# "I am Quite Blessed to be Feminine": Investigating how Lesbian Women of Colour Cope With Experiences of Heterosexism and Racism in an Australian Context

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*Lesbian women continue to experience interpersonal and institutional oppression in Australia. When lesbian women are also persons of colour, multiple and braided layers of discrimination from the intersection of identities intensify experiences of oppression, with negative consequences for mental health. Currently, there is no research investigating how lesbian women of colour (WOC) experience heterosexism and related systems of oppression, the perceived effects of these experiences on their mental health, and the strategies they use to cope with these experiences. Inductive data-driven thematic analysis of individually conducted semi-structured interviews with six, lesbian WOC living in Australia revealed that they experienced discrimination from a variety of sources based on gender and sexuality but also race, and that this discrimination was perceived to affect their mental health. Participants employed self-directed strategies (e.g., avoidance, denial, and assertiveness) and outward-directed strategies (e.g., seeking psychological support, legal or human resources support, and finding community) to cope with heterosexism and racism. Findings can be used to inform the design and implementation of culturally safe and sensitive psychoeducation and community-based programs and clinical interventions applied by psychologists and other mental health professionals working with lesbian women at the intersections.*

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Lesbian women continue to experience interpersonal and institutional oppression in Australia (Smith & Simmonds, 2018). Research that has explored the impacts of oppression on the mental health and wellbeing of marginalised communities has demonstrated that lesbian women are more likely to be diagnosed and treated for mental disorders and are more likely to engage in self harm and attempt suicide than gay men (LGBTIQ+ Health Australia, 2021). For comparable age groups in Australia, 83.3% of lesbian women reported experiencing high levels of psychological distress (compared with 27.3% of the general population), 61.7% of lesbian women reported having suicidal ideation in the past 12 months (compared with 13.3% of the general population), and 14.1% of lesbian women reported a suicide attempt (compared with 1.1% of the general population; LGBTIQ+ Health Australia, 2021). These health outcomes are directly related to experiences of discrimination, stigma, prejudice, and abuse grounded in both sexism and heterosexism (Chesir-Teran, 2003; Smith & Simmonds, 2018). However, these experiences also result from a matrix of societal, ideological, structural disadvantages that collectively impact the psychosocial wellbeing of lesbian, gay, bisexual, trans, intersex, and queer (LGBTIQ+) adults, and these burdens are unevenly distributed along gender and race lines (Ramirez & Paz Galupo, 2019).

A significant number of LGBTIQ+ people living in Australia are culturally and linguistically diverse (CALD). In a study of 1,032 young people aged from 16 years to 27 years who identified as gender variant or sexually diverse, 28.6% reported a racial or ethnic background other than Anglo-Celtic (Robinson et al., 2014). Of these youths, 18% also reported experiencing a conflict between their cultural background and their sexuality or gender identity (Robinson et al., 2014). In data drawn from the 2019 *Australian Workplace Equality Index*, of the 27,347

responses to the survey, 4,455 (16.29%) identified as coming from a CALD background, and of these, 17.26% identified as LGBTIQ+ (AWEI, 2020). These numbers suggest that there is a small, but important, proportion of lesbian women who are also from CALD backgrounds. Some of these women may be women of colour and/or Aboriginal and Torres Strait Islander (ATSI; Korff, 2021). Following Women of Colour Australia (2023), we use the expression "women of colour" (WOC) not as a biological designation, but a self-chosen solidarity designation, representing non-white women who have been oppressed and minoritised and commit to work together to redress these systems of oppression.

In addition to experiencing significant discrimination that results from homophobia (Smith & Simmonds, 2018), lesbian WOC may experience additional systems of oppression, such as racism, with resultant discrimination and isolation, and difficulties in maintaining cultural ties and family support, especially among lesbian WOC who are also ATSI (Australian Human Rights Commission, n. d.). Because of the individual and additive action of distinct socio-cultural identities (Archer et al., 2022; Warner, 2008), such experiences of oppression may have complex effects on physical and psychosocial well-being (Greene et al., 2008). However, research has yet to be conducted in Australia that investigates how lesbian WOC experience heterosexism as a key system of oppression, how they experience racism as intersecting with heterosexism, how they perceive their experiences of oppression as affecting mental health, and what strategies they use to cope with heterosexism and other systems of discrimination. We explore these issues in the present research.

**Systems of Discrimination: Heterosexism and Racism**

Although lesbian women live healthy and happy lives, research has demonstrated that a disproportionate number experience poorer mental health outcomes due to multiple systems of discrimination (LGBTIQ+ Health Australia, 2021), including heterosexism and racism. Heterosexism is the institutionalised practice of preferencing heterosexuality which leads to, intersects with, and generates homophobia (Chesir-Teran, 2003; Smith & Simmonds, 2018), the irrational fear, dislike, hatred, intolerance, and ignorance of homosexuality (Short, 2007). Racism is the manifestation of racist emotions, behaviours, beliefs, and practices that maintain and encourage disparity of opportunity of a racial/ethnic group (Paradies et al., 2015), and occurs at three main levels 1) interpersonal racism (discrimination from one individual towards another); 2) institutional racism, discrimination expressed through policies or practices that diminish opportunities among the oppressed group; and 3) internalised racism, the adoption of racist beliefs by the stigmatised people about their value and capacity (Paradies et al., 2015). The systemic and interpersonal discrimination experienced by minority groups has significant impacts on both physical and mental health (Cerda et al., 2023), as explicated by the Minority Stress Model (MSM, Meyer, 2003).

**Minority Stress Model**

According to the MSM (Meyer, 2003), oppressed social groups, including racial/ethnic and sexual minorities, experience high stress and greater negative life events (e.g., threats to physical integrity) directly related to their marginalised positions (Perrin et al., 2020). For example, both sexism and heterosexism create significant psychological distress in lesbian women (Szymanski & Henrichs-Beck, 2014). The effects of heterosexism and sexism appear to be additive, as both stressors combined increase the extent of psychological distress experienced by women (Szymanski & Henrichs-Beck, 2014). Mason and Lewis (2016) described lesbian women as a "double minority", as the negative impacts of sexism and heterosexism are

experienced separately, as well as "gendered homophobia", in which the intersections of gender and sexual orientation are manifested (Denissen & Saguy, 2014; Szymanski & Henrichs-Becks, 2014).

When race as a further system of oppression is added to the stress and negative life events encountered by lesbian women, these women become a "triple minority." A significant number of Australians of CALD backgrounds continue to experience racism. In a study conducted by the Scanlon Foundation Research Institute (2021), approximately, 60% of participants reported they considered racism a "fairly big problem" or "very big problem", and 16% of participants reported that they experienced racial discrimination in the past 12 months. These experiences of racism are also encountered in the sexual minority community (Adams & Kimmel, 1997). Research using LGBTIQ+ samples has demonstrated cultural denial of same sex attracted individuals (Chan, 1995), pressure to choose between racial/ethnic and sexual identity (Dube & Savin-Williams, 1999), non-acceptance in racial/ethnic communities (Loiacano, 1993), internalised conflict with dual identities (Colon, 2001), and higher levels of psychological distress among participants who felt negatively about these dual minority identities (Crawford et al., 2002). Collectively, these results highlight how being a woman from a racial/ethnic background in addition to being same sex attracted compounds being a member of this "triple minority", with further experiences of discrimination and potential negative psychosocial outcomes.

**Experiences of Discrimination**

Experiences of discrimination among lesbian WOC are numerous and varied. In a survey of over 500 WOC (including 7% who were ATSI) conducted in Australian workplaces over the 2020 to 2021 period, 60% reported experiencing discrimination, even though 59% noted that their workplace had a Diversity and Inclusion policy (Archer et al., 2022). In addition to language, appearance-related racism and sexism, and exclusion (Archer et al., 2022), participants also reported significant experience of microaggressions, "the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely on upon their marginalised group membership" (Sue, 2010, p. 3). When WOC are also lesbian, they may feel that they must choose between being LGBTIQ+ and being a member of their own ethnic/racial group, and they experience nonacceptance and acts of discrimination and marginalisation from both communities (Bonilla & Porter, 1990; Herek & Capitanio, 1995; Washington, 2001). Members of various ethnic/racial communities, including ATSI (Australian Human Rights Commission, n.d.; Korff, 2021) and socially dominant and privileged communities, may not view being LGBTIQ+ as acceptable within their community or culture and therefore may ostracise LGBTIQ+ people (Harper et al., 2004), leading to difficulties in maintaining cultural ties and family connections (Australian Human Rights Commission, n.d.). This response may be based on the belief that same sex attraction and/or activity are violations of traditional culture rules or values (Harper et al., 2004; Korff, 2021).

Lesbian WOC may also experience discrimination within the predominantly White mainstream LGBTIQ+ community. Harper (2004) argued that lesbian WOC may be eroticised and objectified by white LGBTIQ+ women who are seeking to fulfill an exotic fantasy (Harper, 2004). Greene (2000) argued that for lesbian WOC, this combined oppression is further compounded by acts of sexism within both ethnic/racial and LGBTIQ+ communities. As such, these adverse experiences in both the community of culture and mainstream white LGBTIQ+ community may lead some lesbian WOC to hide aspects of their various identities depending on the context of their interactions with others, thus experiencing varying degrees of invisibility and

visibility within their own communities (Crawford et al., 2002; Fukuyama & Ferguson, 2000). For example, some men of colour identify as gay when they are in the context of LGBTIQ+ spaces but not when they are with their family of origin (Zea et al., 2003). Similarly, young lesbian WOC reported excluding themselves from cultural activities to avoid bringing shame to their families, and thus making themselves "invisible" within their cultural group (Tremble et al., 1989).

**Psychological Effects of Discrimination**

Discrimination has been consistently implicated as a major stressor with adverse psychological effects (Meyer, 2003). According to the MSM, people of disadvantaged social groups (due to race, gender, or sexuality) are exposed to social stressors (discrimination) as a direct result of their social group membership, which significantly affects their mental health and wellbeing (Meyer, 2003). LGBTIQ+ individuals are particularly vulnerable to the daily experience of social stress from heterosexism (Sutter & Perrin, 2016). Experiences of heterosexism have been associated with reduced quality of life (Mays & Cochran, 2001), psychological distress, and depression (Lewis et al., 2003). Additionally, LGBTIQ+ individuals had an eight-time higher risk for attempting suicide when they experienced more rejecting behaviours from their family of origin (Ryan et al., 2009). Therefore, it is no surprise that lesbian WOC report higher levels of psychological distress than gay men, almost more than twice as likely to attempt suicide than gay men and are more likely to be diagnosed and treated for mental disorders than gay men (LGBTIQ+ Health Australia, 2021).

Likewise, racial/ethnic discrimination toward people of colour (POC) is another chronic psychological stressor (Cerda et al., 2023; Pascoe & Smart Richman, 2009) that negatively affects the mental health of POC (Clark et al., 1999) on micro to macro levels (Brondolo et al., 2009). Racism has been shown to predict greater presence of other stressors such as daily negative events, which has been associated with increased risk for depression and suicide compared to Caucasian individuals (Alegria et al., 2004; Choi et al., 2013). Exposure to more gendered racism has also been linked to higher levels of psychological distress in community and college samples of Black women (Lewis & Neville, 2015). Taken together, the research suggests that lesbian WOC may be at particular risk for decreased mental health and increased suicidality. The intersectional identities of sex, gender, and race have been linked to greater susceptibility to psychological consequences of discrimination (Sutter & Perrin, 2016).

**Coping with Discrimination**

Many individuals who experience discrimination develop ways of living that not only reduce the impact of adversity, but lead to connection, satisfaction, social responsibility, and competency (Short, 2007). A qualitative study on lesbian mothers in Australia demonstrated the use of strategies and resources such as making decisions about engaging, or not, in particular activities and conversations; supportive romantic relationships; being aware of strengths and feeling proud, and supportive social networks to assist in coping with heterosexism (Short, 2007). Similarly, Smith and Simmonds (2018) demonstrated that same sex attracted women used a variety of strategies to manage heterosexism such as challenging other people's homophobic assumptions, dismissing someone who enacted heterosexism, deflection, seeking community for support, and concealing their sexual identities unless they felt secure for their safety. These results are consistent with research into how members of the LGBTIQ+ community have historically protected themselves from homophobia (e.g., concealment; building community; Difulvio, 2011; Lehavot & Simoni, 2011; Keleher et al., 2009; Pachankis, 2014). However, some of these findings are more than a decade old, and do not acknowledge the intersection of socio-cultural identities,

such as race and culture, in an Australian context. Moreover, participants in Smith and Simmonds' (2018) research were all Caucasian women (Smith & Simmonds, 2018).

Other studies on coping in the context of discrimination in the United States have demonstrated similar findings. These include re-interpretations of interactions and the environment, selective affiliation with supportive people, and efforts to change negative situations (Miller & Kaiser, 2001; Shih, 2004). Russell and Richards (2003) also demonstrated the importance of understanding discrimination towards lesbians, gay men, and bisexuals "as a form of social oppression rather than a phenomenon that targets one personally" (p. 324). Elizur and Ziv (2001) also emphasised the significance of social support for LGBTIQ+ individuals. Similar to Short (2007), Reed and Valenti (2012) found in their study of Black lesbians that participants used cognitive restructuring to be aware of their strengths and to be proud of themselves in the face of discrimination.

Lesbian women have also been demonstrated to cope with sexual objectification by acting in ways that conceal their sexuality (e.g., hiding the gender of a partner) or by reflecting the stigmatising behaviour to highlight inappropriate behaviour (Denissen & Saguy, 2014). "Role flexing" behaviours (e.g., posing as heterosexual) to comply with the norms of the dominant group have also been demonstrated to cope with heterosexism (Reed & Valenti, 2012), although these behaviours have been associated with negative consequences, including cognitive (e.g., increased vigilance and suspiciousness), behavioural (e.g., social withdrawal), and emotional (e.g., depression, guilt and shame) consequences (Pachankis, 2014). Furthermore, lesbian women may diffuse the adversity of heterosexism through creating a community (e.g., "families of choice") to construct safe and supportive environments (Reed & Valenti, 2012). Overall, previous studies suggest that lesbian women utilise a range of behaviours and cognitive strategies in the face of heterosexism and discrimination.

Research has also indicated that in addition to behavioural and cognitive strategies and community creation, collective action is also important in coping with experiences of discrimination in sexual and racial minorities. DeBlaere et al.'s (2014) study of 134 sexual minority women of colour aged 19 to 75 years demonstrated that the impact of gender discrimination on psychological distress was moderated through the engagement of collective action. Furthermore, Reed and Valenti (2012) found that young lesbian women engaged in direct confrontation (e.g., verbally or physical fighting back) to encourage positive attitudes towards themselves and to cope with heterosexism. Sharing emotions related to discrimination through social connection with other lesbian women was also demonstrated as a protective factor for lesbian women's sense of self against both sexism and heterosexism (DiFulvio, 2011; Keleher et al., 2010; Lehavot & Simoni, 2011). However, this strategy of sharing emotions may also be linked with distress. Additionally, lesbian women may be at more risk of vulnerability to further homophobia through retaliation in response to resisting discrimination (Smith & Simmonds, 2018). However, much of this research has not focused on the experiences of lesbian women who are also WOC. Whether the findings of these studies transfer to lesbian WOC has yet to be explored.

**The Present Research**

A significant number of LGBTIQ+ people living in Australia are CALD (AWEI, 2020; Robinson et al., 2014) and a proportion of these people are lesbian WOC and/or ATSI (Korff, 2021). In addition to experiencing significant discrimination from heterosexism and associated homophobia (Smith & Simmonds, 2018), lesbian WOC may experience additional systems of oppression, such as racism. Because of the individual and additive action of distinct socio-cultural

identities (Warner, 2008), for each minority identity, there is an accumulation of disadvantage, such that lesbian WOC have triple disadvantage compared to a gay man or a heterosexual woman (Shields, 2008). Lesbian WOC may experience multiple layers of oppression, as they not only must contend with the negative societal reactions to their sexual orientation or gender nonconformity but also may experience racial prejudice, and limited acceptance within their own cultural communities and the wider socially dominant community (Australian Human Rights Commission, n.d.). Gaining a better understanding and contributing to the limited literature on how lesbian WOC living in Australia experience heterosexism and the additive effects of racism, and what strategies they use to cope with these systems of oppression, can provide important insights into how psychological wellbeing might be fostered among these women. Therefore, in the present research, we seek to answer the following questions: how do lesbian WOC cope with experiences of heterosexism in an Australian context? How does racism affect their experiences? What are the perceived effects of living at the intersections of gender, sexuality, race, and culture on the mental health of lesbian WOC? What strategies do lesbian WOC use to cope with multiple systems of oppression?

## Method

### Research Design

Because of the lack of research on the lived experiences of lesbian WOC in an Australian context, we chose to conduct the research using a qualitative framework since it can provide foundational data from which subsequent broader-scale research studies can be conducted (Erlingsson & Brysiewicz, 2017). We selected the "bottom-up" inductive approach of thematic analysis (Braun & Clarke, 2006), since it would allow us to examine how participants constructed events and meanings. Following Braun and Clarke's (2013) recommendation for data adequacy for a small study, we chose a sample size of six participants, with a possibility of interviewing up to ten participants if saturation of meaning, whereby we were able to fully understand the conceptual dimensions of identified codes (Henninck et al., 2017), had not occurred after analysis of these initial six interviews.

### Participants

The inclusion criteria for our research were that participants must be over 18 years old, self-identify both as same sex-attracted and a woman, be able to speak and understand English well enough to complete an interview in English, and reside in Australia. Six women who met these criteria were recruited using convenience and snowball sampling to take part in the research. Coincidentally, at the time of each interview, it emerged that all participants also identified as WOC. The average age of participants was 29.7 years. To protect their anonymity, participants chose pseudonyms for themselves, which we use in this manuscript.

### Materials and Procedure

We devised a semi-structured interview schedule to guide the interview process, comprised of a minimal number of questions, and used flexibly, depending upon the individual interview context (see Appendix 1). Following approval from our institutional human research ethics committee (approval number: 726220321), we recruited participants through professional networking, by sharing the recruitment advertisement for the research with willing community groups (e.g., SheQu, Australian GLBTIQ Multicultural Council) and invited potential participants to contact us if they were interested in taking part. This advertisement outlined the aims of the research, what participants would need to do, the amount of reimbursement ($AUD30 gift voucher) offered to cover time, and our contact details. Using Zoom, the first author conducted

and audio-recorded semi-structured, in-depth interviews, which began with the securing of informed consent for participation from each participant. Interviews were conducted in Sydney, Australia, during June to August 2021, and ranged in length from 30 to 60 minutes ($M = 50$ minutes). At the interview's close, each participant was thanked and debriefed. The first author later e-mailed participants a copy of their transcript for member checking (Patel, 2019) and a copy of the results of the data analysis for member reflection (Smith & McGannon, 2017).

### Data analysis

The first author transcribed each interview verbatim. We then analysed the data using the inductive, data-driven process for thematic analysis outlined by Braun and Clarke (2006). We independently engaged in repeated reading of the transcripts, noting similarities and contradictions in the data set. These initial notes became the codes. We then compared and collated initial codes, discussing where our codes did not match, and reaching agreement on what code was most appropriate for the data and what the code should contain. We then clustered codes that referenced similar ideas into themes. We named the themes and chose data excerpts to represent each theme. Finally, we developed a thematic map that represented the final identified themes and their relationships to each other.

### Reflexivity and Trustworthiness

Both authors have an interest in psychology and a commitment to how it is taught, researched, and practiced safely and sensitively in the LGBTIQ+ community. The second author is a white, cis-gender woman who identifies as queer, and the first author's identity as a queer WOC positions her within the community being examined. We therefore acknowledge that our positioning may influence interpretation of the data, due to our pre-existing knowledge and lived experience of the issues we chose to investigate, and that this interpretation may differ from that of others who are positioned differently. However, to demonstrate the trustworthiness of the analysis and reduce the influence of our standpoints on the analysis and interpretation of the data, we employed the following strategies.

Following Lincoln and Guba's (1985) guidelines, we sought to demonstrate credibility through data-triangulation and a process of member checking (Patel, 2019), and member reflection (Smith & McGannon, 2017). In data triangulation, we independently coded each transcript, and then compared our codes, and developed the final codes and thematic structure together. In the member checking process, participants were provided with a copy of their verbatim transcript for assessment. No participant requested that any changes be made. In the member reflection process, the first author forwarded a copy of the results of data analysis to each participant for checking and verification, with three weeks allowed for comments. No participant contacted the first author with any requests for change. To facilitate transferability of the inquiry, we provide thick descriptions of each theme with direct quotations from each interview (Li, 2004). To enable assessment of the dependability of the findings, we situate the analysis in quotations drawn directly from each participant. To promote confirmability of the analysis, we maintained an audit trail and a copy of the de-identified data set is available from the first author by request.

## Results

Analysis of the data demonstrated that heterosexism was a defining feature of the lives of the participants in the research. Heterosexism was manifested both through microaggressions and direct harassment, and directed toward the women in their workplaces, by their families of origin, and by the general public. Heterosexism, however, also intersected with other systems of

oppression around race and gender. Participants, then, noted that they employed both cognitive and behavioural strategies to deal with the compromised mental health that arose from their experiences as members of a "triple minority." The results of the analysis are presented in Figure 1.

**Figure 1.**

*Thematic Map*
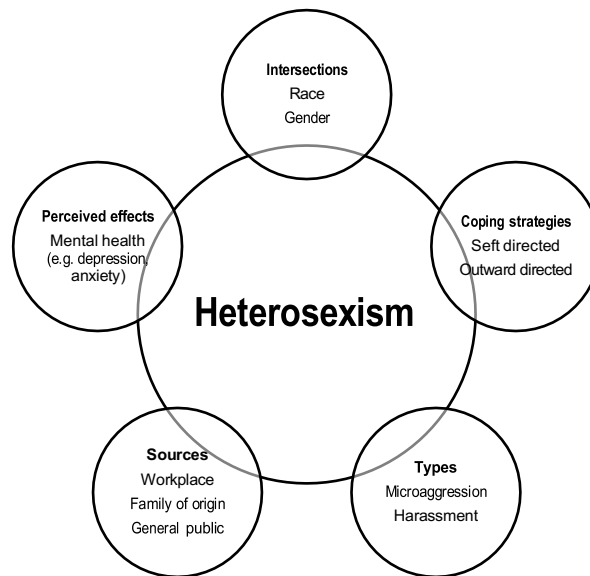


**Heterosexism in the Lived Experiences of Same Sex Attracted Women of Colour: Types and Sources**

All participants noted that they had experienced heterosexism as part of their daily life. Kristen stated that she experienced heterosexism "once a month or once every two months" and Erin noted experienced heterosexism "quite often" in more situations than others. The reported experiences of heterosexism were of two types: microaggression and harassment. Experiences of microaggressions were more frequently reported by participants than experiences of direct harassment. All participants, like Yvonne, articulated that "people make comments but not directly to me, they just talk behind my back." In contrast, one participant reported more direct experiences of harassment, with Erin's experience where her male co-workers attempted to engage in conversations with her in attempt to "sexualise" other women based her sexuality, exemplary: "I awkwardly said I don't want to talk about that that's gross stop sexualising women."

Participants reported that these experiences of heterosexism originated from three sources: the workplace, family of origin, and the general public. In the workplace, Anna reported that her manager "accused" her of "flirting with other female employees" and allowed "other female employees" to "walk over" her based on her sexuality. Moreover, Yvonne said that her employees referred her as "the lesbian", despite being aware of her name. With family of origin, Caroline states: "we don't talk about this stuff" as "the idea of being queer is unacceptable." Two of the six women reported that their parents did not allow them contact with their siblings:

> *My mother had an extremely negative reaction and kicked me out of the house.*
> *She told me that I was dirty that I couldn't have contact with my siblings. That I*

*was contagious. That they would catch it and become dirty like me. My sister's male partner, for example, was always invited for dinner, always accepted, always given gifts by my parents. She always wanted to keep me in a separate box* (Kristen).

Similarly, Anna reported that "my younger siblings were not allowed to come over to my house for a long time because my parents weren't sure or didn't believe me if I lived alone." With the general public, Erin said, "sometimes men [drive] by" and "honk at my partner and I in the city."

**At the Intersections: Heterosexism, Racism, and Gender Identity**

Five of the six participants reported that their gender expression played a significant role in whether they experienced heterosexism. Women who appeared "straight passing" or "feminine" were more likely to be accepted and less discriminated against based on their appearance compared to women who appeared "less feminine." Erin stated:

*I'm very straight passing so I can get away from it than other people can. I feel kind of lucky in that sense that I probably experience less homophobia than another queer woman who wasn't straight passing as me. I am quite blessed to be feminine in that sense.*

Similarly, Kristen said that she experienced less discrimination based on her sexuality when she was alone in comparison to when she was out with her partner: "when I am on my own, I would pass as straight to the general public. I don't get many comments when I am just on my own. It happens more often when we are together." Anna, who describes herself as "less feminine" reported that her co-workers "only care about straight presenting feminine women" and "lesbians who look femme have a lot of male attention because they think they have a chance." She reported that her co-workers are not aware of her name, as they "know the pretty girls' name in one day but won't know my name in four months." Similarly, Caroline said that "people would make comments that I am different, and I look very tomboyish and that shames me." Elisa who describes herself as a "transgender woman" reported that "they look at me as a man in a woman costume" and ask "whether I have a penis."

Four women reported that they experienced not only heterosexism, but other systems of discrimination based on race and religion. Yvonne noted that "sometimes you couldn't tell that it's against your sexuality or against your colour of skin". Similarly, Caroline reported that "I am a foreigner female" and that "a lot of my difficulties are because of culture." She sates: "in Australia community in general, they are accepting and supporting," however "we do not exist in my culture, my hometown." Yvonne observed that most people "who make negative comments" about her are from "other cultures who didn't grow up from here, in Australia." Anna who was raised in a "strict Catholic family" describes that she is not allowed to be "out to extended family" as it is an "unchristian thing to do." Finally, Caroline noted that she felt that she was "living two personalities" as to not upset her cultural community: "When I came back home, I am wearing someone else's shoes, I'm hiding this part of me."

**Perceived Effects of Heterosexism on Mental Health**

All participants spoke about how heterosexism, racism, and discrimination impacted mental health, and of thinking about and choosing whether or not to engage in particular actions on the basis of this. All participants discussed the considerable distress that they felt as a consequence of dealing with interlocking systems of oppression. For example, Caroline noted

that "I was very depressed for a number of years, and was very anxious, and had ongoing mental health issues." Similarly, Anna reported that the experience of heterosexism was "very distressing and there's many tears to shed over this."

**Coping Strategies Used to Manage Effects of Discrimination**

The women reported the use of both self- and outward-directed strategies to manage the effects of heterosexism. Self-directed strategies are skills and activities used to improve the emotional reaction to sources of stress (Lambert et al., 2013), and include avoidance, assertiveness, and denial. Outward-directed strategies included seeking psychological support, legal or human resources (HR) support, and finding community. Participants noted that only one of the self-directed strategies, assertion, but all of the outward-directed strategies, especially community involvement and partner support, helped them to build resilience in the face of their experiences of heterosexist discrimination.

*Self-directed Strategies*

Five women utilised three self-directed strategies to protect themselves from challenging heterosexism: avoidance, assertiveness, and denial. Caroline describes that she "avoids situations where I think I might be discriminated against, as well as adapt my behaviour or my language. Often, I do that to protect myself." Similarly, Yvonne said, "I avoid using pronouns to call my partner so they wouldn't tell that she is she instead of a he." Therefore, some women made choices about how to respond to personal questions. Other women utilised denial as a strategy to manage heterosexism. For example, Yvonne said:

> *Most of the time I would choose to ignore that it might be possibly discrimination based on my sexuality. I choose to not accept the fact… to make myself feel better because if I dig about it, then I reckon it is discrimination and it would really upset me. So, I just pretend that it's not discrimination.*

In contrast, only one woman, Kristen, utilised assertiveness to manage heterosexism:

> *I feel like these days I am more empowered to say something back, so I will probably confront it directly. I feel like I care less with what people say and what people think these days. Perhaps with age, and that my daughter is born. I have to be strong for her. Before I would have really absorbed or felt really bad about myself like I was the one in the wrong.*

**Outward-directed Strategies**

All participants utilised outward-directed strategies comprised of three components to protect themselves from heterosexism: seeking psychological support, legal or HR support, and finding community. Three women reported that having access to a psychologist who is "queer friendly" for professional support helped them to manage the effects of the heterosexism and build resilience. As Kristen described: "she was really great at talking about LGBTIQ+ issues, was sort of familiar with the experiences, and had a lived experience of it.". Similarly, Caroline noted that she was "very happy to see a therapist" to help manage the heterosexism and discrimination from her family of origin. Two women reported that being aware of legal and/or human resources support in the workplace was crucial to building resilience. Kristen stated, "knowing my legal rights help me feel more resilient in a professional context". Similarly, Erin noted "workplace LGBTIQ+ training provided by HR" helped build resiliency in her case.

All women reported that drawing on the strengths of the lesbian community were important in building resilience. Caroline, Yvonne, and Kristen described that "having a group of queer community" was "really helpful" in "feeling connected and more confident of who we are". Moreover, two women described that being a part of the "queer community" provided experiences of "hope" that "society is improving slowly, like the legalisation of same sex marriage" (Caroline), as well as community providing a sense of solidarity. Five women also said they debrief or vent about experiences of discrimination to other queer women or allies. For all these women, this strategy appeared to help them feel that their anger or hurt were legitimate and to discharge the painful emotions that they felt building up within them and allowed them to recharge. Kristen said:

> It took me a very long time to get to this place. Now I have queer friends. So, I feel like if something did happen, I could rant about it, and they would understand. I got more support network that I used to, and I feel like I got people to fall back on.

Moreover, Kristen noted that she relocated to a neighbourhood that was more LGBTIQ+ friendly:

> I moved to a location, the inner west, there is quite a few other people like me, and other families like me. I wanted to be surrounded by people who sort of thought similarly and I want my daughter, I guess, to be surrounded with other families like us.

Community was also understood to include romantic partners. The women with romantic partners reported that their partner was "supportive" and a source of resilience in challenging homophobia. As Anna stated, "my partner is always great to talk to just hearing about her experiences helps with resiliency." Similarly, for Caroline, her partner "helped her opened up more" and that she's learnt "a lot of new things" as they share experiences of being a women of colour.

## Discussion

In this research, we explored how lesbian WOC experienced heterosexism and related systems of oppression, such as racism, the perceived effects of these experiences on their mental health, and the strategies that they used to cope with multiple systems of oppression. Overall, results of the research suggested that the discrimination reported by participants occurred across a range of contexts from families of origin, workplaces, and the general public, and included both microaggressions and more direct harassment. The perceived impacts on their mental health were managed using both self- and outward-directed strategies, with assertiveness and partner and community support noted as particularly helpful in building the resilience needed to cope with life as a member of a "triple minority". The research also revealed the ways in which the participants' gender affected how they experienced heterosexism and how they managed heterosexism through the implementation of role flexing.

### Heterosexism

The results demonstrated that heterosexism is prominent in the lives of lesbian WOC in an Australian context, along with other systems of discrimination based on race and culture. This finding is consistent with the reported experiences of heterosexism and racism as demonstrated by LGBTIQ+ Health Australia (2021), the Scanlon Foundation Research Institute (2021), and Archer et al., (2022). It is also important to note the perceived impact of oppression demonstrated in this study on the women's mental health and wellbeing. All women in the present research reported experiences of psychological distress as a result of heterosexism, such as "depression,

anxiety, fear, stress, hypervigilance, desperation, anger, and feeling guilty," with some participants requiring psychotherapy and/or pharmacological (e.g., antidepressants) support to further manage these experiences of psychological distress resulting from discrimination (e.g., family non acceptance). These results are also consistent with those of previous research, which demonstrate that exposure to minority stressors among minority individuals, such as prejudicial events (e.g., heterosexism, sexism, racism) and expectations of rejection (e.g., from the workplace, family of origin, and the general public) lead to poor mental health outcomes, such as decreased quality of life, psychological distress, and depression (Sutter & Perrin, 2016).

Consistent with the MSM (Meyer, 2003), participants reported multiple layers of oppression. The participants not only needed to deal with the negative societal reactions to their sexual orientation or gender non-conformity, but also experienced racial prejudice in the workplace, but not limited to the workplace (consistent with Archer et al., 2022), and limited acceptance within their own cultural community (also commented on by Australian Human Rights Commission, n.d.; Harper et al., 2004; Korff, 2021). As such, this finding provided insight into the complexities that lesbian WOC living in Australia might need to navigate in their lives. These complexities were challenging, conflicting, and stressful for the participants. Consistent with previous research in the United States, some participants reported that they felt the need to conceal their sexual or gender identity to fit with their racial/ethnic group, making themselves "invisible" in their cultural groups to avoid feeling shame or guilt (Crawford et al., 2002; Fukuyama & Ferguson, 2000). As noted by Pachankis (2007), and supported by the results of this research, chronically concealing one's identity is a cognitively and behaviourally taxing coping strategy that has significant psychological consequences.

## Gender Expression and Heterosexism

Interestingly, five of the six participants in the research noted that their expression of gender affected their experiences of discrimination in the workplace or in the public domain. For some of these participants, "passing" was a way to manage heterosexism and cope with its effects. This finding is consistent with previous literature on "role flexing behaviour" which is a common identity maintenance strategy used among Black, gay and bisexual males and among Black women in response to sexism and racism (Shorter-Gooden, 2004). It is used to comply with the norms of the dominant group in order to reduce the impact of heterosexism (Reed & Valenti, 2012). This strategy may be particularly effective because the sexual minorities who assimilate into heteronormative structures and conform to the congruent gender roles receive more privileges than those who do not or cannot assimilate. For example, many transgender and other gender non-conforming individuals are often pushed to the periphery of LGBTIQ+ communities for not conforming to the heteronormative gender roles in society. Therefore, heteronormativity not only regulates lesbian WOC, but it is also legitimized through discrimination against other lesbian women who may not present as "straight passing" (Robinson, 2016).

## Coping with Heterosexism

The present research highlighted a variety of other strategies that women at the intersections utilise to cope with heterosexism. For example, similar to findings of Smith and Simmonds (2018), participants reported the use of self-directed strategies, such as avoiding situations or interacting with others that are likely to be homophobic, avoiding the use of pronouns to describe their partner, direct confrontation of stigmatizing attitudes and beliefs of others through assertive action (also found by Reed & Valenti, 2012), and denying the situation in attempt to diminish the impact of negative biases or stereotypes. Moreover, participants also

reported the use of outward-directed strategies to cope with heterosexism, such as seeking psychological support, in particular, LGBTIQ+ friendly mental health professionals, noting that the therapeutic process was helpful if the mental health professional was aware of the effects of heterosexism on mental health wellbeing. Other outward-directed strategies included seeking legal or HR support and, similar to findings in Short's (2007) research, finding community (including romantic partners) as a way to cope with heterosexism and diffuse the impact of homophobia on perceived mental health outcomes.

In contrast with Smith and Simmonds (2018), participants in the current study utilised less assertive strategies (e.g., denial and avoidance) to deal with heterosexism, and appeared more community oriented. It is noteworthy that in comparison with Smith and Simmonds' (2018) sample, which was Caucasian, the present study's sample comprised WOC. This finding may therefore indicate the importance of cultural effects on behaviours used to deal with heterosexism, with women from minority status groups possibly less comfortable in using individualistic strategies such as assertion, instead choosing more collectively oriented strategies grounded in community, to deal with discrimination. The findings from the current research also highlighted that some lesbian WOC felt that they needed to choose between being LGBTIQ+ and being a member of their own ethnic/racial group, thus employing unique ways to cope with acts of discrimination and marginalization from both communities.

## Limitations

While this study adds significant information to the knowledge base about the lived experiences of lesbian women at the intersections in an Australian context, it is important to note its limitations. We did not set out to explore the experiences only of lesbian WOC and acknowledge that the organisations through which we chose to sample participants may have resulted in the volunteering specifically of lesbian WOC. Although the sample size is small, the qualitative sampling methods were appropriate for exploring the unique and rich perspectives required to fulfil the aims of the study and fulfil the imperative in qualitative research for trustworthiness. The unique experiences of bisexual+ women (e.g., women who are attracted to more than one gender) were also not investigated in this research, as all participants identified as lesbian, constituting a significant gap. As WOC from the bisexual+ community face unique experiences of marginalization across communities, it is important to explore these experiences in further detail. Despite these limitations, the study has added to the knowledge base about how lesbian WOC cope with heterosexism and related systems of oppression, such as racism.

## Implications for Clinical and Community Psychology Practice

As Rauk (2021, p. 1) notes, community psychology has a deep, and long-standing commitment to social justice. The results of studies such as the present one can support the development of anti-heterosexist and racist guidelines that can guide and inform clinical and community practices to better collaborate with and support community partners (Rauk, 2021, p. 1). Although one participant reported that assertiveness skills may be useful in fostering self-advocacy (Carvalho et al., 2022), other self-directed strategies of avoidance and denial reported by the participants are understandable responses to unreasonable and oppressive circumstances. These behaviours point to the need for change to wider systems that contribute to marginalisation and discrimination of lesbian WOC, and psychoeducation may be useful both here and in supporting families of lesbian WOC toward greater acceptance.

Furthermore, psychologists who work with lesbian WOC may benefit from focusing on how the complexities of multiple oppressions play into presenting mental health problems. For example, helping clients develop awareness of the multiple systems identified in the current study may be an initial step for a client to reduce the direct effects of discriminations on mental health. Given the importance of supportive partnership and community networks that emerged as significant in promoting resilience in the present research, both clinical and community psychologists can work with LGBTIQ+ communities of colour to create spaces that foster networks and safe and sensitive culturally inclusive practices (Australian Psychological Society, 2007).

This study also demonstrated that the participants interviewed experienced microaggressions across a range of contexts. Participants therefore tended to engage with health practitioners who were "queer friendly" to avoid assumptions related to heteronormativity. Therefore, microaggressions become relevant in clinical practice, as relational dynamics are central aspects of this field. In clinical practice, microaggressions can be undetected. Sue and colleagues (2007) suggested Caucasian heterosexual clinicians are more likely to express biases unintentionally and unconsciously. Consequently, psychologists should make a collaborative effort to identify and monitor microaggressions within the clinical setting. Due to a lack of cultural awareness, some lesbian WOC may feel misunderstood by their psychologists (Sue et al., 2007). Similar to a study on Asian Americans, Asian Australians may be encouraged by their psychologist to speak out against their families or to make decisions irrespective of family expectations when faced with distress in relation to family responsibilities (Sue et al., 2007). Asian Australians may feel invalidated when cultural respect of authority is challenged, and psychologists may be unaware that they may be imposing an individualistic view over a collectivist one (Sue et al., 2007).

Mental health professions in Australia have typically been dominated by people from Caucasian backgrounds (Dune et al., 2021). Psychologists can improve their role as a therapist supporting lesbian WOC by understanding the complexity of the "triple minority" in modern Australia, including understanding resilience, minority stress, intersectionality, and concepts of power in therapeutic work. As 86% of advertised counsellors and psychologists in Australia described themselves as Caucasian (Pelling et., 2007) and with an increasingly diverse population, it is therefore important for psychologists to become aware of potential transference and countertransference concerns between therapist and client and how they may unintendedly interfere with effective therapy (Sue et al., 2007). The Australian Psychological Society (APS) attempts to bridge this gap by providing ethical guidelines for psychological practice with lesbian, gay, and bisexual clients. The current findings provide valuable insight on the lives of lesbian WOC; for example, how the "coming out" process and how variables such as cultural diversity, and religion can influence this process, as well as how racism within lesbian communities are critical factors to consider for community and clinical psychologists.

Lastly, the study also provided findings with important implications for employers. The results suggested that legal or organisational policies can build resilience in the workplace. For example, employers can provide LGBTIQ+ diversity workplace training. Chrobot-Mason and Aramovich (2013) suggested when diversity is managed effectively, discrimination, conflict, and exclusion are minimal. As such, diversity training can enable employers to increase confidence in the use of language and terminologies around LGBTIQ+ people, experiences of LGBTIQ+ people in Australia, strategies to address discrimination, provide useful referral sources, and develop ways to increase workplace inclusive practice to build resilience for lesbian WOC (Chrobot-Mason & Aramovich, 2013).

## Conclusion

Lesbian women continue to experience interpersonal and institutional oppression in Australia (Smith & Simmonds, 2018) and these experiences may be heightened for lesbian women who are also of colour and/or ATSI (Archer et al., 2022; Australian Human Rights Commission, n. d., Korff, 2021). As Archer at al., (2022) note, WOC continue to be "othered" through sexual objectification, xenophobia, and racism, with WOC set up as "other" to cis-gendered men and heteronormative white women. Academic studies into the experiences of WOC in Australia, especially of those who are also lesbian, are lacking. Therefore, this research sought to address several questions: how do lesbian WOC cope with experiences of heterosexism in an Australian context? How does racism affect their experiences? What are the perceived effects of living at the intersections of gender, sexuality, race, and culture on the mental health of lesbian WOC? What strategies do lesbian WOC use to cope with multiple systems of oppression?

Overall, findings from inductive, data driven thematic analysis of interviews with six lesbian WOC living in Australia suggested that they continued to experience discrimination across a range of contexts from families of origin, workplaces, and the general public, and included both microaggressions and more direct harassment. Participants employed a variety of strategies, such as self-directed strategies (e.g., avoidance, assertiveness, and denial) and outward-directed strategies (e.g., seeking psychological support, legal or HR support, and finding community) as ways to manage their mental health as a result of heterosexism and racism. The research also revealed the ways in which the participants' gender affected how they experienced heterosexism and how they managed heterosexism through the implementation of role flexing. Findings highlighted the importance of incorporating a multiple oppression perspective into research. This unique understanding of how women live at the intersections is particularly important for community and clinical psychologists in providing culturally safe and sensitive practice with lesbian WOC clients and allowing them to understand the complex interplays of gender, race, and sexuality in creating oppression, reflected in Erin's words, "I am quite blessed to be feminine."

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## Appendix 1: Interview Questions

1. What name would you like me to call you during the interview?
2. What pronoun would you prefer me to use?
3. What is your age?
4. What is your current sexual identity?
5. How important is sexual identity to you?
6. How often do you experience discrimination in your day to day life? Is there any context in which it occurs more frequently? If so, can you tell more about this.
7. How distressing is this discrimination for you?
8. Describe a memorable situation where you experienced negative attitudes or behaviours from others – presumably because of your sexuality?
9. What did you do in this situation?
10. Were you happy with how you dealt with the situation?
    a. If YES, can you tell me more.
    b. If NO, what would you have liked to have changed?
11. How would you usually deal with negative attitudes or behaviours from others because of your sexuality in your day-to-day life?
12. Do you think these negative attitudes affect your mental health?
    a. If YES, how so?
    b. If NO, please tell me more.
13. What sorts of things might support you in being resilient?

**Closing**

- In reflection, how was the interview for you? And do you have anything further to add or any questions you would like to ask?

## Acknowledgements

## Disclosures

**Compliance with Ethical Standards**

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study. The authors certify that they have complied with APA ethical standards in the treatment of their sample.

**Author Statement**

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