ferroni (1993), who reviewed 658 women, classified into three groups—namely, women with gynecological problems, women who had had a hysterectomy, and healthy women, respectively—found that 70% of her respondents reported autoerotic behavior.

Current mores about autoerotic behavior reflect the Judeo-Christian influence coupled with a more relaxed Australian attitude toward most aspects of sexual behavior. Self-pleasuring as a topic of conversation has, to a certain extent, lost its taboo status. Likewise, the use of pornographic material as a stimulus, either alone or with a partner, is a subject of discussion for some young people.

5. Interpersonal Heterosexual Behaviors

A. Children

There is little information available about types of sexual behavior and whether patterns of sexual experimentation have changed. However, anecdotal reporting indicates that Australian children are no different from children in other countries and engage in sexual rehearsal play. This is conventionally curbed by witnessing adults, although enlightened parents will take the opportunity to educate their children about private and public, acceptable and unacceptable, behavior. Many parents will tell their children that it is acceptable to engage in self-pleasuring as long as they confine it to the privacy of the bedroom. It is not customary for children to witness adult sexual interactions nor for children to be initiated into sexual activity by an adult. There are no pubertal initiation ceremonies in the nonindigenous population.

B. Adolescents

Results of a survey of 2,000 respondents aged 16 to 25 years suggest that adolescents are probably more sexually experienced than their parents were at the same age (McCabe & Collins 1990). Intercourse is occurring at an earlier age than ten years ago and in greater numbers. The mean age of first intercourse is about 16 years, and by the age of 18, nearly 60% of young people report that they are sexually active. There is also a reported increase in the number of sexual partners at a given age.

Casual sex is still an important part of adolescent sexual activity, although most sexual experience in adolescence

probably occurs in the context of a steady relationship. Explanations for the initiation of sexual intercourse include curiosity, peer pressure, and the need to be loved. The rates of sexual experience are greater in males than in females (Dunne et al. 1993; Cubis 1992). Peer pressure from boys is strong, and many young women report that their first experience of intercourse was not a positive one.

Sexual activity and socioeconomic status have not been shown to be related, but pregnancy and carrying to term are associated with lower socioeconomic status. Pregnancy is no longer a reason to precipitate marriage, with less than 20% of detected adolescent pregnancies resulting in marriage prior to the birth of the baby.

Not surprisingly, data from the Family Planning Association and other sources indicate that adolescents are among the poorest users of contraceptives. Age, a reluctance to acknowledge to others that they are sexually active, and distrust of authorities are possible reasons for the low utilization of the services offered.

Research by Moore and Rosenthal (1991) indicate that young people continue to resist the use of condoms even in the context of safer sex practices and HIV/AIDS. Males are more likely to place the responsibility on their partners and females express a distaste for condoms. It has been suggested that heterosexuals do not believe that they are at risk, that AIDS has been seen as a disease of the sexually deviant or other stigmatized groups (e.g., drug users), and that HIV transmission has been identified with groups, not sexual practices (Kippax 1991).

C. Adults

[*Single Lifestyle Increasing*

[*Update 2001*: Recent demographic studies at the Australian National University indicate that about a quarter of young Australians will never get married, and those who do will take longer than their parents to marry. Projections in early 2001 suggested that 27% of men and 23% of women ages 15 to 20 will not be married by age 50. At that age, their chances of getting married would be slim. The trend to delay marriage is affecting all age groups and both sexes in Australia. For example, in 1999, 18% of 35-year-old women were unmarried. By 2015, that percentage will nearly double to 33%. Even allowing for *de facto* cohabiting relationships, which were not counted as marriage, "coupledom" will be even rarer than in past decades. A new avenue for easier divorce through the Federal Magistrates Service, and the growing tendency for women to attend universities and undertake a career are the two driving forces behind the decline of "coupledom." Marital trends in Australia have swung wildly in the past century. In 1921, 17% of Australian women never married; in 1981, only 4% never married. In 1999, it was about 9%. Corresponding figures for men are slightly higher. (*End of update by R. T. Francoeur*)]

Cohabitation, Marriage, and Family: Structure and Patterns

Cohabitation is a common practice in Australia, to the extent that it is officially recognized for property distribution on dissolution. The term *de facto* has been in common usage for at least 30 years and is applied to couples who live together without undergoing a formal marriage ceremony. A high proportion of young people live together for a considerable period prior to marriage. Over 60% of adults believe that living together before marriage is acceptable, and about 50% of all people under the age of 30 do live together prior to marriage. Thirty percent of these say that they do not believe in marriage. One third state that they would leave the relationship if they were not growing in it (Glazer 1993).

Since the 1970s, the age at first marriage has risen, with a resultant rise in the age of the primiparous mother. The average family size is around 2.4 children and there is a greater focus on women's having a career outside of the home.

[*Update 2003*: Like many of the developed countries, Australia has had a significant drop in its birthrate over the past ten years. Concern about the declining rate is being expressed through the development of support schemes to encourage women to take time out from work to have babies. There is now a greater recognition that the majority of women work, and that many of them would like to continue their career after childbirth. There is a greater level of awareness that the business environment must become both child- and woman-friendly. (*End of update by R. Coates*)]

Divorce and Remarriage

When Australians do marry, monogamy is the conventional custom. Divorce and remarriage have become increasingly accepted in the past 20 years, and it is estimated that one in four marriages will end in divorce, with the current rate being 11 per 1,000 marriages. Close to 60% of previously married men and 25% of previously married women remarry (Castles 1992, 169, 172).

Nonmonogamous Relationships

Recently, in at least one capital city, a group in support of nonmonogamous relationships has been established. It is distinctly different from the "swinging" groups of the 1970s. The group advertises under the rubric "Beyond Monogamy" and advocates responsible and mutual polyfidelity.

Sexuality and the Physically Disabled

Since the United Nations International Year of the Disabled in 1979, Australia has been making a concerted effort to make provision for, as well as change the attitudes toward, people with disabilities. Recognition has been given to emotional relationships and sexual rights and the needs of both the intellectually and physically disabled. However, once again, the provision of education, counseling, and other services is variable. Predominantly dependent upon local expertise, interest, and influence, programs may or may not be offered. In Western Australia, a comprehensive education program has been developed for the intellectually disabled, whereas very little of a formal nature is provided for the physically disabled. In other states, there have been some exceptionally enlightened programs for adults with acquired disabilities.

Legislation, governing such things as antidiscrimination and equal opportunity, provides protection for the rights of the disabled. Community housing, as opposed to institutional dwellings, enhances possibilities for the disabled to exercise their sexual options.

Incidence of Anal and Oral Sex

There is no reliable data on the incidence of oral and anal sexual activities in Australia. Coates' Western Australia survey (1992) indicates that at least 73% of her sample had experience at least once with both fellatio and cunnilingus; 32% had experimented with anal sex. Both oral and anal sexual practices are included in information about safer sex practices with precautions to be taken to avoid HIV transmission. The general acceptance of such messages (with few notable, and predictable, objections) may indicate an assumption that these practices are within the norms of acceptable sexual relationships.

6. Homoerotic, Homosexual, and Bisexual Behaviors

A. Legal and Social Status of Gays and Lesbians

Homosexuality has been subjected to both legal and social sanctions. However, there has been a gradual reduction of hostility toward homosexuality and a concomitant change in legislation in the past 20 years. Under the equal-rights legislation, same-sex couples are generally afforded similar rights to opposite-sex couples. This recognition has been extended to residency status in this country for the partner of a gay or lesbian person. Despite official acceptance and a generally sanguine attitude, there is still a prominent homophobic element within this society. Predominantly this is expressed against gay men through so-called poofter-bashing, where gangs of youths go to public gay venues for the express purpose of assaulting (presumed) gay men. Certain fundamentalist religions actively campaign for the reintroduction of legislation against homosexuality.

All states have repealed laws against same-sex activities between consenting adults in private. In Western Australia, the legislation may be unique in the English-speaking world, where the document is prefaced with a disclaimer to the effect that the Parliament does not condone the behavior.

There is a strong and active network of gay men and lesbian women, with all the major cities and many rural areas having constituted organizations. A number of these organizations are at least 30 years old and have been at the vanguard of political activism and in the provision of counseling and education services. These organizations were also crucial to the early and positive response to HIV/AIDS policy development, education, counseling, and treatment. In addition, there are support groups throughout the country for the parents and friends of gay people.

There are a number of domestic gay publications, the most notable quality magazines being *Outrage* and *The Advocate*. Typically, women are less well catered for, although there is a national networking newsletter called *Grapevine*, which provides a contact service. Most of the cities have dedicated bookshops, and all dealers of sexually explicit material stock magazines aimed at gay men.

The Sydney Gay and Lesbian Mardi Gras, held in March each year, is reported to be the largest in the world and attracts thousands, including many international visitors. The Mardi Gras parade is conducted through the streets of Sydney and is a popular event for families to attend on what is, normally, a warm summer evening. The Sydney City Council supports the Mardi Gras as an important income-generating event. A fundamentalist Christian group prays for rain to mitigate the success of the event.

[*Update 2003*: In November 2002, the Gay Olympics were staged in Sydney, with 18,000 competitors and 25,000 visitors. The Governor of the State of New South Wales opened the Games after a welcoming speech from one of the country's most prominent High Court Justices. The support afforded to the Games was a clear indication that the economic value of the "pink dollar" is recognized and that there is a greater level of acceptance of people who are same-sex oriented. (*End of update by R. Coates*)]

B. Sexual Outlets and Relationship Patterns

Gay Men

The largest gay population is in the city of Sydney, with Oxford Street being the best-known area for at least a particular subgroup to congregate. An area on this street known as "The Wall" is the place male sex workers congregate. Sydney, Melbourne, Brisbane, Perth, Adelaide, Canberra, and the Gold Coast all have a number of acknowledged gay and lesbian venues, including bars, restaurants, nightclubs, and theaters. These venues are recorded in the publication *Gay Guide*. Smaller towns have similar venues, but tend to have a lower profile.

It is easy to stereotype the patterns of behavior for gay men; however, it would be more accurate to say that there is as much diversity in relationship and sexual patterns among the gay population as there is among the nongay population. The spectrum—from long-term monogamous relationships, serial monogamy, triads, groups, to frequent, anonymous sex, and sexual abstinence—would all be represented within the gay community.

One representative pattern of gay male behavior has most recently been documented by researchers from Macquarie University in New South Wales. The study revealed that urban gay men had high levels of knowledge about HIV transmission and had substantially changed their sexual behavior. Attachment to the gay community, defined as sexual, social, or cultural/political, was found to increase the likelihood of behavior change. Isolation and nonattachment decreased the chance of sustained behavior changes (Crawford et al. 1991).

In contrast, results of a study of men who use the beats in western Sydney differ somewhat from the Macquarie study. Wherrett and Talbot (1991) found that 40% of men reported they practiced unprotected anal intercourse with casual partners, 10% with regular partners, and 95% of the sample reported having experience of anal/genital intercourse without condoms at some time in their lives. Forty-eight percent of men stated that they had had unprotected intercourse within the last six months. The authors suggest that the findings from these and other similar studies reveal that there are large numbers of men who have sex with men who are not attached to the gay community and are the least likely to adopt safer sex practices.

Lesbian Women

Lesbian women have had a much lower profile until relatively recently and would appear to be less well catered for in terms of venues. Some years ago, the women shared the male venues, often having a "women only" night. Today, at least in the larger cities, there are venues just for women.

Again the relationship patterns would cover the entire spectrum. A comparison between gay men and lesbian women in terms of fidelity and number of partners would probably show similarities with matched, so-called heterosexual groups.

Gay Parents

A number of both gay men and lesbian women have exercised their option to become parents. The methods used have ranged from selecting a sexual partner for the specific purpose of conceiving, to artificial insemination and IVF.

There have been examples of a parent's gaining custody of children on the grounds of the homosexual orientation of the other parent. However, homosexuality, per se, would not necessarily ensure loss of child custody.

Bisexuality

People who actively engage in sexual relationships with both men and women may be considered the invisible group. There is frequently a lack of recognition and acceptance by the gay and lesbian community, many of whom claim that those who identify themselves as "bisexual," in fact have not come to terms with their "homosexuality." Further, the concept of bisexuality is ignored by the general community.

Personal experience as a counselor and educator leads one to believe that there is a degree of covert bisexuality

among males. One common mode of expression for married men in making regular visits to anonymous sex venues, such as "T-Rooms" and Saunas. Prior to the recognition of HIV/AIDS, the author was aware of a number of bisexual groupings, mainly triadic relationships. Whether the number of self-identified bisexuals has declined, or simply gone underground because of prevailing attitudes, is unknown.

Data collected from 1986 to 1991 by a telephone counseling service for bisexual men and their female partners revealed that 59% of the male callers were married. Over that period, there was a consistent decline in the number of bisexual men who reported participation in unprotected male-to-male anal sex, paralleled by a small, steady increase in safer-sex knowledge levels. There were, however, a number of misconceptions about safer-sex behavior, with the role of oral sex in HIV transmission the least well understood. Younger men were more likely to participate in high-risk behaviors (Palmer 1991).

7. Gender Diversity and Transgender Issues

A. Transsexualism

Transsexualism is recognized as a medical condition in Australia and provision is made for sex reassignment. The program follows the model developed by John Money at Johns Hopkins University Hospital (Baltimore) in the United States. Because of the need to maintain surgical skills, there are only two designated venues for surgery to be conducted: one in South Australia, the other in New South Wales. The preparatory program, however, is offered in a number of cities.

The standard approach, after assessment and definitive diagnosis, is to provide a program of hormone therapy, social training, and counseling for a minimum period of two years prior to undergoing surgery. For some individuals, the program is too lengthy. Because of the close proximity of a number of Asian countries where relatively inexpensive surgery is offered, a number will opt out of the program and elect early surgery, not always with positive results.

All states and territories, except South Australia, have yet to make provision for changing the birth certificate and/or providing individuals with documentation that would allow recognition of their reassigned gender.

On the occasions where a transsexual has been confined to prison, there have been instances where the authorities have placed the person in a prison appropriate to her/his reassigned gender. There have also been instances where the contrary has occurred.

B. Transvestism

Self-reporting and anecdotal information indicates that a high proportion of people who cross-dress are professional men who are heterosexually oriented, in heterosexual relationships, and have children. It has also been estimated that one in ten men cross-dress.

Support groups for both transvestites and transsexuals exist in four of the states; however, there is no national body.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Child Sexual Abuse and Incest

The incidence of incest and child sexual abuse may be much greater than reported figures. In a survey of 1,000 university students in the State of Victoria, Goldman and Goldman (1988) asked about childhood sexual experiences, and found that 28% of females and 9% of males reported some form of sexual abuse from adults; 76% of the perpetrators were known to the child. It is estimated that girls under the age of 18 face odds of between one in ten and one in four chances of sexual abuse within the family, generally by a father or stepfather (Allen 1990).

Child abuse and incest in the Aboriginal population has been noted as a major concern, anecdotal evidence suggesting that incidence may be substantial (Hunter 1992).

Legislation provides for an "age of consent," generally 16 years, and any "indecent dealings" are liable to a penalty of four years imprisonment with hard labor and "with or without a whipping."

There is legislation against "incest by an adult female," which states that any woman "who permits her father or son or other lineal ancestor or descendant, or her brother or half-brother, to have carnal knowledge of her . . . is guilty of a misdemeanor, and is liable to three years imprisonment with hard labor for three years" (Western Australia Criminal Code, 118).

Throughout the country, various crisis centers, refuges, support groups, and treatment centers provide facilities for both child and adult victims. Like most community organizations, funding is limited, volunteer support is a major factor, and there are never enough resources.

It is important to note that all facilities mentioned in this chapter pertain to the major population centers; rural Australia itself is very poorly served in all areas of sexuality.

Sexual Harassment and Coercion

It is estimated that sexual harassment in the workplace occurs for young women about 50% of the time in a first paid job, and is a significant risk for women throughout their working lives. Some years ago, the Federal Labour Government introduced legislation and promoted education in the area. Throughout Australia, government instrumentalities, nongovernment organizations, and many private companies now have provision for reviewing complaints. As understanding of what constitutes harassment improves and the mechanisms for lodging a complaint tested, the number of cases reported has increased. A number of men have lodged successful claims, although the majority of complainants are women.

Sexual Assault and Rape

Allen (1992) states that the so-called developed countries have comparable patterns of sexually abusive behaviors, and that although rates may vary between countries and regions, certain probabilities remain. It is estimated that occasional or habitual violence perpetrated by men against women occurs in at least a quarter (some research suggests a third) of all sexual relationships. It is estimated by workers in the area that one in five women will be a victim of sexual assault by the age of 18 years.

Most cities and large towns have counseling and other services for the victims of sexual assault. Many cases go unreported, however, a number of victims will seek the services of agencies such as a Sexual Assault Referral Center and may or may not be referred on to the police. Not all victims who report directly to the police are referred to an independent agency. Thus, it is difficult to quantify the number of cases. As an example, however, the Sexual Assault Referral Center in Perth, Western Australia, servicing a total population of a little over a million, has approximately 800 new cases reported each year.

The incidence of reported male rape seems to be increasing. Generally men are most at risk when placed in all-male environments, such as prison.

B. Sex Workers (Prostitution)

The act of prostitution has never been illegal in Australia. But during the last decade of the 19th century and the first decade of the 20th century, a range of legislative measures were enacted that made most prostitution-related activities illegal.

In the state of Victoria and the Australian Capital Territory, prostitution-related activities have been decriminalized and legislation enacted to provide for the lawful conduct of business. In all other states and territories, "living off the earnings or keeping premises for the purposes of prostitution" are illegal. [*Update 2002*: A change in legislation in Western Australia is currently passing through the Parliament, and it is anticipated that by 2003, sex workers will be able to operate legally under certain restrictions. These restrictions deal mainly with the placement and operation of brothels and health issues. (*End of update by R. Coates*)] In most states, a policy of "control and containment" is operated through the local police (generally the vice squad). Through this policy, the number of brothels are limited, independent operators are closed down, and the workers in the brothels are required to undergo monthly medical checks. All workers must have a current health statement saying they are disease-free. Any worker who has an infective disease is not permitted to work. There is a very high level of condom usage, with most workers charging substantially more if a client insists on sex without a condom. Many workers, however, have a technique for rolling on a condom, using their mouths and without the client's being aware.

Workers have their own magazine and newsletter that is aimed at being both informative and entertaining. There are also community organizations that provide support and information for people in the sex industry.

C. Pornography and Erotica

Since the 1970s, the dominant trend has been toward liberalization, facilitating the availability of sexually explicit material. Since 1971, principles applying to the classification and censorship of films, videos, and printed material have been generally agreed on by federal and state governments, thus abandoning the attempt to prohibit pornography. These principles relate to age, public offensiveness, consumer protection, and sexual violence against nonconsenting persons. Material classified as "restricted" may only be sold in designated areas of news agents and specialist shops, or be sealed if on open display. Films with a "restricted" category may not admit minors under the age of 18 years. One state does not permit "restricted" films to be shown on a Sunday—a rather anachronistic situation.

Much of the material is imported, although Australia also has an active production industry. It is claimed that the Australian Capital Territory has the most liberal attitude and, hence, is the source of the majority of locally produced material. This claim has not be substantiated.

Recently, in at least one state, consideration has been given to the need for, or indeed the feasibility of, monitoring pornographic material obtained through computer sources.

9. Contraception, Abortion, and Population Planning

A. Contraception

According to Siedlecky and Wyndham (1990), there have been six successive waves of contraceptive innovation in Australia; the main methods used in the early part of the century were condoms, douching, withdrawal, and abortion. Later, quinine pessaries and other spermicides were the most-used methods. By the late 1940s, the diaphragm, first introduced in the 1920s, became popular, and the intrauterine device during the 1950s and early 1960s. The introduction of the oral contraceptive in 1961 dramatically increased the number of women using contraceptives.

Oral contraception is still the most frequently used method for Australian women under the age of 30. Older women tend to return to more traditional methods (especially the diaphragm, following adverse reports about IUDs and the pill). However, couples are increasingly choosing sterilization, with more than 50,000 men and women undergoing sterilization per annum (Siedlecky & Wyndham 1990).

Depo-Provera has not been approved by the Australian Drug Evaluation Committee (ADEC) and is, therefore, still officially on trial, although it has been used for 20 years for the treatment of cancers of the breast, uterine lining, and kidney. As the drug is commercially available, the ADEC has indicated that if physicians have strong reasons for prescribing its use as a contraceptive, then they may do so. Its use in this manner has been controversial and is opposed by feminist groups. The short- and long-term side effects are not known, and indiscriminate prescription without adequate information, documentation, and follow-up for clients—particularly its disproportionate use among disadvantaged women (institutionalized, blacks, migrants, and intellectually disabled)—has given rise to controversy.

Currently, a variety of contraceptives is readily available to most Australians. The most accessible are condoms, which are sold in supermarkets as well as pharmacies and "sex shops." Oral contraceptives have been available, on prescription, in Australia since the early 1960s, and an upward trend in the age of marriage has been attributed to its widespread use (Siedlecky & Wyndham 1990). [*Update 2002*: In 2002, there have been more positive moves for the acceptance of "the morning after" pill. (*End of update by R. Coates*)] The Family Planning Association provides accessible contraceptive advice and prescriptions. School-based education programs generally offer contraceptive information as part of the curriculum.

B. Teenage Pregnancy and Abortion

With regard to adolescent contraceptive behavior, Condon (1992) notes that approximately 25% of 15- to 19-year-olds become pregnant. Forty percent of these choose to terminate the pregnancy, which indicates that the pregnancy was unplanned and that contraceptive measures were either not used or failed.

C. Abortion

It is estimated that, despite restrictive laws, approximately 60,000 abortions are performed annually in Australia (Siedlecky & Wyndham 1990). Regulation of abortion is a matter of state legislation. During the 1960s, abortion-law reform groups were established in all states. This was often associated with the establishment of Family Planning Clinics and pro-choice, women's health services. The struggle to liberalize the laws has been ongoing and not very successful. In 1969, South Australia was the first state to make abortion legal. The Northern Territory adopted similar legislation. In other states, wider interpretation of the laws has made abortion easier to obtain and lawful under certain circumstances. The reason is that the Australian judiciary has supported principles established by common-law decisions—for example, the Bourne case in England in 1938, in which the judge stated that abortion was lawful if performed in good faith and for the purpose of preserving the life of the mother, which is interpreted to mean not only her physical existence, but also her physical and mental health. However, in some states there have been no test cases and no precedent set, and the situation is far from satisfactory for all concerned.

Surveys of public opinion indicate that most people think that abortion should be legally available for a range of indications (Graycar & Morgan 1990; Anderson 1986). The Royal Commission on Human Relationships (1977) provided the most comprehensive account of all aspects of sexual and family behavior in Australia in the 1970s, and recommended abortion-law reform. The antiabortion lobby, represented mainly by the Right to Life Group, became organized in the early 1970s to defend the status quo against the push for legislative change from abortion-law reform groups. During the 1980s, attacks began with renewed vigor following activities in the United States and the introduction of more restrictive legislation. Activities have continued with picketing of abortion clinics and attempts at legislative change—for example, a campaign to withdraw rebates for termination procedures from the national health insurance.

In summary, it may be said that Australian women have sought abortion as a solution to unplanned pregnancy for at least the past 100 years, in spite of the legal restrictions and prevailing moral attitudes. Restrictive abortion legislation does not save more babies but rather loses more mothers. The decline in morbidity and mortality arising from abortion has been a result of better techniques, use of blood transfusion and antibiotics, but also from changes in attitudes that have brought abortion into the open and allowed women to obtain earlier operations. There is still reluctance to allow women to decide for themselves, and abortion is likely to remain a contentious issue (Siedlecky & Wyndham 1990, 101).

D. Population Planning Programs

The documented history of population planning in Australia began with white settlement. It commenced with attempts to control Aboriginal populations through murder, the removal of children from their parents, and deliberate attempts to "breed out." At the same time, campaigns for increasing the white population through active immigration programs and aggressively promoting the role of wife and mother were adopted. Political, legal, medical, and religious institutions conspired to reduce women's options and to prevent access to contraception. Despite this, Family Planning Organizations have an honorable and effective history throughout Australia.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Australian figures on the rate of sexually transmissible diseases are similar to the rates in other developed countries. The age groups most affected are those between 15 and 30. The most common infections are chlamydia, gonorrhea, genital herpes, HIV, genital warts, syphilis, and hepatitis B. Penicillin-resistant gonococcal infection is on the increase.

Health and education services are generally good in the major cities and towns, however, many rural areas are dependent on local general practitioners. Practitioners, especially in the designated STD (Sexually Transmitted Disease) clinics, are cognizant of the need to establish patient rapport and trust. Counseling is provided in government clinics, as well as education.

Control of infection is mediated through preventative measures, the provision of expert services, and through expeditious contact tracing. Most STDs are reportable and a national register is maintained for epidemiological purposes. The data is published through the federal health agency in the *Community Disease Intelligence*.

The rate of infection among the indigenous population is higher than in the nonindigenous population for a number of reasons, including reduced access to education, poor living conditions, and generally lower standards of healthcare.

B. HIV/AIDS

Australia was one of the first countries to recognize the serious public health risk posed by HIV/AIDS, and instituted health promotion strategies very early. In addition, resources were allocated to both private and public organizations to cater for those who were already infected and to target those who were considered to be most at risk. Despite pockets of resistance and some cases of extreme bigotry, the overall strategy has proved to be relatively successful. The predicted rates of infection for the end of the 1980s suggested a doubling of newly diagnosed cases, when in fact there has been a slight decline.

As of December 1992, the cumulative number of diagnoses of HIV infection in Australia was 16,788, with 82% being classified as acquired through homosexual/bisexual contact, 4.9% through intravenous drug use, and 2.8% through homosexual/bisexual contact and intravenous drug use. Six percent of infections were acquired through heterosexual sex and 3.4% were infected through blood transfusion. The cumulative total of women diagnosed was 408 and the number of children was 92. The current rate of new diagnosis is approximately 96 per 100,000 (*Australian HIV Surveillance Report*, April 1993).

Although HIV infection is recognized as a serious risk, knowledge and education does not always translate into changed behavior and attitudes. High-risk groups that need particular attention are those homeless young people who are associated with prostitution and drug use.

[*Update 2002*: UNAIDS Epidemiological Assessment: Australia was among the first countries in the world to report AIDS cases. Retrospective analyses of epidemiological data indicate that HIV incidence peaked in 1984, followed by a rapid decline. This trend has continued in the 1990s, with a decrease in reported AIDS cases from 955 in 1994 to 212 in 2000. This decline in incidence is projected to continue. The decline in AIDS diagnoses since 1996 has been much more rapid than originally predicted in the mid 1990s. It is now clear since around 1996, that the additional decrease in the number of AIDS diagnoses is because of the use of effective combinations of antiretroviral therapy for the treatment of HIV infection. Annual reported diagnoses of HIV infection have also declined steadily, from more than 2,308 in 1987 to about 723 in 2000. An estimated 12,000 people were living with HIV/AIDS in Australia at the end of 2001. The proportion of women among reported cases has been gradually increasing, from 0% in 1983 to 10% in 2000. HIV infection in children remains rare.

[Overall rates for other STDs have declined since the mid-1980s, with particular reduction among high-risk groups, such as male homosexuals and female sex workers. However, rates of STD among indigenous populations continue to be substantially higher than in the nonindigenous population by a factor of 10 to 100 times.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	12,000	(rate: 0.1%)
Women ages 15-49:	800	
Children ages 0-15:	140	

[Less than 100 adults and children are estimated to have died of AIDS during 2001.

[No estimate is available for the number of Australian children who had lost one or both parents to AIDS and were under age 15 at the end of 2001. (*End of update by the Editors*)]

11. Sexual Dysfunctions, Counseling, and Therapies

The incidence of sexual dysfunction in the community is unknown. There are, however, a number of dysfunction services, both private and public. Community-based resources include organizations such as Rape Crisis Centers, Incest Survivor's Association, Women's Health Centers, Migrant Health Centers, Gay and Lesbian Counseling Services, various AIDS organizations, Marriage Guidance, and the Family Planning Associations. These all provide both crisis assistance and counseling services to varying degrees. All of these organizations are restricted by lack of satisfactory funding, since they are dependent upon government grants and fund-raising activities.

It is difficult to quantify the number of practitioners who specialize in sexual counseling and therapy. There are two major organizations that attempt to bring these practitioners together: the Australian Society of Sex Educators, Researchers, and Therapists and the Western Australian Sexology Society. In population terms, the state of Western Australia is much smaller than the Eastern states; however, it appears to be the trailblazer in sexology and has a well-coordinated network of practitioners and resources.

12. Sex Research and Advanced Professional Education

A. Advanced Education

There is only one university-accredited postgraduate program in sexology in Australia; This is offered through the Division of Health Sciences at Curtin University of Technology in Western Australia. The program was established in 1979 by this author. [*Update 2002*: Students have the option of taking a master's-level program focusing on sexual counseling and therapy or on forensic sexology. The latter is believed to be a world first. The unit also offers supervision for research students at the master's and Ph.D. levels. The duration of the coursework for the master's programs is three semesters, for the research master's, four semesters, and for the doctorate, a minimum of four semesters. (*End of update by R. Coates*)]

Throughout the Australian university system, various professional programs, such as social work, medicine, nursing, and psychology, provide some elements of sexology in their courses. However, other than the options offered through Curtin University, there is no systematic and comprehensive program for students in the health and helping professions, nor in education.

In 1992, the Australian College of Veneriologists, in collaboration with the Australian Society of Sex Educators, Researchers, and Therapists, offered a program in sexual health counseling. These two organizations provide participants with a diploma on completion.

The Family Planning Association of Australia offers regular training programs for medical practitioners and nurses. In addition, ad hoc programs are offered for professionals and nonprofessionals. The Family Planning programs are nationally accredited and various professional organizations recognize these for continuing education credits. Address: Family Planning Australia, Inc. Lua Building, Suite 3, First Floor, 39. Geils C, P.O. Box 9026, Deakin, ACT 2600 Australia (Phone: 61-6/282-5298. Fax: 61-6/285-1244). The address for Family Planning Victoria is: 266-272 Church Street, Richmond 3121 Australia (Phone: 61-3/429-1868).

The address for the Australian Association of Sex Educators, Counselors, and Therapists is: P.O. Box 346, Lane Cove NSW, 2066 Australia (Phone: 61-2/427-1292).

B. Research

Most of the research dollars and interest have tended to be in the areas of fertility (control and enhancement) and in the area of HIV/AIDS. In-vitro fertilization programs have had a prominent profile and work is undertaken in several states.

Of the research that has been undertaken to examine behaviors or attitudes, few have been based on random samples. Most studies have been limited to small, targeted, and often self-selected samples, and frequently relatively unsophisticated survey instruments have been used.

Several areas of current research suggest new political agendas. For example, funded surveys that have used whole population samples have looked at practices and attitudes surrounding HIV/AIDS, STDs, fertility, and reproductive technology.

The address for the Australian Society of Sex Educators, Researchers, and Therapists is: 21 Carr Street, Coogee, New South Wales 2034 Australia.

The address for the Western Australian Sexology Society is: c/FPA, 70 Roe Street, Northbridge, Western Australia 6000 Australia.

The Journal of Sex and Marriage and the Family, published by the Family Life Movement of Australia, recently changed its name to the *Australian Journal of Marriage and Family*.

Four other Australian journals publish articles of interest to sexologists: *Australian Forum*, published bimonthly by Gordon and Gotch; *Healthright*, published quarterly by Family Planning Australia, New South Wales; *Australian and New Zealand Journal of Family Therapy*, published quarterly by the Family Therapy Association, South Australia; and *Venerology*, published quarterly by the National Venerology Council of Australia.

Conclusion

The nonindigenous people of Australia reflect the cultural attitudes and behaviors of their predominately European origins. There are variations because of the cultural mix; however, the dominant religions, legislation, and education are essentially Western, and public sexual morality reflects the values of these institutions.

ABORIGINAL AUSTRALIA

Aboriginal traditions are complex and varied. There are elements of the culture that are the exclusive province of certain individuals or groups and are not permitted to be revealed to others. Sensitivity on sexual matters has precluded any extensive anthropological study. The major, detailed work is that of Ronald and Catherine Berndt, who spent more than 30 years observing, participating, and documenting Aboriginal cultures in the northern regions of Australia.

It is impossible for a non-Aboriginal person to present cultural traditions accurately, and it would be impertinent to try. Through the assistance of Dr. Robert Tonkinson, Professor of Anthropology at the University of Western Australia, I present below some examples of traditional Aboriginal practices. There is no attempt to be inclusive nor comprehensive, and the material should not be viewed as generalizable, nor necessarily current.

The concept of the Dreaming is of fundamental importance to Aboriginal culture and embraces the creative past—where ancestral beings instituted the society—the present, and the future. The Aboriginal worldview integrates human, spiritual, and natural elements as parts of the whole and is expressed through rituals (Tonkinson 1991).

While the basic social unit is the family, there is a complex system of classificatory kinship that dictates marriage rules. Kinship status imposes responsibilities and behaviors toward other kin. A basic feature of the kinship system is that the siblings of the same sex are classed as equivalent, so that, for example, the sisters of a child's mother would all be classed as "mother." The children of one's parents' siblings would, therefore, be classed as "brothers" and "sisters." Through this system, kinship may be extended to include people who do not have a blood relationship.

The moiety system of social classification provides correct intermarrying categories, although it does not determine marriage partners. Within moieties, there are groupings which, for want of a better word, have been classified as "clans," although a more accurate translation of the words used by the people themselves might be "crowd" or "lot." A clan is usually identified by an association with a natural species, for example, the barramundi clans (named after a species of fish), or Eaglehawk. Each clan has a dialect and each person is a member of one linked dialect-clan pair, which is that of her or his father. This categorization has significance in all aspects of social activity and includes specific mythic and ritual knowledge and beliefs. The clan indicates territorial possession as well as belief system. Membership of the dialect-clan group defines a person's social position, as well as their belief system (Berndt 1976).

A traditional Aboriginal view of sexuality is that it is a natural urge to be satisfied. It has symbolism beyond the individual, being linked to fertility in all its manifestations. Representations of sex, through songs, dances, and paintings, relate to the human activity and to seasonal change, to the growth and decay of plants, and to the regeneration of nature. Reproduction of humans and of the natural world is vitally important, and obedience to ancestrally ordained laws is the responsibility of adult humans. The correct performance of rituals guarantees continuity of life-giving power and fertility from the spiritual realm (Tonkinson 1991).

1. Gender Relationships

In traditional Aboriginal societies, there was a pervasive egalitarian ethos that placed every adult as the equal of others of the same sex. The operation of the kinship system exerted an overall balance in male-female relationships (Tonkinson 1991). Earlier ethnographers have tended to present Aboriginal culture as a traditional male-dominant, female-subordinate, hunting and gathering society (Warner 1937; Parsons 1964). It has been argued, however, that this view is a narrow one generated through the androcentricity, and possibly the ethnocentricity, of the authors (Merlan 1988). Other authors have emphasized the complementary nature of gender roles, without conflict (Berndt 1980). The complexity of the Aboriginal worldview and the concept of the Dreaming may have contributed to the differing perspectives of the ethnographers. The Dreaming, which contains the lore of creation and the permanence of the interrelationship of all things, is maintained through the different contributions to it made by women and men. Women's narrative of the Dreaming deals with the rhythms of family life, while men's narrative deals with the rhythms of the life of the whole group. Thus, there are male and female domains that are connected and complementary.

Gender difference is a significant aspect of Aboriginal symbolism, and consequently, there are gender-specific rituals. Many rituals relate to productive activities and utilize parallel symbols, for example, the *woomera* (throwing stick used by males when hunting) and the digging stick (used by females when gathering insects). Certainly, men and women share a sense that both "men's business" and "women's business" are indispensable (Merlan 1988).

Specific areas are designated for men's rituals and women's rituals, and women and men are excluded from each other's sites. Physical punishment would be incurred if there was intrusion into the domain of the opposite gender; however, the depth of meaning associated with the rituals ensures that the power of suggestion preserves sanctity. Because both men and women have ritual domains, there is a strong sense of propriety, and self-esteem is derived from this (Merlan 1988). While much ritual activity involves both sexes, mature men control both the ritual proceedings and the scheduling of activities.

2. Sexual Ceremonies and Rituals

A. Puberty Rituals

Initiation ceremonies assisted the transition from childhood to adulthood with highly elaborated rituals for boys. Modeled on death (of the boy) and birth (of the man) they dramatized separation from women, in particular from the mother. Rules of kinship dictated the allocation of roles and responsibilities in initiation as in all social behavior. Guidance, reassurance, and support were guaranteed, as was chastisement if rules were broken.

For females, puberty rites were simple. The transition to adulthood was based on sexual maturation and included sexual activity. However, menarche, marriage, and childbirth have not been ritualized or publicly celebrated in Aboriginal societies.

B. Defloration

Ritualistic defloration was practiced in some parts of Australia, but no longer occurs. Ceremonies varied; however, one example dating back to the 1940s has been described by Berndt, and related to people from the northeastern region of Arnhem Land. Girls who were to undergo the ritual were called "sacred" and deemed to have a particularly attractive quality. The men made boomerangs with flattened ends, to be used as the instrument of defloration prior to ritualistic coitus. Men, girls, and boomerangs were smeared with red ocher, symbolizing blood. A special windbreak or screen was prepared for the girls, the entrance of which was called the sacred vagina. The screen was intended to prevent men from seeing "women's business."

Prior to her defloration, a girl may have lived in seclusion for a period of time with certain older women, observing food taboos. The older women taught the girls songs, dances, and sacred myths. At the end of the seclusion period, there was a ritual bathing at dawn.

In some areas, a girl may have lived in her intended husband's camp for a period of time. After the seclusion period, she would be formally handed over to her husband and his kin, and the marriage consummated.

In other areas, a girl may have been unaware that her marriage was impending and be seized by her intended husband and his "brothers" while she was out collecting food with the older women. Her husband's "brothers" had sexual rights to the girl until she had settled down in his camp (Berndt & Berndt 1988).

Earlier anthropological reports (Roth 1897, cited in Berndt 1988) described rituals that have involved the forced enlargement of the vagina by groups of men using their fingers, with possum twine wound round them or with a stick shaped like a penis. Several men would have intercourse with the girl and later would ritually drink the semen. Mitigating this was the second part of the ritual which allowed dancing women to hit men against whom they had a grudge with fighting poles without fear of retaliation.

C. Circumcision

Circumcision was a common, though not universal, practice. In many areas, Aboriginal men believed that the uncircumcised penis would cause damage to a woman, which was one reason why sexual activity of an uncircumcised boy was viewed negatively. Rituals associated with circumcision were secret and sacred and were considered "men's business." Full details have not been disclosed to outsiders and what is offered here are those aspects that are permitted.

Women danced close to the circumcision ground but were not permitted to watch. During totemic rituals, the boy who was about to be circumcised was present, but often could not see what was going on. It was at that time that he was told the meaning of the songs. Just before dawn, he would be led to a group of older men who used their bodies to form a "table" upon which the young boy was placed. After the circumcision, the boy returned to his seclusion camp and the rest of the group moved to another campsite, as happened after a death. In some areas, the foreskin was eaten by older men, in others the boy wore it in a small bag around his neck; in others it might have been buried.

There were a number of postcircumcision rites that included the young man's being taken on a journey around his totemic country.

At a later stage, subincision may have taken place. Again, the initiate was taken into seclusion and, later, the procedure conducted using the human "table." The partially erect penis was held up and the incision made on the underside. Subincision of the penis was regarded as the complementary right to defloration. Stone blades were prepared while thinking of coitus, and it was believed that semen flowed more rapidly after subincision (Berndt & Berndt 1988). Subincision had religious validation, proved in many areas through reference to the penile groove of the emu or the bifid penis of the kangaroo. Subincision was not for contraceptive purposes, as was commonly believed by nonindigenous people. In fact, in many areas, semen was not credited with having a role in procreation. In all areas of Australia, spiritual forces were believed to be central to procreation. Physiological maternity, as well as paternity, was denied, with the belief that a plant, animal, or mineral form, known as the conception totem, was assumed by the spirit-child, who then entered its human mother (Tonkinson 1991).

D. Courtship and Marriage

Rules of kinship restricted sexual freedom and set the parameters for selection of spouses; however, premarital and extramarital sex was appropriate. It is expected that everyone marries. Marriage rules may give the impression that there was no room for the concept of "romantic love" in Aboriginal traditions. However, an insight into the nature of male-female sexual relationships may be obtained through some of the traditional myths, often expressed in song cycles. These include reference to affection, as well as physical satisfaction and mutual responsibility. The songs make explicit reference to circumcision rituals, to menstruation, semen, and to defloration.

One ritualistic means of courtship is reported through the Golbourn Island song cycles (Berndt 1976). In the songs, young girls engage in making figures out of string, the activity causing their breasts to undulate: This and the figures they make are designed to attract men. Undulation of the buttocks was also used, along with facial gestures, that indicate a girl was willing to meet a boy in a designated area. These activities usually occurred around the time of menarche. Menstrual blood had an erotic appeal for men and some sacred myths allude to that theme. Menstrual blood was also seen as sacred, and, by extension, women were sacred during their menstrual period.

In song and dance, intercourse and erotic play is celebrated as joyful and beautiful. Intercourse has significance as it maintains populations, both human and nonhuman, and therefore produces food. It is through intercourse that the seasons come and go, and it is only through the changing of the seasons that plants can grow.

Infant betrothal was an important aspect of Aboriginal cultures and was often associated with men's ritual activities, especially circumcision. In the Western desert region, for example, the main circumciser had to promise one of his daughters to the novice in compensation for having ritually "killed" him.

Girls were often given to their husbands while still prepubertal, but coitus did not usually commence until her breasts had grown. In this context, girls may have had their first sexual experience by the age of 9 and boys by the age of 12.

Standards of beauty or attractiveness varied; however, obvious physical disabilities were seen to be a disadvantage and, similar to Western culture, youth is most highly valued.

E. Love Magic

The use of songs, dances, and other rituals were used to attract a prospective lover or to rekindle passion in an existing relationship. Members of either sex employed love magic, which was thought to cause the person who was the object of it to become filled with desire. On occasions, a large-scale ritual dance of an erotic nature was used as a general enhancement of sexuality. Both sexes were involved, although the pairs of dancers who simulated intercourse were of the same sex. The intention, however, was aimed at arousing heterosexual desires (Tonkinson 1991).

3. Contraception and Abortion

Traditionally, the Australian Aborigine, like other hunting and gathering societies, had low levels of fertility. Ethnographers have found little evidence of plant contraceptives or abortifacients. There is no evidence of infanticide ever being used.

Current fertility rates among the indigenous population is lower than in the nonindigenous population. This, in part, may be because of the generally lower levels of healthcare and standards of hygiene, and the higher levels of STD infections, all because of a serious neglect on the part of successive governments.

4. Homosexuality, Bisexuality, and Gender Diversity

The Berndts (1988) have commented that the traditional way of life placed so much emphasis on heterosexual relationships that there has been little evidence (to ethnographers) of other modes of sexual expression. They do, however, mention that "homosexual experimentation and masturbation" are reported among boys and young men when temporarily segregated from the women. Berndt goes on to say that examples of female homosexuality is even more rare and that "the close physical contacts which Aborigines indulge in are deceptive in this respect" (Berndt & Berndt 1988, 195).

Contemporary urban life has demonstrated that homosexuality is known among the Aboriginal community, with gay and lesbian Aboriginals participating in the local gay culture.

There is no evidence in the literature of gender dissonance in traditional Aboriginal cultures.

5. Incest

The kin relationship, rather than a biological one, dictates the incest taboo (Tonkinson 1991). In traditional societies, the incest taboo extends to all the members of one's own moiety, with certain exceptions during sacred rituals. For example, during the defloration ceremony, a man inserts the defloration boomerang into a woman whose formal relationship to him is roughly the equivalent of his wife's mother; he then has coitus with her as a sacred ritual considered important from the point of view of fertility.

As mentioned previously, there is current concern that the incidence of child sexual abuse is increasing among the Aboriginal population. This may well be as a consequence of dislocation from traditional structures.

6. Education

Apart from the services available to all, there are a number of services specifically for Aboriginal populations. These include infant and maternal health and welfare services, fertility counseling, and STD and HIV/AIDS education programs. Nevertheless, there is a greater need for services to be extended, relevant, and accessible.

Summary

Some aspects of Australian Aboriginal cultures have been presented within the context of traditional societies. The majority of Aborigines living in Australia today have had their cultural heritage eroded by the dominant migrant culture and the urbanization of certain regions. Current attitudes and sexual behaviors are influenced by Western religions and Western law. The attitude of earlier generations of migrants has left Australian Aborigines with a shorter lifespan, lower fertility rates, and higher rates of infant mortality and sexually transmitted diseases than non-Aboriginal Australians. Various governments and other agencies are attempting to ameliorate this situation; however, there is still a long way to go to achieve equity and to dismantle prejudice.

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". . . a book that is truly historic, and in many ways comparable to the great sexological surveys of Havelock Ellis and Alfred Kinsey. . . . Many works of undeniable importance are intended to speak about human sexuality. But in this encyclopedia we hear the voices of a multitude of nations and cultures. With coverage of more than a quarter of the countries in the world, . . . not only will the *Continuum Complete International Encyclopedia of Sexuality* remain a standard reference work for years to come, but it has raised the bar of sexological scholarship to a rigorous new level."—John Heidenry, editor, *The Week*, and author of *What Wild Ecstasy: The Rise and Fall of the Sexual Revolution*

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