

**THE AGE OF CONSENT
AND GAY MEN IN NEW SOUTH WALES**

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Executive Summary

The age of consent as it now stands for gay men in New South Wales is 18 years of age. This is in contrast to the age of consent for heterosexual people and lesbians. This report evaluates the proposal that the age of consent be equal regardless of gender or sexual orientation. In order to make the age of consent equal for all means changing the age from 18 to 16 for gay men. The reasons for this change derive from social justice arguments, a substantial review of the psycho-social literature, and from our empirical research on young gay men and on the health, welfare, and counselling professionals who provide services to them.

Age of consent in Australia

There are divergent ages of consent throughout Australia at present. There are sometimes different ages of consent within jurisdictions based on gender or sexual orientation (as in NSW), by specific acts, or in terms of the context in which certain specific acts take place. In all states the consent of the young person remains irrelevant.

The NSW homosexual male age of consent legislation stands alongside West Australia and the Northern Territory as one of the least liberal in the nation.

Homosexual age of consent internationally

Most of the OECD-type nations, all of the Western European democracies, and the majority of the former communist states in Eastern Europe and the Balkans

have significantly more progressive homosexual age of consent measures than NSW. The Netherlands has the most liberal age of consent. In a sample of 50 nations where male homosexuality is legal only 7 had an age of consent similar to or higher than NSW for gay men.

Primary arguments against equalising the age of consent

Our research found that the primary arguments against equalising the age of consent were

- More young men are likely to be exposed to older sexual predators
- Young men will be more likely to experiment with homosexual activity and are likely to be seduced and “converted” to an unwanted homosexual lifestyle
- Young men will be encouraged to engage in homosexual activity at an earlier age
- Because young men will be encouraged to have sex at an earlier age this will lead to higher rates of HIV infection
- Homosexuality is pathological; therefore the longer it is delayed the better.

We also found a proposal to equalise the age of consent but to raise it to 18 for everyone.

In evaluating these proposals we found no peer-reviewed empirical evidence to support any of these positions. Indeed each of these assertions has been challenged by published academic research. The empirical evidence from this project also challenged these assertions.

Primary arguments in favour of equalisation

These arguments were compiled from an analysis of a range of sources including -- Parliamentary briefing papers; Royal Commission submissions; public endorsements from relevant professional organisations; local and international peer-reviewed academic research and the findings of our own empirical research with young gay men in NSW, and health, welfare, and counselling professionals providing services to that population.

UNEQUAL AGE OF CONSENT REPRESENTS DIRECT DISCRIMINATION AGAINST YOUNG MEN

- Current NSW legislation, by setting the general age of consent at 16, already concedes that young men are of sufficient maturity to consent to sex. No where is it claimed that young gay men are any less mature than young heterosexuals -- and an examination of the findings of contemporary developmental psychological research indicates that there is no reason to believe that young gay men are any less capable of reasoned consent than their heterosexual peers.

CURRENT LEGISLATION PROVIDES TACIT SUPPORT TO EXTANT HOMOPHOBIA --

ADDING TO THE OPPRESSION OF YOUNG GAY MALES

- Most young gay men in NSW grow up in a decidedly homophobic environment, facing many threats to their psychological and physical well being.

- As a result young gay men are at a very high risk of committing suicide (up to 300% more at risk than their heterosexual peers). It is by far the leading cause of death for young gay men.
- In such a climate it would be prudent to review any legislation which might offer even tacit support to homophobic elements and which negatively impacts on the social integration and psychological health of young gay men.

THE HIGHER AGE OF CONSENT SETS UP BARRIERS TO ESSENTIAL PUBLIC HEALTH, WELFARE AND EDUCATIONAL PRACTICE

- Researchers the world over have documented the impediments imposed by unequal age of consent legislation on such essential services. They also note that such impediments are especially problematic in the light of the fact that for young gay males the mid teens form a developmental stage at which information, education and support are of the utmost importance.
- NSW health, welfare, and counselling professionals interviewed in this study all reported significant difficulties with providing information and support around sexuality issues to young gay males by virtue of the fact that this could be viewed under NSW law as aiding and abetting a criminal activity -- leaving them potentially open to prosecution and de-funding.

CURRENT LEGISLATION ABETS CORRUPT LAW ENFORCEMENT PRACTICES AND POSSIBLE EXTORTION OF YOUNG GAY MEN

- This concern was voiced repeatedly by Justice Wood in the 1997 Royal Commission into the NSW Police Service.

THE UNEQUAL AGE OF CONSENT CREATES POTENTIAL (AND UNNECESSARY)

DIVISIONS WITHIN AN OPPRESSED GROUP

- One salient effect of the current legislation consistently noticed by workers involved in groupwork with young gay men is the reticence of gay men in the 18-25 year age group to engage socially with 16 and 17 year olds. This reticence was almost certainly due to fear of innuendo and possible legal ramifications and works to divide 16 and 17 year old gay men from the friendship, wisdom and survival skills older men might offer.

CURRENT LEGISLATION LEADS TO THE POTENTIAL CRIMINALISATION OF A GROUP OF YOUNG PERSONS WITH NO MEASURABLE BENEFIT TO THEM OR WIDER SOCIETY

- There is no evidence to demonstrate the benefits of a higher age of consent for young gay men. Moreover, sexually active 16 and 17 year old men are potentially and some actually criminalised by the application of current legislation. With criminalisation a range of concomitant negative effects comes into play.

Professional organisations' support for equalising the age of consent

Significant and reputable domestic and international bodies, including the British Medical Association, have argued the case that the age of 16 constitutes a sensible age of consent across the board, regardless of gender, sexuality or other factors.

Domestic organisations favouring equalisation of the age of consent at 16 years across the board include:

- The South Australian Police Force;
- The Child Health Council of South Australia;
- Westmead Hospital and Community Health Services (NSW);
- The Federation of Community Legal Centres; and
- The National Children and Youth Law Centre
- Queensland Psychologists for Social Justice

Since the 1960s the majority of European Commissions recommended across the board equalisation at 14 years, three recommended equalisation at 15 years and just one recommended equalisation at 16 years. European professional, academic and religious associations that have called for an across the board age of consent set at 14 years include:

- The German Sexological Association
- The Howard League for Penal Reform (UK)
- The National Council for Civil Liberties (UK)
- The Catholic Youth Council (The Netherlands)
- The Dutch Bar Association
- The British Criminological Society

Australian Royal Commissions

All of the following have made recommendations that the age of consent be equalised at 16 years or lower.

- Wood Royal Commission 1997
- Model Criminal Code Officers Committee (1996)
- Model Criminal Code Officers Committee (1999)
- QLD Parliamentary Criminal Justice Committee (1990)
- Royal Commission on Human Relationships (1977)

No Royal Commission or Government Inquiry in the last 30 years has argued for a higher age of consent for young gay males.

Conclusions

No substantial psycho-social evidence was found to support a higher age of consent for young gay men. The evidence supports the position that the age of consent should be equalised on the grounds that the current position is not only discriminatory against young gay men but is harmful in inhibiting their access to educational, health, and welfare services at a time when they need them most.

Introduction

Introduction

This report was commissioned by the Gay and Lesbian Rights Lobby Inc. and evaluates the proposal that the age of consent for young gay males in NSW be equalised with the age of consent currently operative for lesbians and all heterosexuals. For support it draws firstly on a substantial review of the psycho-social literature which deals with the many issues germane to the discussion of a suitable age of consent for young gay males.

Secondly, it draws upon qualitative empirical data gained from focus group research with young gay men in Sydney and from in-depth interviews with the health, welfare and counselling professionals who provide services to this population. The report also takes into consideration social justice arguments. The paper is comprised of 8 main sections:

- **Section One** details the research methodology employed in this study;
- **Section Two** sets out relevant NSW age of consent legislation;
- **Section Three** compares age of consent provisions across Australian jurisdictions;
- **Section Four** examines homosexual age of consent around the world;
- **Section Five** investigates the veracity of claims that equalisation of the age of consent will have several negative social effects – scrutinising each of these claims in the light of current empirical research;
- **Section Six**, in like manner, examines the principal arguments in favour of equalisation;
- **Section Seven** presents Australian Royal Commission findings and recommendations pertinent to this debate; and

- **Section Eight** lists public statements of domestic and international professional organisations directly relating to the homosexual age of consent.

Section One

The Research Process

The Research process

Initially the researchers conducted an extensive literature review incorporating:

- Peer-reviewed academic research;
- Governmental reports and inquiries;
- Royal Commission submissions and published recommendations;
- Published and unpublished reports from non-government organisations;
- Articles from the community press and magazines;
- Archival material from the collections of the State Library of NSW; and
- The world wide web.

Searches were conducted on the following academic CD-Rom and online databases --

ABI, Alternative Press Index, APAIS, Arts and Humanities Citation Index, Australian Family Resources, Australian Medical Index, Badger, Butterworth's Online, Casebase, Child Abuse and Neglect, CINAHL, CINCH, Commonwealth Legislation, Current Contents, Current Law Cases, Dissertation Abstracts International, Evidence-Based Medicine Reviews, Expanded Academic Full Text, Family and Society Abstracts, Family Studies Database, Health and Society Database, Humanities Index, Index to Theses, International Bibliography of the Social Sciences, The Lancet, Legal Journals Index, Medline, Nature, PAIS (US), Proquest, PSYCINFO, Reader's Guide to Periodicals, Social Science Citation Index, Social Sciences Index, Social Work Abstracts, Sociological Abstracts, Web of Science, and Women's Resources International.

From these sources a relatively small amount of relevant material emerged. This absence of empirical and theoretical research on the issue was significant in revealing just how little serious academic and social debate had occurred. The issuing literature fell mainly into the following categories:

- Concrete political and legal analyses of the NSW/Australian situation;
- Essentially moral/philosophical accounts of past debate around age of consent controversies;

- Papers and articles on the ramifications of unequal homosexual ages of consent (and other related legislation such as Section 28 in the UK) on education/health provision to young gays; and
- A large volume of research on the sexual behaviour of young gay men--almost invariably focussing on risk of exposure to HIV/AIDS.

Particularly noticeable (and lamentable) was the lack of rigorous research into the psychosocial issues facing young gay males (very little of this dealing with under 18's). Moreover, we found an almost complete dearth of research designed to allow the subjective voices of young gay men to be heard. Most extant research tended to take the form of highly quantitative accounts of sexual behaviour (for example, Connell et al 1989; Connell and Kippax 1990; Crawford et al 1998; Davies et al 1992;

Ekstrand and Coates 1990; Evans et al 1993; Van de Ven et al 1997). As for the desires, feelings, intentions, and aspirations that bring about, accompany, and circumscribe this sexual behaviour comparatively very little has been written.

In addition to this comprehensive review of materials, we undertook modest empirical research in the form of qualitative focus group research with young gay men in Sydney and also in-depth interviews with some health, welfare and counselling professionals who provide services to this population. This approach was designed to yield interesting and pertinent data as well as remedying the lack of attention paid to the subjective experience of young gay males living under such legal constraints. It should be noted that more extensive qualitative and quantitative data could have been collected, however this would have been outside the project's brief and resources.

Focus groups conducted by the researchers were drawn from populations using the services of 2010, ACON, and the Sydney Mogenic Collective. Individual health, welfare,

and counselling professionals from ACON, 2010, and the Gay and Lesbian Counselling Service were also interviewed.

Section Two

NSW Age of Consent Legislation

NSW Age of Consent Legislation

Two sections of the *NSW Crimes Act* (1900 No 40, updated 3 October 2001) determine the age of consent under the law in this state--respectively sections 66c and 78k. Section 78k deals with male homosexual intercourse. Here are the relevant sections presented in full:

NSW Crimes Act, Section 66c Sexual Intercourse--child between 10 and 16.

- (1) Any person who has sexual intercourse with another person who is of or above the age of 10 years, and under the age of 16 years, shall be liable to imprisonment for 8 years
- (2) Any person who has sexual intercourse with another person who:
 - (a) is of or above the age of 10 years, and under the age of 16 years, and
 - (b) is (whether generally or at the time of the sexual intercourse only) under the authority of the person, shall be liable to imprisonment for 10 years.

NSW Crimes Act, Section 78k Homosexual Intercourse with male between 10 and 18.

- A male person who has homosexual intercourse with a male person of or above the age of 10 years, and under the age of 18 years, shall be liable to imprisonment for 18 years.

Definitions of Sexual Intercourse under the *NSW Crimes Act*:

NSW Crimes Act, Section 61h

Sexual intercourse means:

- (a) sexual connection occasioned by the penetration to any extent of the genitalia (including a surgically constructed vagina) of a female person or the anus of any person by
 - (i) any part of the body of another person

(ii) any object manipulated by another person,
except where penetration is carried out for proper medical
purposes, or

- (b) sexual connection occasioned by the introduction of any part of the penis of a person into the mouth of another person, or
- (c) cunnilingus, or
- (d) the continuation of sexual intercourse as defined in paragraph (a), (b) or (c)

Definitions of Homosexual Intercourse under the *NSW Crimes Act*

NSW Crimes Act Section 78g

Homosexual Intercourse means:

- (a) sexual connection occasioned by the penetration of the anus of any male person by the penis of any person.
- (b) sexual connection occasioned by the introduction of any part of the penis of the person into the mouth of another male person, or
- (c) the continuation of homosexual intercourse as defined in paragraph (a) or (b)

Also of interest here is **Section 61s: “Offenders who are minors”**. This section states that there is no minimum age at which one is considered incapable of having sexual intercourse and that minors may indeed be convicted of such offences as listed above.

Section Three

Homosexual Age of Consent in Australia

Homosexual Age of Consent Legislation in Australia

In the provision of each state's criminal codes the consent of the young person remains irrelevant to the sexual offences against children. There are widely divergent ages of consent throughout Australia at present. Moreover, there are sometimes different ages of consent within jurisdictions on the basis of gender or sexuality (as in NSW), by specific acts, or in terms of the context in which certain specific acts take place.

Victoria and the ACT

In Victoria and the ACT the age of consent is 16. Offences which apply make no distinction as to the gender or sexuality of the offender or victim (*Vic Crimes Act* sections 45-46; *ACT Crimes Act* sections 92E, 92K).

South Australia and Tasmania

In both of these states the age of consent for both homosexual and heterosexual sex is 17 years. Homosexual sex was prohibited in Tasmania until 1997 (*SA Criminal Law and Consolidation Act* section 49; *Tas Criminal Code* sections 124, 127).

New South Wales

In New South Wales distinctions in the age of consent are based on sexuality and gender: the age of consent for heterosexual and lesbian sex is 16 years; the age of consent for male homosexual sex is 18 years.

Homosexuality was decriminalised in NSW in 1984 (*NSW Crimes Act* sections 66C, 78K).

West Australia

In West Australia it is an offence to sexually penetrate a child under 16 yrs. The age of male homosexual sex is 21 years--one of the highest in the world. The age of consent for lesbian sex is covered by the general offence so the age of consent is 16 years (WA

Criminal Code sections 320-321 and section 332a). It should be noted that this position is currently under parliamentary review

Queensland

In Queensland the age of consent for vaginal intercourse is 16. The age of consent for anal intercourse with a male or female person is 18 years (Qld *Criminal Code* sections 208, 215).

Northern Territory

In this territory it is unlawful to have sexual intercourse or commit an act of gross indecency with a female under 16 years. For males it is unlawful to have sexual intercourse or commit acts of gross indecency with other males under 18 years. Moreover in the Northern Territory all homosexual acts committed in public are illegal irrespective of age (NT *Criminal Code* sections 128, 129, 132 and 188(2)).

The NSW homosexual male age of consent legislation thus stands alongside West Australia and the Northern Territory as one of the least liberal in the nation. With moves afoot in Western Australia to equalise the male homosexual age of consent at 16 years, NSW may soon take its place as one of the least progressive states in this area of criminal law.

It should also be noted here that this state of affairs is far from the outcome publicly envisaged by the NSW Labor Premier Neville Wran when he introduced legislation to legalise homosexual sex in 1984. At the time he contended that the disparity between male heterosexual and homosexual ages of consent was a short-term compromise to expedite the legalisation bill in the face of conservative elements on both sides of the house--one which would be remedied when any resultant controversy had died down. The disparity was not intended be a permanent state of affairs (Bolger 1998; Simpson and Figgis 1997, 1999). Premier Wran commented at the time:

The bill is not designed to cure all existing anomalies [specifically the unequal ages of consent] relating to homosexual practices contained in the Crimes Act. I would expect that such anomalies would in due course be the subject of a separate review of the Crimes Act as a whole (cited in Bolger 1998: 54).

Section Four

Homosexual Age of Consent Worldwide

Homosexual Age of Consent Worldwide

Table 1 sets out for a selection of nations the age at which persons of different sexual orientation are able to have sex legally. Obviously, it is not a complete list. It should be noted that some nations use the term “age of sexual consent”; others the “age of consent” and, in some cases, the “age below which one can be convicted of statutory rape”. Where two different ages have been displayed side by side this is to denote that sexual activity at the lower age is legal provided the younger person makes no subsequent complaint. Also in certain countries persons may participate in certain acts under certain conditions (most often legal marriage) without either they or their partners committing an offence (Age of Consent 2001). Only nations where homosexuality does not constitute a criminal offence are listed. Nations listed with an asterisk have a homosexual age of consent the same or higher than NSW.

Of the 50 nations reported only seven have an age of consent for homosexual men at or above the current provisions in NSW. These nations are Austria (18), Burkina Faso (21), Kosovo (18), Liechtenstein (18), Mexico (18), Serbia (18), and Turkey (18).

Table 1 Age of Consent by Country

Country	M/F Sex	M/M Sex	F/F Sex
Albania	14	14	14
Andorra	16	16	16
Argentina	12/15	12	12/15
Aruba	16	16	16
Austria*	14	18	14
Belarus	16	16	16
Belgium	16	16	16
Bosnia	16	16	16
Brazil	14/18	14	14/18
Bulgaria	14/15	14	14/18
Burkina Faso*	13	21	21
Canada	14	14	14
Colombia	12/14	14	174
Croatia	14	14	14/18
Czech Republic	15	15	15
Denmark	15	15	15
Estonia	14	16	16
France	15	15	15
Germany	14/16	14	14/16
Greece	15/17	17	15/17
Guadelope	15	15	15
Honduras	14	14	14
Iceland	14	14	14
Ireland	17	17	17
Israel	16	16	16
Italy	14	14	14
Japan	13	13	13
Korea	13	13	13
Kosovo*	14	18	14
Liechtenstein*	14	18	14
Luxembourg	16	16	16
Malta	12/18	12	12/18
Martinique	15	15	15
Mexico*	12	18	18
Monaco	15	15	15
Montenegro	14	14	14
Netherlands	12/16	12	12/16
New Zealand	16	16	16
Norway	16	16	16
Poland	15	15	15
Russia	14/16	14	14/16
San Marino	14/16	14	14/16
Serbia*	14	18	14
Slovakia	15	15	15
Slovenia	14	14	14
Spain	13	13	13
Switzerland	16	16	16
Turkey*	15/16	18	18
Ukraine	16	16	16
U.K	16	16	16

In the international context we can see that nearly all of the OECD-type nations, all of the Western European democracies, and the majority of the former communist states in Eastern Europe and the Balkans exhibit significantly more progressive homosexual age of consent measures than NSW.

Section Five

Primary Arguments Against Equalisation

Primary Arguments against Equalisation

The following five arguments constitute the core of the case against equalising the age of consent at the age of 16--that is, lowering the age of consent for young gay males from 18 to 16 years. They have been compiled from a thematic analysis of a number of sources:

- Parliamentary briefing papers (Simpson and Figgis 1997; 1999);
- Royal Commission submissions (Royal Commission Into the New South Wales Police Service 1997) ;
- Academic papers ostensibly promoting child protection measures (Lancaster 2001); and
- Innumerable anti-homosexual conservative and religious websites

Other arguments have been put forward--often drawing on highly arcane theological principles--but the following have appeared most often and constitute the most cogent of the possible arguments against equalisation. Comments will be made on the validity of each argument in turn.

A. More young men are likely to be exposed to older sexual predators

In the literature review no peer-reviewed empirical evidence whatsoever was found to support this position.

This thesis is challenged by the research of Davies et al (1992) in the UK, which remains the largest study into the sexual behaviour of young gay

men in the world, with over 1000 participants (the Project Sigma cohort). In this comprehensive study –

- 98% of respondents reported that their first homosexual experience was consensual;

- 92.6% of respondents' first homosexual experience was with a partner of the same age or slightly older;
- 39.4% of all respondents' first sexual experience was with a partner of the same age and;
- 48.1% of respondents' first sexual experience was with a partner within 2 years of their own age.

This research indicates quite strongly that the overwhelming preference of young gay men is for a partner within their peer group.

Results from focus groups conducted by the researchers supported the aforementioned results; and numerous professionals confirmed the view that young gay males, by and large, were wholly uninterested in partners outside their age group. A number of the young gay males we spoke to who had actively participated in the inner city club and bar scenes claimed that the current age of consent situation tended to exacerbate rather than ameliorate exposure. It was claimed that being seen as 16 or 17 tended to drive away potential partners for fear of prosecution for underage sex. On

the other hand, the law did nothing to deter the unwanted "attentions" of older men. However, in the experiences of the young people interviewed, these "attentions" were relatively few and posed no threat or coercion to them.

Furthermore, many young men claimed that the current age of consent laws seemed to them to be a retributive device against older predators

rather than having as their primary goal the welfare of young men. This was particularly the case in their symbolic function of reinforcing negative stereotypes about homosexuality.

As one respondent said, the current laws did nothing to protect young men yet at the same time they “criminalized love”. This was at a time when young men needed as much information, support, and assistance they could get especially in a homophobic environment. Yet, this criminalizing inhibited teachers, counsellors, and health and welfare professionals from providing proper and inclusive sex and personal development information and skills.

It should also be noted that in any case young men under the age of 16 will continue to be protected by the standard age of consent provisions in NSW.

B. Young men will be more likely to experiment with homosexual activity and are likely to be seduced and “converted” to an unwanted homosexual lifestyle

Adherents of this argument are unable to draw on any peer-reviewed empirical research for substantiation. In any case this thesis is challenged by the findings tabled by Rosario et al (1996) in one of the largest studies of the psychosexual development of lesbian, gay and bisexual youth. They found that the mean age for initial awareness of sexual orientation was 11 years. The mean age for active consideration of a gay/lesbian or bisexual identity soon followed, at a mean age of 12.5 years. The mean age at which participants became certain of their identity as gay/lesbian or bisexual was 14.6 years. Previous studies that report consonant results include Bell and Weinberg (1978); Bell et al (1981); Califia (1979); Chapman and Brannock (1987); Joseph et al (1991); Mays and Cochrane (1988); Macdonald (1982); and Saghir and Robins (1973).

When these results are viewed in the light of the data emerging from the Project Sigma study (Davies et al 1992)--namely that early homosexual experiences tend to be desired, consensual and conducted with a partner from one's own age group--this argument cannot be maintained alongside these research findings.

Despite there being substantial differences of opinion in the scientific community as to whether the origins of sexual orientation are genetic, biological or social (or combinations thereof), the notion that sexual orientation is malleable and subject to influence in the late childhood/early teenage years has been widely rejected. Notwithstanding the long search for a putative cure for homosexuality by some psychologists and psychiatrists over the years, all such attempts have failed. And albeit wide differences in opinion as to the precise aetiology of sexual orientation, the vast majority of scientists and relevant professional bodies (for instance the American Psychological Association, the American Psychiatric Association, the American Medical Association, the British Medical Association and the World Health Organisation) share the view that sexual orientation is shaped and fixed at a very early age (American Psychological Association 2001; Religious Tolerance 2001):

Research suggests that homosexual orientation is in place very early in the life cycle, possibly even before birth. It is found in about ten percent of the population, a figure which is surprisingly constant across cultures, irrespective of the different moral values and standards of a particular culture ("Statement on Homosexuality", American Psychological Association 2001)

All focus group participants who contributed self-reports on this issue felt that their homosexuality was not chosen and most definitely not changeable: a significant number had tried this -- whether via denial, experimentation with heterosexual relationships or via dubious psychological therapies -- and failed. In fact a significant minority -- under the influence of often extraordinarily homophobic milieux -- had at a younger age desperately wished they were not gay. One might wonder that if sexual orientation were as malleable an entity as the proponents of this thesis suggest, why all these determined efforts produced no conversions to the desired heterosexuality whatsoever.

Furthermore, a significant number of participants recounted feeling "different" to their ostensibly heterosexual peers for as long as they could remember. Many of these individuals, in retrospect, considered that they had been homosexual from early childhood. What current laws did was to isolate them from information and assistance as well as make it more difficult to have appropriate experiences for their age and sexual orientation. In this way they felt that as young gay men they were being discriminated against.

C. Young men will be encouraged to engage in homosexual activity at an earlier age

Again no peer-reviewed empirical research was found which supported this thesis. This position was put to the focus group participants by the researchers. In every case it received a similar nearly unanimous response: that although reaching the age of consent brought about a great deal of relief to individuals, (a relief that may be hard to distinguish

from the other freedoms enabled by reaching majority in our society) it was not in any way seen as a licence to have sex.

The vast majority of participants also strongly felt that if the age of consent was equalised their attitude would still hold. In short they said that they would have sex when they were ready and would not be swayed by legislation. The only difference they felt that current legislation made was to make already-occurring sexual activity more furtive and guilt-ridden. Moreover, a high proportion of participants indicated that they had engaged in homosexual sex well before the age of 18 -- most of these before the age of 16. This was of their own doing and unrelated to their knowledge of the law. Indeed, one or two young men only became aware of the law after they reached 18.

Similar experiences are reported in the research of Davies et al (1992) in the UK. Davies et al found that 50% of their cohort had engaged in

homosexual sex by the age of 16, 90% by the age of 18. Notably the mean age of first homosexual experience was 15 years, the median just slightly under 15 years.

Other crucial findings here have been summarised by Grunseit (1994) in a comprehensive literature review. In research cited in this review, consistently it was contended that legislative and education measures designed to induce or prolong sexual abstinence in young persons were counter-productive. However, exposure of young gay males to education which neither denied their sexuality nor attempted to discourage sexual activity in fact tended to lead to postponement of homosexual activity on the part of participants.

Focus group participants reported they had received no information on homosexuality or about resources in the community appropriate to the needs of young gay men and they

attributed this in part to the inhibiting effects of the current age of consent laws. In the few cases where information had been provided this had been couched in negative terms.

D. Because young men will be encouraged to have sex at an earlier age this will lead to higher rates of HIV infection

The first problem with this argument is one of logic: here homosexual behaviour and homosexuality per se are erroneously conflated with risk

behaviour--of course they are by no means the same thing. Connell and Kippax (1990: 168-169) note:

Public and media perceptions of the AIDS crisis have strongly stereotyped *risk groups*. A group such as “[young] gay men” is seen as an undifferentiated bloc and discussed as if its social identity were itself a cause of the disease. Even those that understand that there are quite specific pathways of transmission may still stereotype a group by defining its in terms of just one practice. Thus [young] gay men, in relation to AIDS are often defined in terms of anal intercourse.

We should note that only unprotected anal sex is a high risk practice and also that anal sex is a common practice among heterosexuals and bisexuals as well as gay men.

Whether young gay men are more likely to engage in anal sex--much less unprotected anal sex--remains a matter of some conjecture which can only be answered by rigorous empirical research.

Making use of the large Project Sigma cohort Davies et al (1992) found that anal intercourse among gay men is an activity engaged in by a minority of young men at any given period. In this cohort the average age of first experience of anal intercourse (20.9 years) was some five years

after the mean age of first homosexual experience (15 years). Quite clearly these young gay males have not been rushed into anal sex, let alone unprotected anal sex.

In terms of peer-reviewed empirical studies of the actual levels of risk behaviour among young gay men the jury very much remains out. Van de Ven et al (1997), in a substantial literature review, found that USA, Danish and Dutch studies reported that young gay men (under 25s) were marginally more likely than older gay men to engage in high risk sexual behaviours. On the contrary English, Australian and Canadian studies found young gay men to be more highly knowledgeable about safe sex and also to be more precautionary in their sexual behaviours than older gays.

Supporting this 'greater risk' argument, Sussman and Duffy (1996) reported that in the US males in the 13 - 19 year age group who have sex with males constituted the nation's number one exposure category. And that despite showing a high knowledge base with respect to safer sex practices many young gay men continue high levels of risk behaviour. Along similar lines Evans et al (1993) in the UK found that recent HIV transmissions disproportionately affected 15-19 year old gay men. Conversely, Davies et al (1992) in the UK, making use of the Project Sigma cohort--by far the largest study of the sexual behaviour of young

men in the world--found that gay men under the age of 18 were more likely to use condoms and had less penetrative partners at any one time than their older counterparts. They concluded:

We find no evidence for such traits [sexual irresponsibility, risk, need for tutelage] in this sample of young gay men, nor would we wish for them to be inferred from our discussion. What we in institutional power owe to these people is to recognise the diversity of their experience, to proclaim their right to sexual expression and to

treat them as autonomous, responsible and authentic moral agents (Davis et al 1992: 270).

In the US context Ekstrand and Coates (1990) found that young gay men had made huge reductions in risk behaviours in the preceding years. Of the young gay men who were seen to be at risk it was argued that this risk was due mostly to external factors such as difficulty in obtaining condoms and of the lesser social supports made available to them, rather than being due to any putative personal deficits such as immaturity or lack of restraint.

Van de Ven et al (1997) conducted a study of Sydney gay youth and their behaviours numbering some 1000 participants. Here the authors found no significant differences in HIV-related risk factors between young (under 25)

and older homosexually active men. Furthermore young gay men were found to be just as knowledgeable about safer sex and just as precautionary as older gay men.

Finally, similar results emerged from Crawford et al's (1998) analysis of data gathered in the 1996 Male Call Australian national telephone survey of men who have sex with men. In the period 1992-1996 knowledge of safe and unsafe practices rose by 8% in men in the under 20 age group. And while there was seen to be an overall increase in men having unprotected anal sex right across the age spectrum, men in the under 20 years cohort showed the second lowest increase. Other significant findings in the Male Call survey included:

- Accuracy of safe sex knowledge declined with age;
- Young gay men were no more likely to display higher levels of sexual activity with casual partners than older gay men;
- Young gay men were much more likely to have been tested for HIV

- Young gay men showed more favourable attitudes to condoms than older gay men.

A caveat must be included here: many results of the kind we have just examined must be viewed with some degree of suspicion, especially with respect to making sound age-based comparisons. There is little methodological regularity among the available studies of sexual/risk behaviour of young gay men. Studies take place in different cultures,

across different historical periods and vary widely in their definitions of what exactly is a “young” gay male (in some under 18, in others under 20 or under 25). Furthermore, often the levels of risk remain merely asserted-- often with no proper comparison to older age groups. And due to the barriers imposed by institutional homophobia and age of consent legislation such as our own, studies of young gay men have tended to be very small and have usually involved very few under 18s, let alone under 16s. As such their validity remains highly questionable.

Finally, in our research it was consistently observed that the majority of participants displayed a thoughtful, mature and altogether serious attitude towards safer sex practices and of the many challenges involved in negotiating the same with partners--especially when one might be “hopelessly in love”.

E. Homosexuality is pathological; therefore the longer it is delayed the better

This viewpoint has been totally repudiated by every major professional and scientific research body. Psychologists, Psychiatrists, Clinical Social Workers and other mental health professionals agree that homosexuality is neither mental nor emotional pathology. A great deal of earlier studies (that is up until the late 1960s-early 1970s) were of dubious validity because they tended to only involve gay men and lesbians already in therapy for mental health issues. A major breakthrough occurred in 1973 when the American Psychiatric Association--the world's largest and arguably most respected peak body of mental health professionals--removed homosexuality from its diagnostic and statistical manual of mental disorders. This action was taken subsequent to a major review of the empirical literature and interviews with leading professionals:

For a mental condition to be considered a psychiatric disorder, it should either regularly cause emotional distress or be regularly associated with clinically significant impairment of social functioning. [The APA] experts found that homosexuality does not meet these criteria...[they] recognised that a significant portion of gay and lesbian people were clearly satisfied with their sexual orientation and showed no signs of psychopathology. It was also found that homosexuals were able to function effectively in society, and those who sought

treatment often did so for reasons other than their homosexuality. (American Psychiatric Association 2001)

Consequently by the time of the 1980 edition of the Diagnostic and Statistical Manual of mental disorders (DSMIII) homosexuality was no longer recognised as a mental illness. However, "ego dystonic homosexuality" remained as a category labelling persons "whose sexual interests are directed primarily towards people of the same sex and who are either disturbed by, in conflict with, or wish to change their sexuality" (APA 2001). This

diagnostic category was dropped in the following volume (DSMIIIIR) when a broader social and political analysis made it clear that because of the manifestly homophobic environment of nations such as the USA and Australia almost all gays and lesbians go through a phase in which their sexuality is “ego dystonic” (APA 2001). Personal experience of such a developmental phase was confirmed by a significant number of young gay male participants in our research.

F. Raising the age of consent for everyone

In the course of our review we found no evidence of domestic or international professional organisational support for higher age of consent measures for young gay men. In fact the nearest thing to professional support we could find was a single paper by Judith Lancaster, a lecturer in

the Faculty of Law at the University of Technology, Sydney (Lancaster 2001)

In this paper Lancaster defends the current NSW homosexual male age of consent of 18 years in the face of the 1997 Wood Royal Commission’s recommendations that it be lowered to 16 years (these recommendations are outlined in more detail in Section 8 below). In summary, Lancaster maintains that lowering the gay male age of consent to 16 would in effect decriminalise “acts previously understood to be paedophilia and pederasty...thereby increasing the vulnerability of young Australians to sexual predators” (2001: 34). In response we might concede the first part of Lancaster’s claim is – trivially - true: any liberalisation of criminal law will decriminalise acts currently deemed criminal offences. Yet in the light of the findings which show that the majority of young gay men seek (and find) sexual partners of a roughly similar age, and given what many of our respondents have contended, does it make any sense to label an 18, 19 or 20 year old man in a consenting relationship with a 16 year old youth a paedophile?

The second part of Lancaster's claim -- which, as we have seen in Section Five above, is a generic one -- regarding a lower age of consent for young gay men as opening up possibilities for increased sexual predation has been dealt with at length in Sections Five and Six above. Finally it should

be recognised that Lancaster's arguments are based solely on assertion: she neither conducts nor refers to any empirical research to support these claims.

Section Six

Primary Arguments in Favour of Equalisation

Primary Arguments in Favour of Equalisation

The seven following arguments constitute the core of the positive case for equalisation.

Again they have been compiled from a thematic analysis of a number of sources:

- Parliamentary briefing papers (Simpson and Figgis 1997; 1999) ;
- Royal Commission submissions (Royal Commission Into the New South Wales Police Service 1997) ;
- Peer-reviewed academic research
- Public statements by relevant professional organisations
- Our empirical research with young gay men and health and welfare workers who provide services to that population.
- Pro-equalisation websites.

A. Discrimination against young men who are gay

The bare reality that the age of consent for gay men in NSW is 18--fully 2 years more than the age at which lesbians and all heterosexuals are able to legally consent to sex--illustrates that the law is discriminatory in terms of how it deals with sex between males. Furthermore, this law "is not tied to when a person is capable of consenting. By setting the general age of consent at 16, the law already recognises that men and women can consent to sex at 16" (NSW Gay and Lesbian Rights Lobby 2001).

In addition, the penalty provisions for infringement of the homosexual age of consent provisions are harsher than those for a breach of the general age of consent provisions. That is, the penalty for sexual intercourse with a child between 10 and 16 is 8 years imprisonment, but for homosexual intercourse it is 10 years. There is no known reason for the harsher penalty provisions for homosexual intercourse in these circumstances.

Interestingly, nowhere in NSW law is it claimed that young gay men are in any way less capable of deliberate volition than young heterosexuals; nor in the researchers' review of materials could any evidence be found in contemporary developmental psychology that young gay men were any less capable of reasoned consent than their heterosexual peers.

Although it was outside the brief of this report to engage in extended moral, legal and philosophical debate around this issue, this *prima facie* fact of discrimination needs to be reiterated. In our review of materials and in our discussions with young gay males and with the health and welfare workers who service that population this simple but weighty argument was consistently the first to emerge, and most often seen by them as the strongest case against such legislation. As one young man said, "the age of consent [for gay men] throws equality out the window!"

Clearly what we are dealing with here is a social fact--not a contention subject to debate and refutation. The only intellectually and morally respectable position (consonant with the empirical evidence regarding the developmental maturity of young males) for those who feel that 16 is too young for young gay males to start having sex is to call for the age of consent *for all other persons* to be *raised* to a higher age. This would at least address the equality issue and avoid the charge of homophobic bias. However, we would maintain that such a position has little popular or research support.

B. Lack of stakeholder consultation

Proponents of the current NSW legislation might contend that, whatever its flaws, its stems from the benevolent intention of protecting young gay men from predation, abuse

and accompanying psychological distress. However, even if we were to view such intentions very charitably (that is to assume that they are nobly free of any possible homophobic motivation) and also to gloss over the fact that there is little strong evidence for the phenomena which they feel young gay men must be protected against, we would still have to adjudicate them to be largely paternalistic, top-down and undemocratic in nature. At no stage in the life of this legislation have the opinions of key stakeholders (young gay men, their partners, community organisations, health and welfare workers who service these groups etc.) been seriously taken into consideration. Moreover, no empirical studies of the efficacy of such legislation--much less of the experience of those living under its dictates--have been commissioned by successive state governments.

C. Current legislation provides tacit support to extant homophobia--therefore adding to the oppression of young gay males

Growing up in a generally heteronormative milieu young gay men face many threats to their sense of self-esteem and physical and psychological well being. In Australia young gay men are particularly at high risk of committing suicide (Kendall and Walker 1998a, 1998b).

Kulkin et al (2000), in a review of the literature on suicide among gay and lesbian adolescents, found that:

- Young gay men are up to 300% more likely than their heterosexual peers to commit suicide.
- Suicide remains, by a wide margin, the leading cause of death for young gay men.
- Key predictors of suicidality in this cohort are exposure to factors which increase isolation, discrimination, levels of loneliness, and factors which lower self-esteem.

Given all this it would seem advisable to call for the immediate review of any legislation or programs which might offer (even tacit) support to

homophobic elements and which might negatively impact on the social integration and self-esteem of young gays and lesbians. Certainly a number of our respondents viewed NSW age of consent measures in this light: in fact the extremely negative symbolic message it was seen to transmit -- that is of sex between men being something shameful, disgusting and potentially dangerous -- was considered by many young men to be the most problematic aspect of the legislation. They noted that although such legislation was simply the latest in a long list of insults to their much-maligned sexual identity, for some it could well be "the last straw".

D. The higher age of consent sets up barriers to essential public health, welfare and educational practice

A number of researchers working in other nations (like the UK: Poulter 1991; Evans 1989/90), and other Australian jurisdictions (like West Australia: Kendall and Walker 1998b; Bull et al 1991) with unequal age of consent measures, have noted the significant impediments imposed by such legislation in terms of essential public health, welfare and educational practice with young gay men. These impediments are particularly problematic when one considers the message emerging from the extant research and from professionals in the field.

The message is that for young males in their mid-teens this age and developmental period is a crucial stage for information, education, and support. We have just seen cogently demonstrated the need for measures designed to raise the self esteem, empowerment and social integration of young gay men in the face of suicide risk. And the studies reviewed in Section Five of this report alerted us to the need for appropriate and

congruent sexuality education (inclusive of but not reducible to safer sex messages) for this population.

Not surprisingly this issue was also one of the chief concerns of health, welfare and counselling workers who participated in our research. All reported huge difficulties with providing information and support around sexuality issues by virtue of the fact that they could be seen under the NSW Crimes Act (1900) as aiding and abetting a criminal activity -- leaving them open to potential prosecution and their agencies open to potential loss of funding from the state government. Some examples of the types of specific incidents where workers felt they were unable to provide an appropriate service to their clients because of such legislative impediments included:

- Workers from the Aids Council of NSW being legally advised not to supply condom use instructions along with free condoms which they were to distribute at a under 18 Gay and Lesbian dance party organised by the Mogenic collective.
- A counsellor being unable to provide a 16 or 17 year old client new to Sydney with information about sex-on-premises venues, chat rooms and phone-lines where one might find a partner, and also being prevented from supplying important details about such services, safe sex and personal safety policies and provisions.
- Workers from a gay and lesbian youth support organisation being unable to discuss sexual issues with 16 or 17 year old male clients in all but the most

abstract and hypothetical

terms--despite

knowing that some of these individuals had been previously involved in sex work on the streets from ages as low as 13.

Though we did not interview any teachers in the course of our research a common theme that emerged from all of our focus groups was the failure of many high schools--both state and private--to provide education on human relationships and sexuality including concrete safer-sex messages that referred to homosexuality in anything but the most cursory fashion. Though our respondents felt that this situation had a number of causes it was widely believed that current NSW age of consent legislation exacerbated the problem. They believed it provided ill-informed, uneasy, or just plain homophobic school administrators the perfect excuse not to deal with these important human relations issues in their programs.

Finally we might note that the lack of directness, frankness and explicitness by health and welfare professionals in discussions about gay sex with their underage clients has, at times, been interpreted by young gay men as insinuating that their sexuality is somehow dirty, shameful and pathological. For some of our young gay male respondents this experience was just the latest of a long line of denials, snubbings and insults on the part of parents, teachers and doctors. One young man was moved to comment that such treatment over the years made him feel like "toxic waste"

E. Current legislation abets corrupt law enforcement practices and extortion of gay men

This concern was voiced repeatedly in the Wood Royal Commission of 1997 (see Section Eight below for a listing of its age of consent recommendations) and was echoed by a number of our focus groups -- both those with young persons and health and welfare

workers. Though a number of respondents spoke of young persons (and/or their older partners) known to them being highly fearful of blackmail and extortion

attempts if the facts their relationship were to be discovered by police (or other figures with malign intent), no actual accounts of corrupt police behaviour in this regard were voiced.

F. The unequal age of consent creates potential (and unnecessary) divisions within an oppressed group

Though no evidence of extortion/blackmail was tabled by our respondents, workers involved in groupwork and individual supportive counselling with young gay men commented that current legislation worked to divide 16 and 17 year old gay men from older gay men and the friendship, wisdom and survival skills they might offer within an oppressive social system. The barriers imposed on potential “mentorship” and unity in the face of homophobia were seen by participants as particularly damaging. Especially noticeable to those professionals involved in groupwork activities with this population was the reticence of gay men in the 18-25 year age group to engage with 16 and 17 year olds in the group context. This reticence, they felt, was almost certainly due to the fear of innuendo and to the possibility of legal ramifications.

G. Criminalisation of a group of young persons with no measurable benefit to them or wider society

We have seen above that any positive effects of NSW homosexual male age of consent legislation remain, at best, a matter of some conjecture:

firstly because many of the ostensibly harmful effects they seek to remedy are called into question by empirical studies into the actual sexual behaviour of young gay men;

secondly because, quite simply, no government has bothered to subject this legislation to performance evaluation. We can be sure however that sexually active 16 and 17 year old

gay men are potentially criminalised by these measures. And with criminalisation proceeds a whole host of concomitant negative effects-- such as those outlined in subsection "D" above.

Section Seven

Professional Organisations' Positions

Professional Organisations' positions.

A number of reputable domestic and international bodies have argued the case that the age of 16 constitutes a sensible age of consent across the board, regardless of gender, sexuality or other factors.

The British Medical Association

In 1994 the editorial of the British Medical Association's journal *The Lancet* (US edition) (Volume 343, Number 8891) endorsed the introduction of a non-discriminatory age of consent of 16 years in Britain. The editorial made three (now familiar) main arguments to support this stance:

- First, illegality prevents young gay men from seeking professional advice and from participating in community-based support groups ("important and trusted sources of safer-sex information").
- Second, the bulk of studies into adolescent sexuality show that the mean age of first homosexual experience is well below 16--almost invariably with a peer within two years age difference.
- Finally, -- as the editorial concludes--"Parents of young homosexuals are right to be concerned about their sons, not least because of the damage to their emotional health that can arise from bigotry and discrimination".

Queensland Psychologists for Social Justice

This group of Queensland professionals called for the equalisation of that state's age of consent at 16 in their submission to the Criminal Justice Commission in 1989. As with the British Medical Association this submission drew on a significant amount of research and clinical experience supporting the equalisation proposition. They commented:

[A]ny distinction made in age of consent for homosexual activity and the age of consent for heterosexual activities would be discriminatory and prejudicial ... The dangers exist in any differentiation in any age of consent ... further reinforcing negative social constructions and public opinion. Such legislative differentiation will ensure that young homosexuals ... will continue to face the monumental task of developing a positive self identity and acceptance of social responsibility in relation to AIDS and public health (Gallois et al 1990; cited in Bull et al 1991)

In addition, domestic organisations including

- The South Australian Police Force;
- The Child Health Council of South Australia;
- Westmead Hospital and Community Health Services (NSW);
- The Federation of Community Legal Centres; and
- The National Children and Youth Law Centre

all made submissions to the Model Criminal Code Officers Committee favouring equalisation of the age of consent at 16 years regardless of gender, sexuality or other factors across all state jurisdictions (Model Criminal Code 1999).

Since the 1960s only one European Commission has proposed a higher age of consent for male homosexuals. The majority of Commissions recommended across the board equalisation at 14 years, three recommended equalisation at 15 years and just one recommended equalisation at 16 years. Moreover many reputable European professional, academic and religious associations have called for an across the board age of consent set at 14 years. They include:

- The German Sexological Association
- The Howard League for Penal Reform (UK)
- The National Council for Civil Liberties (UK)

- The Catholic Youth Council (The Netherlands)
- The Dutch Bar Association
- The British Criminological Society

(Graupner 1999).

Section Eight

Material from Australian Royal Commissions and Government Enquiries

Relevant Material from Australian Royal Commissions/Government Inquiries

All of the following have made recommendations that the age of consent be equalised at 16 years of lower. No Royal Commission or Government Inquiry in the last 30 years has argued for a higher age of consent for young gay males.

Wood Royal Commission 1997

In the *Final Report Volume V: The Paedophile Enquiry* the arguments for and against lowering the age of consent for young gay men are surveyed. Here it is contended that although any change must ultimately be debated and determined by the wider community, the Commission sees no good reason to perpetuate the current inequality nor does it suppose that any such change would, in any real terms, expose any more children to paedophile activity than at present. In arriving at this position the Commission recognised the following key factors:

- The present legislation is plainly discriminatory.
- Generally any legislative proscription of consensual conduct “moves into shaky territory when it is based on purely moral or religious grounds” (1997: 1079).
- It is highly desirable that health advice, support, education not be denied to young persons because of the putative illegality of their conduct.
- Equalisation of the age of consent at 16 years would remove opportunities for selective policing and other corrupt practices.

Model Criminal Code Officers Committee (1996)

Chapter 5 of the *Discussion Paper (Sexual Offence Against The Person)*, after noting the wholly arbitrary differences in age of consent across state jurisdictions and citing pertinent social-scientific research, presents the view of the Committee (comprised of nominees of state and federal Attorneys General) that the age of consent should be set at 16 years for all persons. The Committee states: “the inference that might be drawn from an older age of consent for homosexual contact is that homosexuality is an undesirable activity from

which males should be protected and deterred. It is questionable whether this is an appropriate aim of the criminal law” (1996: 103).

Model Criminal Code Officers Committee (1999)

In Chapter 5 of *The Report (Sexual Offences Against The Person)*, most probably as the result of controversy following the release of the Discussion Paper (1996), the Committee delivered a far more circumspect set of recommendations with respect to the age of consent. Here the Committee called for the age of consent to be made uniform across jurisdictions regardless of gender or sexuality or any other factor but made no specific recommendation as to what age should be set for this supposed uniform age of consent.

QLD Parliamentary Criminal Justice Committee (1990)

The Report into the Report of the CJC entitled *Reforms in Laws Relating to Homosexuality -- An Information Paper (Report No 2, Oct 1990)* recommends that the age of consent be set at 16 across the board.

Royal Commission on Human Relationships (1977)

In *Volume 5* of this Royal Commission it was recommended that the Age of Consent be set at 15 years regardless of gender, sexuality or other factors--excepting where an offender has a relationship of trust or statutory power over the victim: here the Commission argued the age of consent should be set at 17 years. In concluding the Commission noted: “We think this approach would be a more realistic reflection of the sexual behaviour of young people and their ability to make personal decisions. At this age [16] children can leave school, get jobs and start playing a responsible role in society” (1977: 210).

Conclusions

Conclusions

No substantial evidence was found to support a higher age of consent for young homosexual men. The evidence supports the position that the age of consent should be equalised on the grounds that the current position is not only discriminatory against young gay men but is harmful in inhibiting their access to educational, health, and welfare services at a time when they need them most.

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8. Internet Sites

Gay and Lesbian Rights Lobby, NSW, Australia (www.girl.org.au)
Features a factsheet on AOC issues in NSW, a rundown of the Lobby's current campaigns, plus responses to frequently asked questions.

Gay Men's Health Wiltshire, UK (www.gmhp.demon.co.uk)
Has section examining AOC debate in UK, outlines key arguments against lowering AOC to 16 and rebuts them (point form, fairly cursory treatment) This group briefed their local MP prior to this debate

National Aids Trust, UK (www.nat.org.uk)
Full text of National Aids Trust/Terrence Higgins Trust submission to UK parliament calling for equal AOC at 16. This outlines main arguments vs unequal AOC for gay males (namely criminalisation of young gays, further social isolation/stigma, justification for discrimination, hindering HIV education and limiting community initiatives aimed at young gay men) Again rather cursory treatment but does refer to extant research.

EGALE (Equality for Gays and Lesbians Everywhere), Canada (www.egale.ca)
Full text of their submission to Canadian Dept of Justice regarding lowering the AOC (key arguments: equality of law enforcement, inability of young persons to legally date peers, empowering youth, access to health education, lack of consultation with stakeholders)

Stonewall UK (www.stonewall.org.uk)
Presents evidence vs the conservative recruitment/seduction thesis, often used as a key justification for higher gay AOC.

Age of Consent, US (www.ageofconsent.com)

Features worldwide (national, state and regional) rundown of ages of consent with links to info dossiers on most countries (the Australian dossier is a poorly-organised mish mash, so many of these may be of limited utility)

The Unofficial Chris Morris Website, UK (www.chris-morris.mcmail.com)

Chris Morris is a leading UK gay and lesbian human rights activist. At age 16 he petitioned the European Court of Human Rights over the unequal AOC in the UK claiming that discrimination on the grounds of sexual orientation was illegal under European law. In 1998 Chris launched the gay youth rights organisation Youthspeak. Youthspeak managed to bring an end to AOC prosecutions against 16/17 yr olds. This site features full texts of Chris's applications to the European Court.

Mogenic.com (www.mogenic.com)

Popular and highly sophisticated website of the Sydney-based Mogenic collective. This website is the centre for an online community for young gays and lesbians worldwide. The collective recently produced a highly successful under 18s gay and lesbian dance party in Sydney.