

City of Hollister

Friendly Workplace Training Manual For Public Officials



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This manual has been developed from the following resources:

Southern Poverty Law Center

www.splcenter.org - 400 Washington Ave., Montgomery, AL 36104

Safe Zone Training - Worcester Polytechnic Institute

<http://users.wpi.edu/~alliance/safezone/safezone-manual-2003.pdf>

www.wpi.edu/offices/diversity/resources/lgbtq-support

100 Institute Road Worcester, MA 01609

Safe Space Training Manual - Loyola University

6525 N. Sheridan Road, Student Life. Chicago, IL 60626

GLSEN - Safe Space Training Manual

<http://www.ct.gov/dcf/lib/dcf/wmv/pdf/safe>space guide.pdf

Wikipedia - various articles

www.wikipedia.org

WebMD - various articles

www.webmd.com

Gay and Lesbian Medical Association (GLMA) - various articles

www.glrna.org

Lambda Legal - various articles

www.lambdalegal.org

Washington Secretary of State

<http://www.sos.wa.gov/corps/domesticpartnerships/faq.aspx>

801 Capitol Way South, PO Box 40234, Olympia WA 98504-0234 - (360) 725-0377

National Center for Transgender Equality

<http://transequality.org/PDFs/NTDSReportonHealth> final.pdf

1325 Massachusetts Avenue NW, Suite 700, Washington, DC 20005

Safe Schools Coalition

www.safeschoolscoalition.org - Seattle Washington

National Coalition of Anti-Violence Programs

240 W 35th St, Ste 200, New York NY 10001 [-www.avp.org](http://www.avp.org)

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The Basics

Our goals in providing this training are to: offer information to straight allies in positions where they may be in contact with lesbian, gay, bisexual and transgender people; provide a greater sense of safety for the gay, lesbian, bisexual, and transgender community; and act as a resource of information regarding homophobia, heterosexism, transphobia and LGBTQ+ issues.

"What Do You Think?"

The first three words that come to mind when I hear the word "gay" are: _____
_____, and _____.

The first three words that come to mind when I hear the word "lesbian" are: _____
_____ and _____.

Almost all homosexuals are _____.

Approximately _____% of the adult population is gay (male).

Approximately _____% of the adult population is lesbian.

Most male homosexuals recognize that they are gay at approximately the age of _____. Most lesbians recognize that they are gay around the age of _____.

Three ways in which gays or lesbians are different from other men and women are:

Most gay relationships _____

Most lesbian relationships _____

Most homosexuals have parents who _____

Most gay people have had no heterosexual experiences.

Yes No I Don't Know

Most gay people approve of non-monogamous relationships.

Yes No I Don't Know

Most gay people go to gay bars regularly.

Yes No I Don't Know

I know a gay person who _____

A gay family _____

A gay employee _____

You and your partner (gay or lesbian) have a child in 1st grade. Parent-teacher conferences are scheduled for next week, and both of you want to go. What problems do you anticipate?

Your partner (gay or lesbian) has been critically injured in an automobile accident, and s/he is in intensive care. You arrive, breathless, at the hospital. What happens next?

You are invited to a family wedding. You are in a committed relationship (gay or lesbian). The invitation says, "Bring a Guest". What do you do?

You are in a committed homosexual relationship. Your family expects you home for the holidays, but does not invite your partner. What do you do?

You have a new job, and there is an *office* party scheduled at your boss' home for the next weekend. The invitation says, "Bring your spouse". You are in a committed lesbian/gay relationship. What do you do?

How do these examples make you feel? Why?

Introductory Definitions

What is LGBTQ+? LGBTQ+ stands for Lesbian, Gay, Bisexual, Transgendered, and Queer. The letter "Q" can also stand for Questioning and at times you will also see the letter "A" for Ally and "I" for Intersexed. As the climate for the community continues to change so do the definitions evolve, so while this is a common list of verbiage in the gay community it is not complete.

Aromanticism: is a romantic orientation characterized by experiencing little to no romantic attraction.

Asexuality: A person who experiences little to no sexual attraction. This is not synonymous with celibacy or Aromanticism. Asexuals are often excluded from the Queer Community or seen as flawed or broken.

Androgyny: Displaying characteristics of both or neither male or female.

Biological Sex: The distinction between female, male, and intersex people based on physiological characteristics, especially chromosomes and external genitalia.

Biphobia: Fear or hatred or invalidation of those assumed to be bisexual. Like Transphobia, it is prevalent in both the straight and gay/lesbians communities.

Bisexual/Bi: A person who is emotionally, physically and/or sexually attracted to both men and women as well as non-binary and trans people.

Butch/Femme: A lesbian or gay woman, who prefers traditionally masculine (butch)/feminine dress, style, expression, or identity. Use caution with these terms as they can be taken offensively.

Cis-gender: denoting or relating to a person whose gender identity corresponds with the sex registered for them at birth; not transgender.

Closeted/In the Closet: The confining state of being secretive about one's true Sexual Identity. This should be respected as it is often a means of surviving in a family, group, or broader setting which might be intolerant or confrontational towards their gender/sexuality.

Come Out (of the closet): To acknowledge one's true Sexual Identity, either to oneself or to others. · This is a very personal and significant choice for queer people and should not be pushed or forced by others.

Drag: Wearing the clothing of another gender, often exaggerating stereotypical characteristics of that gender. The intention of drag is often to provide a safe space for queer people; exaggerates stereotypical characteristics for the purpose of; drag is an art form and form of pride and should not be confused with actual sexual or gender identity.

Dyke: A derogatory term for lesbian, the word dyke was reclaimed by lesbians in the 1970's as slang, and many lesbians now refer to themselves as dykes. This is still used as a derogatory slur toward lesbians, though many have reclaimed.

Family: What the gay community calls each other.

FTM: Female to Male. A term used in the LGBTQ+ community that refers to male identified people who were categorized as female at birth. This is sometimes referred to as AFAB (Assigned Female at birth). (See also MTF and Transgender).

Gay: A common and acceptable term for male homosexuals, but also used when referring to both men and women.

Gender: Characteristics of masculine or femininity that are learned or chosen. A person's assigned sex does not always match their gender (see Transgender), and more people display traits of more than one gender.

Gender is different than sexuality.

Heterosexism: A bias towards heterosexuality or the exclusion of homosexuality. It is also, the presumption that heterosexuality is superior to homosexuality. Or, prejudice, bias or discrimination based on these things. This is more commonly referred to as "heteronormativity".

Heterosexual: A person who is emotionally, physically and/or sexually attracted to members of the opposite sex.

Homophobia: Fear or hatred of those assumed to be LGBTQ+ and anything connected to their culture. It is when a person fears homosexuality, either in other people or within themselves. Homophobia within oneself is often called "internalized homophobia".

Homosexual: A person who is emotionally, physically and/or sexually attracted to a person of the same sex.

Intersex: A person who is born with physically ambiguous genitalia which doctors have trouble classifying as "female/girl" or "male/boy." Avoid use of the word "hermaphrodite" which is offensive and outdated.

Lesbian: A common and acceptable term for female homosexuals.

MTF: Male to Female. A term used in the LGBTQ+ community that refers to female-identified people that are categorized as male at birth. Also referred to as AMAB (Assigned male at birth). (See also FTM and Transgender).

Non-binary: Used to describe someone whose gender identity can't be described as exclusively woman or man. Umbrella term including people who don't identify fully or at all with "male" or "female". Exists on a spectrum and is not dependent on gender assigned at birth.

Openly Gay: Used in instances where the Sexual Orientation of the individual is relevant to the story and the individual has previously outed her/himself.

Outing/Outed: Publicly revealing the Sexual Orientation of an individual who has chosen to keep their orientation a secret. Don't use private pronouns for people around other people they are closeted toward. (You could accidentally out them). This is a safety concern.

Passing: With regards to sex, gender, and sexuality; passing means being read as a sex, gender, or sexuality other than the one you were assigned or with which you identify. Do not comment whether others are "passing" unless explicitly asked"

Pride: A healthy safe respect, which, in the context of the LGBTQ+ community, promotes empowerment, education, safe-living, and the sense that it is "okay to be queer."

Queer: In the past, this term was a derogatory word for gays and lesbians. It has been reclaimed by LGBTQ+ activists during the 1980's. Considered a more inclusive term than gay. It is an umbrella term applied to all members of the LGBTQ+ community and is a personal identifier.

Sero-conversion: is a sign that the immune system is reacting to the presence of the virus in the body. It's also the point at which the body produces antibodies to HIV. Once seroconversion has happened, an HIV test will detect antibodies and give a positive result.

Sexual Identity: How one is recognized by others. Heterosexuality is automatically assumed in the United States unless a person "comes out."

Sexual Orientation: The attraction that one feels toward either or both sexes. Why people feel the attraction they feel is unclear. Studies state that sexual orientations are concreted by the age of five, if not sooner. The median age at which youth recognize the nature of orientation is thirteen.

Stonewall: The Stonewall Inn Tavern in New York City's Greenwich Village was the site of several nights of violent protests following a police raid committed on June 28, 1969 for no other reason than it was a queer bar.

Although not the nation's first gay-rights demonstration, Stonewall is now regarded as the birth of the modern LGBTQ+ movement.

Straight: A heterosexual person.

Transgender: An umbrella term for individuals who blur the lines of traditional gender expression. Transgendered individuals recognize the social construction of their genders and thus do not fit neatly within societal- prescribed gender roles determined by biological sex. Identifies differently from their gender assigned at birth. Gender nonconformity does not equal transgender.

Transphobia: Hatred and/or discrimination against people who break or blur gender roles and sex characteristics. Like biphobia, it is prevalent in both the straight and gay/lesbian communities.

Two-Spirit: Native American concept present in some indigenous cultures across North America and parts of Central and South America. It is a term of reverence,

traditionally referring to people who display either masculine and feminine sex or gender characteristics. Those who are Two-Spirited are and were traditionally respected and may be healers or leaders thought to possess a high spiritual development.

(adapted and updated from Safe Zone and Safe Space Training Manuals)

LGBTQ+ History

1869 - Kertbeny Coins "Homosexual" - The writer used "homosexual" as part of a system for the classification of sexual types. He believed that each of his categories is rooted in heredity, and used that argument as a basis for opposition to laws against consensual sex between men.

1909 - Freud "Invents" - Sexuality Freud rejects hereditary theories of the causes of homosexuality and that homosexuals are necessarily feminine. According to Freud, a boy can develop into an effeminate heterosexual, a masculine homosexual, or some other combination of gender and sexuality.

1962 - Illinois is the first state to decriminalize homosexual contact

1967 - First "Gay Campus Group" - Columbia University's Student Homophile League gains official recognition

1969 - Stonewall Riots - New York police regularly raided gay bars, harassing and arresting patrons, but on the 29th of June the lesbians and gay men of the Stonewall Inn fought back, forcing the police to barricade themselves inside the bar for their own protection.

1973 - American Psychiatric Association on Homosexuality Declares homosexuality per se is not a psychiatric disorder, but as "normal."

1977 - Led by Harvey Milk Proposition 6 is defeated by voters in California, it would have barred teachers from being openly gay.

1978 - San Francisco city supervisor (aka "Mayor of Castro Street") Harvey Milk is murdered in City Hall by former city supervisor Dan White. The now famous "Twinkie Defense" was used successfully to reduce the charges against Dan White for the murder.

1982 - Wisconsin is the first state to pass a statewide same-sex rights bill.

1987 - ACT UP Against AIDS is formed to bring about change for HIV/AIDS patients. Demands FDA assistance in affording AZT and brings awareness to the AIDS issue in America.

1989 - Same Sex Partnerships Recognized October- Denmark is the first country in the world to give legal recognition to same-sex partnerships.

1990 - Gays and Lesbians allowed to Immigrate to the U.S. Policies restricting Gays and Lesbians from immigrating to the United States are rescinded.

1992 - London hosts first Europride.

1993 - Senator Sam Nunn's "Don't ask, Don't tell" policy for the U.S. military becomes law. The law includes the determination that "persons who demonstrate a propensity or intent to engage in homosexual acts" are an "unacceptable risk" for inclusion in the military.

1995 - Gaytime TV is launched - One million viewers tuned in each week to catch lesbian and gay programming.

1996 - Marriage Laws

President Clinton signs the Defense of Marriage Act (DOMA), denying federal benefits to same sex spouses should gay marriage ever become legal, and creating an exception to the US constitution allowing states to disregard same-sex marriages performed in other states.

A Hawaiian state court upheld the right of same-sex couples to be legally wed. The ruling makes Hawaii the first state to legally recognize gay and lesbian couples. Voters approved a constitutional amendment in 1998 granting the Hawaii State Legislature the power to reserve marriage to opposite-sex couples, which resulted in a law banning same-sex marriage. In 2010, Hawaii House Bill 444, which would create civil unions for same-sex and opposite-sex couples, passed the Hawaii House of Representatives and the Hawaii Senate and was vetoed by Governor Linda Lingle.

1998 - October 12th Matthew Sheppard is murdered.

2000 - Civil Unions/Registered Domestic Partnership Laws passed and goes into effect in Vermont.

2003 - In a historic decision on June 26, Sodomy Laws were reversed in the United States.

2004 - Limited Domestic Partnerships were passed and came into effect in New Jersey, while state constitutions were changed to ban same sex marriage in: Mississippi, Missouri, Montana, Oregon and Utah and these states included the banning of civil unions: Arkansas, Georgia, Kentucky, Louisiana, Michigan, North Dakota, Ohio, Oklahoma, Virginia and Wisconsin.

2005 - Civil Unions/Registered Domestic Partnerships become effective in California, while Kansas and Texas added verbiage to ban same sex marriage in their state constitutions.

2006 - State Constitutions changed banning same sex marriage in Tennessee and Alabama, Colorado, Idaho, South Carolina, South Dakota, Virginia, Wisconsin included civil unions in their ban.

2007 - Limited Domestic Partnership passed and go into effect in Washington State, laws were expanded in 2008 and 2009.

2008 - Same sex marriage goes into effect in Connecticut.

May 2008 - same sex marriage goes into effect in California and ends in November when Prop 8 is passed. Same sex marriage is also banned in Arizona and Florida included Civil Unions in their ban. Arkansas passed a law banning adoption by same sex parents.

Civil Union/Registered Domestic Partnership Laws go into effect in New Hampshire.

Limited Domestic Partnership laws go into effect in Oregon.

2009 - Same sex marriage goes into effect in Iowa and Vermont, were passed in New Hampshire, and Washington DC. Maine passed same sex marriage which later was banned and never went into effect.

Civil Unions/Registered Domestic Partnerships passed and go into effect in Nevada. Limited

Domestic Partnership laws go into effect in Colorado and Wisconsin.

Washington DC recognizes unions made abroad.

Matthew Shepard Act passes also known as the "Hate Crimes Bill."

The California Supreme Court upholds Prop 8, banning same sex marriage. In 2010, US District Judge Vaughn Walkers strikes down Prop 8 stating it violates the United States Constitution's Fourteenth Amendment of Equal Protection and Due Process Clauses.

2010 - Australia becomes the first country in the world to recognize a "non-specified" gender.

December 22, 2010 - President Barack Obama signs into a law a bill to eliminate "Don't Ask Don't Tell." Elimination of this law means that homosexuals will be able to serve in the US Military openly and without fear.

2011 - Same sex marriage passes and goes into effect in New York. Civil Union/Registered Domestic Partnerships passed in Illinois, Delaware and Hawaii.

September 20, 2011 - official end of "Don't Ask Don't Tell".

2015 - Nationwide legalization of same sex marriage passes.

2019 - Transgender Military Ban under Trump Administration

2019 - Gay and Trans Panic Defense Prohibition Act of 2019.

2021 - Transgender Military Ban repealed under Biden Administration.

9 Anti-Gay Myths Debunked

MYTH# 1

Homosexuals molest children at far higher rates than heterosexuals.

THE ARGUMENT

Depicting gay men as a threat to children may be the single most potent weapon for stoking public fears about homosexuality.

THE FACTS

According to the American Psychological Association, "homosexual men are not more likely to sexually abuse children than heterosexual men are." Gregory Herek, a professor at the University of California, Davis, who is one of the nation's leading researchers on prejudice against sexual minorities, reviewed a series of studies and found no evidence that gay men molest children at higher rates than heterosexual men.

Anti-gay activists who make that-claim allege that all men who molest male children should be seen as homosexual. But research by A. Nicholas Groth, a pioneer in the field of sexual abuse of children, shows that is not so. Groth found that there are two types of child molesters: fixated and regressive. The fixated child molester - the stereotypical pedophile - cannot be considered homosexual or heterosexual because "he often finds adults of either sex repulsive" and often molests children of both sexes. Regressive child molesters are generally attracted to other adults, but may "regress" to focusing on children when confronted with stressful situations. Groth found that the majority of regressed offenders were heterosexual in their adult relationships.

The Child Molestation Research and Prevention Institute notes that 90% of child molesters target children in their network of family and friends. Most child molesters, therefore, are not gay people lingering outside schools waiting to snatch children from the playground, as much religious-right rhetoric suggests.

MYTH# 2

Same-sex parents harm children.

THE ARGUMENT

Most hardline anti-gay organizations are heavily invested, from both a religious and a political standpoint, in promoting the traditional nuclear family as the sole framework for the healthy upbringing of children. They maintain a reflexive belief that same-sex parenting must be harmful to children - although the exact nature of that supposed harm varies widely.

THE FACTS

No legitimate research has demonstrated that same-sex couples are any more or any less harmful to children than heterosexual couples.

The American Academy of Pediatrics in a 2002 policy statement declared: "A growing body of scientific literature demonstrates that children who grow up with one or two gay and/or lesbian parents fare as well in emotional, cognitive, social, and sexual functioning as do children whose parents are heterosexual." That policy statement was reaffirmed in 2009.

The American Psychological Association found that "same-sex couples are remarkably similar to heterosexual couples, and that parenting effectiveness and the adjustment, development and psychological well-being of children is unrelated to parental sexual orientation."

Similarly, the Child Welfare League of America's official position with regard to same-sex parents is that "lesbian, gay, and bisexual parents are as well-suited to raise children as their heterosexual counterparts."

MYTH# 3

People become homosexual because they were sexually abused as children or there was a deficiency in sex-role modeling by their parents.

THE ARGUMENT

Many anti-gay rights proponents claim that homosexuality is a mental disorder caused by some psychological trauma or aberration in childhood.

THE FACTS

No scientifically sound study has linked sexual orientation or identity with parental role-modeling or childhood sexual abuse.

MYTH #4

Homosexuals don't live nearly as long as heterosexuals.

THE ARGUMENT

Anti-gay organizations want to promote heterosexuality as the healthier "choice."

THE FACTS

This falsehood can be traced directly to the discredited research of Paul Cameron and his Family Research Institute, specifically a 1994 paper he co-wrote entitled, "The Lifespan of Homosexuals." Using obituaries collected from gay newspapers, he and his two co-authors concluded that gay men died, on average, at 43, compared to an average life expectancy at the time of around 73 for all U.S. men. On the basis of the same obituaries, Cameron also claimed that gay men are 18 times more likely to die in car accidents than heterosexuals, 22 times more likely to die of heart attacks than whites, and 11 times more likely than blacks to die of the same cause. He also concluded that lesbians are 487 times more likely to die of murder, suicide, or accidents than straight women. Remarkably, these claims have become staples of the anti-gay right and have frequently made their way into far more mainstream venues. For example, William Bennett, education secretary under President Reagan, used Cameron's statistics in a 1997 interview he gave to ABC News' "This Week."

However, like virtually all of his "research," Cameron's methodology is egregiously flawed - most obviously because the sample he selected (the data from the obits) was not remotely statistically representative of the homosexual population as a whole. Even Nicholas Eberstadt, a demographer at the conservative American Enterprise Institute, has called Cameron's methods "just ridiculous."

MYTH# 5

Hate crime laws will lead to the jailing of pastors who criticize homosexuality and the legalization of practices like bestiality and necrophilia.

THE ARGUMENT

Anti-gay activists, who have long opposed adding LGBTQ+ people to those protected by hate crime legislation, have repeatedly claimed that such laws would lead to the jailing of religious figures who preach against homosexuality -part of a bid to gain the backing of the broader religious community for their position.

In a related assertion, anti-gay activists claimed the law would lead to the legalization of psychosexual disorders (paraphilias) like bestiality and pedophilia. Bob Unruh, a conservative Christian journalist who left The Associated Press in 2006 for the right-wing, conspiracies news site WorldNet Daily, said shortly before the federal law was passed that it would legalize "all 547 forms of sexual deviancy or 'paraphilias' listed by the American Psychiatric Association." This claim was repeated by many anti-gay organizations, including the Illinois Family Institute.

THE FACTS

The claim that hate crime laws could result in the imprisonment of those who "oppose the homosexual lifestyle" is false. The Constitution provides robust protections of free speech, and case law makes it clear that even a preacher who suggested that homosexuals should be killed would be protected.

Neither do hate crime laws - which provide for enhanced penalties when persons are victimized because of their "sexual orientation" (among other factors) - "protect pedophiles," as Janet Porter and many others have claimed. According to the American Psychological Association, sexual orientation refers to heterosexuality, homosexuality and bisexuality - not paraphilias such as pedophilia. Paraphilias, as defined by the American Psychiatric Association, are disorders characterized by sexual urges or behaviors directed at nonhuman objects or non-consenting persons like children, or that involve the suffering or humiliation of one's partner.

Even if pedophiles, for example, were protected under a hate crime law - and such a law has not been suggested or contemplated anywhere - that would not legalize or "protect" pedophilia. Pedophilia is illegal sexual activity, and a law that more severely punished people who attacked pedophiles would not change that.

MYTH# 6

Allowing homosexuals to serve openly would damage the armed forces.

THE ARGUMENT

Anti-gay groups are adamantly opposed to allowing gay men and lesbians to serve openly in the armed forces, not only because of their purported fear that combat readiness will be undermined, but because the military has long been considered the purest meritocracy in America (the armed forces were successfully racially integrated long before American civilian society, for example). If gays can serve honorably and effectively in this meritocracy, that would suggest that there is no rational basis for discriminating against them in any way.

THE FACTS

Homosexuals now serve in the U.S. armed forces, though under the "Don't Ask, Don't Tell" (DADT) policy instituted in 1993, they cannot serve openly. At the same time, gays and lesbians serve openly in the armed forces of 25 countries, including Britain, Israel, South Africa, Canada and Australia, according to a report released by the Palm Center, a policy think tank at the University of California at Santa Barbara. The Palm Center report concluded that lifting bans against openly gay service personnel in these countries "ha[s] had no negative impact on morale, recruitment, retention, readiness or overall combat effectiveness." Successful transitions to new policies were attributed to clear signals of leadership support and a focus on a uniform code of behavior without regard to sexual orientation.

MYTH# 7

Homosexuals are more prone to be mentally ill and to abuse drugs and alcohol.

THE ARGUMENT

Anti-gay groups want not only to depict sexual orientation as something that can be changed but also to show that heterosexuality is the most desirable "choice" - even if religious arguments are set aside. The most frequently used secular argument made by anti-gay groups in that regard is that homosexuality is inherently unhealthy, both mentally and physically. As a result, most anti-gay rights groups reject the 1973 decision by the American Psychiatric Association (APA) to remove homosexuality from its list of mental illnesses. Some of these groups, including the particularly hardline Traditional Values Coalition, claim that "homosexual activists" managed to infiltrate the APA in order to sway its decision.

THE FACTS

All major professional mental health organizations are on record as stating that homosexuality is not a mental disorder.

It is true that LGBTQ+ people suffer higher rates of anxiety, depression, and depression-related illnesses and behaviors like alcohol and drug abuse than the general population. But studies done during the past 15 years have determined that it is the stress of being a member of a minority group in an often-hostile society - and not LGBTQ+ identity itself - that accounts for the higher levels of mental illness and drug use.

Richard J. Wolitski, an expert on minority status and public health issues at the Centers for Disease Control and Prevention, put it like this in 2008: "Economic disadvantage, stigma, and discrimination ... increase stress and diminish the ability of individuals [in minority groups] to cope with stress, which in turn contribute to poor physical and mental health."

MYTH# 8

No one is born a homosexual.

THE ARGUMENT

Anti-gay activists keenly oppose the granting of "special" civil rights protections to homosexuals similar to those afforded black Americans and other minorities. But if people are born gay -in the same way people have no choice as to whether they are black or white- discrimination against homosexuals would be vastly more difficult to justify. Thus, anti-gay

forces insist that sexual orientation is a behavior that can be changed, not an immutable characteristic.

THE FACTS

Modern science cannot state conclusively what causes sexual orientation, but a great many studies suggest that it is the result of biological and environmental forces, not a personal "choice." One of the more recent is a 2008 Swedish study of twins (the world's largest twin study) that appeared in *The Archives of Sexual Behavior* and concluded that "[h]omosexual behavior is largely shaped by genetics and random environmental factors." Dr. Qazi Rahman, study co-author and a leading scientist on human sexual orientation, said: "This study puts cold water on any concerns that we are looking for a single 'gay gene' or a single environmental variable which could be used to 'select out' homosexuality - the factors which influence sexual orientation are complex. And we are not simply talking about homosexuality here - heterosexual behavior is also influenced by a mixture of genetic and environmental factors."

The American Psychological Association (APA) acknowledges that despite much research into the possible genetic, hormonal, social and cultural influences on sexual orientation, no evidence has emerged that would allow scientists to pinpoint the precise causes of sexual orientation. Still, the APA concludes that "most people experience little or no sense of choice about their sexual orientation."

In October 2010, Kansas State University family studies professor Walter Schumm said he was about to release a study showing that gay parents produced far more gay children than heterosexual parents. He told a reporter that he was "trying to prove [homosexuality is] not 100% genetic." But critics suggested that his data did not prove that, and, in any event, virtually no scientists have suggested that homosexuality is caused only by genes.

MYTH# 9

Gay people can choose to leave homosexuality.

THE ARGUMENT

If people are not born gay, as anti-gay activists claim, then it should be possible for individuals to abandon homosexuality. This view is buttressed among religiously motivated anti-gay activists by the idea that homosexual practice is a sin and humans have the free will needed to reject sinful urges.

A number of "ex-gay" religious ministries have sprung up in recent years with the aim of teaching homosexuals to become heterosexuals, and these have become prime purveyors of the claim that gays and lesbians, with the aid of mental therapy and Christian teachings, can "come out of homosexuality." Exodus International, the largest of these ministries, plainly states, "You don't have to be gay!" Another, the National Association for Research and Therapy of Homosexuality, describes itself as "a professional, scientific organization that offers hope to those who struggle with unwanted homosexuality."

THE FACTS

"Reparative" or sexual reorientation therapy - the pseudo-scientific foundation of the ex-gay movement - has been rejected by all the established and reputable American medical,

psychological, psychiatric, and professional counseling organizations. In 2009, for instance, the American Psychological Association adopted a resolution, accompanied by a 138-page report that repudiated ex-gay therapy. The report concluded that compelling evidence suggested that cases of individuals going from gay to straight were "rare" and that "many individuals continued to experience same-sex sexual attractions" after reparative therapy. The APA resolution added that "there is insufficient evidence to support the use of psychological interventions to change sexual orientation" and asked "mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation." The resolution also affirmed that same-sex sexual and romantic feelings are normal.

Some of the most striking, if anecdotal, evidence of the ineffectiveness of sexual reorientation therapy has been the numerous failures of some of its most ardent advocates. For example, the founder of Exodus International, Michael Bussee, left the organization in 1979 with a fellow male ex-gay counselor because the two had fallen in love. Alan Chambers, current president of Exodus, said in 2007 that with years of therapy, he's mostly conquered his attraction to men, but then admitted, "By no means would we ever say that change can be sudden or complete."

Used with permission from the Southern Poverty Law Center
"10 Anti-Myths Debunked" Intelligence Report issue #140; winter 2010

Phobia's

Homophobia - Myths & Realities of Homosexuality

Homophobia takes many different forms, including physical acts of hate, violence, verbal assault, vandalism or blatant discrimination such as firing an employee, evicting someone from their housing or denying them access to public accommodations. There are many other kinds of homophobia and heterosexism that happen every day. We often overlook these more subtle actions and exclusions because they seem so insignificant by comparison. *They are not.* The following are examples commonly believed to be homophobic:

- Looking at a lesbian or gay man and automatically thinking of her/his sexuality rather than seeing her/him as a whole/complex person;
- Failing to be supportive when your gay or lesbian friend is sad about a quarrel or breakup;
- Changing your seat in a meeting because a gay or lesbian person sat in the chair next to yours;
- Thinking you can "spot one";
- Using the terms "lesbian" or "gay" as-accusatory;
- Thinking that a lesbian (if you are female) or gay man (if you are male) is making perceived sexual advances which they are not.
- Feeling repulsed by public displays of affection between lesbians and gay men but accepting the same affectionate displays between heterosexuals;
- Assuming all lesbians and gay men are sexually active;
- Assuming that everyone you meet is heterosexual;
- Feeling that a lesbian is just a woman who couldn't find a man or that a lesbian is a woman who wants to be a man;
- Feeling that a gay man is just a man who couldn't find a woman or that a gay man is a man who wants to be a woman;
- Wondering why lesbians and gay men have to "flaunt" their sexuality, when all around you on TV, billboards, and in film heterosexuals are exhibiting much more blatant behavior; and/or
- Assuming that a lesbian or gay man would be heterosexual if given an opportunity.

(Adapted from Safe Zone Training Manual)

In a clinical sense, homophobia is defined as an intense, irrational fear of same sex relations that becomes overwhelming to the person. In common usage, homophobia is the fear of intimate relationships with persons of the same sex. Below are listed four negative homophobic levels and four positive levels of attitudes towards lesbian and gay relationships/people. They were developed by Dr. Dorothy Riddle, a psychologist from Tucson, Arizona.

HOMOPHOBIC LEVELS OF ATTITUDE

Repulsion: Homosexuality is seen as a "crime against nature". Gay/lesbians are sick, crazy, immoral, sinful, wicked, etc. Anything is justified to change them: prison, hospitalization, negative behavior therapy, electroshock therapy, etc.

Pity: Heterosexual chauvinism. Heterosexuality is more mature and certainly to be preferred. Any possibility of "becoming straight" should be reinforced, and those who seem to be born "that way" should be pitied, "the poor dears".

Tolerance: Homosexuality is just a phase of adolescent development that many people go through and most people "grow out of". Thus, lesbians/gays are less mature than "straights" and should be treated with the protectiveness and indulgence one uses with a child. Lesbians/ gays should not be given positions of authority because they are still working through their adolescent behavior.

Acceptance: Still implies there is something to accept. Characterized by such statements as "You're not a lesbian to me, you're a person!" or "What you do in bed is your own business," or "That's fine with me as long as you don't flaunt it!"

POSITIVE LEVELS OF ATTITUDES

Support: Work to safeguard the rights of lesbians and gays. People at this level may be uncomfortable themselves, but they are aware of the homophobic climate and the irrational unfairness.

Admiration: Acknowledges that being lesbian/gay in our society takes strength. People at this level are willing to truly examine their homophobic attitudes, values, and behaviors.

Appreciation: Value the diversity of people and see lesbian/gays as a valid part of that diversity. These people are willing to combat homophobia in themselves and others.

Nurturance: Assumes that gay/lesbian people are indispensable in our society. They view lesbians/gays with genuine affection and delight, and are willing to be allies and advocates.

(adapted from Safe Space Training Manual)

CONSEQUENCES OF HOMOPHOBIA

You do not have to be LGBTQ+ or know someone who is to be negatively affected by homophobia.

Homophobia:

1. Inhibits the ability of heterosexuals to form close, intimate relationships with members of

their sex for fear of being perceived as being LGBTQ+;

2. Locks people into rigid gender-based roles that inhibit creativity and self-expression;
3. Is often used to stigmatize heterosexuals, those perceived or labeled by others as LGBTQ+, children of LGBTQ+ parents, parents of LGBTQ+ children and friends of LGBTQ+'s;
4. Is one cause of premature sexual involvement, which increases the chances of teen pregnancy and the spread of sexually transmitted diseases. Young people, of all sexual identities, are often pressured to become heterosexually active to prove to themselves and others that they are "normal";
5. Prevents some LGBTQ+ people from developing an authentic self-identity and adds to the pressure to marry, which in turn places undue stress and often times trauma on themselves as well as their heterosexual spouses and their children; and/or
6. Inhibits appreciation of other types of diversity, making it unsafe for everyone because each person has unique traits that are not considered mainstream or dominant. We are all diminished when any one of us is demeaned.

(adapted from Safe Space Training Manual)

BIPHOBIA - MYTHS & REALITIES OF BISEXUALITY

Sexuality runs along a continuum. It is not a static entity but rather has the potential to change throughout one's lifetime, and varies infinitely among people. We cannot fit our sexuality into nice neat categories which determine who and what we are. Bisexuality exists at many points along the sexual continuum.

Myth: Bisexuality doesn't really exist. People who consider themselves bisexuals are going through a phase, or they are confused, undecided, or fence-sitting. They'll realize that they're actually homosexual or heterosexual.

Reality: Bisexuality is a legitimate sexual orientation. Some people go through a transitional period of bisexuality on their way to adopting a lesbian/gay or heterosexual identity. For many others bisexuality remains a long-term orientation. For some bisexuals, homosexuality was a transitional phase in their coming out as bisexuals. Many bisexuals may well be confused, living in a society where their sexuality is denied by homosexuals and heterosexuals alike, but that confusion is a function of oppression.

Fence-sitting is a misnomer; there is no "fence" between homosexuality and heterosexuality except in the minds of people who rigidly divide the two. Whether an individual is an "experimenting heterosexual" or a bisexual depends on how s/he defines her/himself, rather than on a rigid standard.

While there certainly are people for whom bisexual behavior is trendy, this does not negate the people who come to a bisexual identity amidst pain and confusion and claim it with pride. Many bisexuals are completely out of the closet, but not on the lesbian/gay community's terms. Bisexuals in this country share with lesbians and gays the debilitating experience of heterosexism (the assumption that everyone is heterosexual and thereby rendering other sexual

identities invisible) and homophobia (the hatred, fear, and discrimination against homosexuals).

Myth: Bisexuals are equally attracted to both sexes. Bisexual means having concurrent lovers of both sexes.

Reality: Most bisexuals are primarily attracted to either men or women, but do not deny the lesser attraction, whether or not they act on it. Some bisexuals are never sexual with women, or men, or either. Bisexuality is about dreams and desires and capacities as much as it is about acts. Bisexuals are people who can have lovers of either sex, not people who must have lovers of both sexes. Some bisexual people may have concurrent lovers, but bisexuals do not need to be with both sexes in order to feel fulfilled.

Myth: Bisexuals are promiscuous hypersexual swingers who are attracted to every woman and man they meet. Bisexuals cannot be monogamous, nor can they or live in traditional committed relationships. They could never be celibate.

Reality: Bisexual people have a range of sexual behaviors. Like lesbians, gays or heterosexuals, some have multiple partners, some have one partner, some go through periods without any partners. Promiscuity is no more prevalent in the bisexual population than in other groups of people.

Myth: Politically speaking, bisexuals are traitors to the cause of lesbian/gay liberation. They pass as heterosexual to avoid trouble and maintain heterosexual privilege.

Reality: Obviously there are bisexuals who pass as heterosexual to avoid trouble. There are also many lesbians and gays who do this. To "pass" for heterosexual and deny the part of you that loves people of the same gender is just as painful and damaging for a bisexual as it is for a lesbian or gay person.

Myth: Bisexuals get the best of both worlds and a doubled chance for a date on Saturday night.

Reality: Combine our society's extreme heterosexism and homophobia with lesbian and gay hesitance to accept bisexuals into their community, and it might be more accurate to say that bisexual people get the worst of both worlds. As to the doubled chance for a date theory, that depends more upon the individuals' personality than it does upon her/his bisexuality. Bisexuals don't radiate raw sex any more than lesbians, gays, or heterosexuals. If a bisexual woman has a hard time meeting people, her bisexuality won't help much.

The terms "bisexual" "lesbian", "gay", and "heterosexual" sometimes separate the gay community unnecessarily. The members of the LGBTQ+ community are unique and don't fit into distinct categories. The community sometimes needs to use these labels for political reasons and to increase their visibility. Their sexual esteem is facilitated by acknowledging and accepting the differences and seeing the beauty in diversity.

(Adapted from: Wall, Vernon A. and Nancy J. Evans (eds.) "Using Psychological development theories to understand and work with gay and lesbian persons" Beyond Tolerance: Gays, Lesbians and Bisexuals on Campus. American College Personal Association. 1991.)

TRANSPHOBIA - MYTHS & REALITIES OF TRANSGENDER

It can be found in forms ranging from jokes to violence to simply not acknowledging that transgender people exist. Transphobia hurts trans people first and foremost. It also sends a message out to the population at large that anyone who tries on any expression or identity that does not conform to societal expectations of their gender will be ridiculed, silenced, economically marginalized, assaulted, or even killed. Often transphobia is used to keep people in rigid gender roles through intimidation. Everyone has something to gain from combating transphobia, even if you do not know of anyone in your life who is transgender.

The first and best way to fight transphobia is to speak out against violence and hateful speech about or directed towards trans people. Movies that display transgender people as a joke or as psychotic should be denounced publicly for encouraging harmful stereotypes.

When someone speaks of trans people as "disgusting," "exotic," "funny," "sick," or other stereotypes that dehumanize trans people let them know it is not okay to say hateful or hurtful things in your presence. The first big way allies can help is by calling people, media, and politicians on their comments and publicly acknowledging that they are being transphobic.

The other way to help trans people is to know the facts about trans people and their lives and educate people when transphobic myths are being perpetuated. Some common myths about trans people are:

Myth: All trans people are gay.

Reality: Some trans people are attracted to the gender opposite of what they identify, some are attracted to the same gender as they identify, and some pick and choose among the genders. The simple truth is that gender identity has very little to do with sexual orientation.

Myth: Most trans people are male-to-female.

Reality: Most media images of trans people, have been MTF (male-to-female) but there are just as many FTM (female- to-male) transgender people in the world.

Myth: All this transgender stuff is a trend.

Reality: Transgender people have existed in every documented society and culture in human history. Recently trans people have been coming out more and talking about their lives, and more attention has been focused on their issues. Breaking the silence is an important part of securing safety for trans people.

Myth: All transgender people want to change their sex.

Reality: Some trans people do but many other trans people are perfectly happy with their bodies but simply express or think of themselves in terms of a gender they were not assigned at birth.

Myth: Trans people are miserable/ disturbed people.

Reality: Many transgender people have a lot of stress and anxiety, in large part due to the massive lack of acceptance of them and their identity. However, many trans people still live

meaningful, accomplished lives. Those who transition into a new gender role may find much relief, but many trans people find happiness and health across the many stages of their lives.

Myth: Trans people are erotic/exotic.

Reality: The sexualization of transgender people is a huge industry and perpetuates many myths about trans people and their sexuality. The objectification and eroticization of trans people hurts and detracts from their basic humanity.

Myth: Trans women are not "real women" or trans men are not "real men."

Reality: Many people, upon finding out someone they know is transgender comment something like "Oh! You mean he's really a woman!" Transgender people are really the gender they identify as, and usually have been so their whole lives, while it is true their experiences at times differ from someone who might have been assigned their gender at birth, difference of perspective does not make for inauthentic gender.

(Adapted from Safe Zone Training Manual)

CONSEQUENCES OF TRANSPHOBIA

Transphobia is defined as a fear and/or hatred towards transgender people, and it is a serious problem that affects many people. Transgender people are often marginalized and ignored in both gay and straight communities. Transphobia includes invalidation. Ignorance and hatred keep many transgender people from speaking out or identifying themselves, which obscures them further. Like gay and lesbian people, many transgender people cannot be picked out of a crowd just by the way they look and blend into the local communities.

Just remember, there are at least a handful of transgender people in every community and institution. You might very well sit next to a transgender person at school or at the office and not realize it.

Transgender people are people just like you, but they have life experiences and struggles that differ from most cisgender people, which should be acknowledged and understood. The following stories are examples of transphobia that have happened to acquaintances of the author of this article, who also happens to be a member of the WPI community. The names of people in these examples have been changed in all but the last. While reading or hearing these stories please think about your classmates, housemates, loved ones, and family members. Think about how such incidents could affect you personally or the members of the community around you.

Mike is a transgendered man who is in the midst of medical transition and is gender-ambiguous looking. He also suffers from an ovarian/uterine condition that causes him much pain. Midnight on New Year's Eve, he is rushed to a hospital by his roommate because he has begun hemorrhaging and is doubled over in pain. The nurses and doctor in the emergency room noticeably back away from him and avoid physical contact, despite his serious medical problem. After hours of waiting on a gurney in an isolated room, no tests or exams are performed and he is escorted to the parking lot. He is sent home bleeding and in great pain without any treatment.

Tyler is a transgender-identified high school student who presents himself as gender ambiguous despite the cruel treatment he receives by classmates. At a gathering after school, some male students beat him to the ground and gang rape him. Other students notice the commotion and gather around to laugh and point, but not to help their peer.

Ukea and Stephanie were both born biologically male, but identify as and live as women. They are best friends and stick by one another in the face of the taunts and harassment they receive from neighbors. Late one night, they drive home from a friend's house and are never seen again. Their bodies are found early the next morning in Stephanie's car. Both girls were shot at least ten times while sitting at a stop light. It is believed that their murders were motivated by hate.

These tragic incidents occur because of people's ignorance, intolerance, and hatred towards transgender people. By educating yourself and becoming an ally to transgender people, you can combat ignorance and hatred and help prevent the occurrence of these atrocities.

(Adapted from Safe Zone Manual)

STATISTICS

More than half of transgender and gender non-conforming people who were bullied, harassed or assaulted in school because of their gender identity have attempted suicide, according to just-released findings from the National Transgender Discrimination Survey, conducted by the National Gay and Lesbian Task Force (www.thetaskforce.org) and National Center for Transgender Equality (www.transequality.org).

A 2009 study, "Family Rejection as a Predictor of Negative Health Outcomes" led by Dr. Caitlin Ryan and conducted as part of the Family Acceptance Project at San Francisco State University, shows that adolescence who were rejected by their families for being LGBTQ+ were 8.4 times more likely to report having attempted suicide. And for every completed suicide by a young person, it is estimated that 100 to 200 attempts are made (2003 Youth Risk Behavior Surveillance Survey). (<http://gaylife.about.com/od/gayteens/a/gaysuicide.html>)

Proper Etiquette When Talking with Transgender People

RESPECT THEIR GENDER IDENTITY

If the person standing in front of you is presenting themselves as a woman then address that person as a woman. If the person is presenting as a man, then consider that person a man. This means that you should use the proper pronouns and address them with the proper name. If the person has always been known to you as Christopher but uses the name Christine when dressed as a woman, you should address her as "Christine." If you mistakenly use the wrong pronoun or name, don't apologize too much, just follow the mistake with the right term and continue what you were saying.

ASK RESPECTFUL AND APPROPRIATE QUESTIONS

If you have a question that isn't too personal, ask it. Most transgendered people will be happy to answer any question as long as you are respectful and the question isn't inappropriate. Just keep in mind what is and isn't appropriate. It is certainly appropriate to ask them what name they are using but asking about how they have sex is certainly not appropriate. You probably would not ask a woman that you just met at a cocktail party if they are gay or bisexual, so don't feel that it is OK to ask such a personal question of a transgendered person. Generally, it's better to ask for pronouns first, since gender expression might not align with gender identity. This is already fairly commonplace with younger queer people and allies.

If a situation is appropriate for asking personal questions, here are a few that you may consider:

- How do you identify?
- In what ways can I support you?

Please keep in mind that not every trans person is an authority on gender-issues, so don't expect them to know everything. Also, if the person looks obviously uncomfortable with these questions, please be courteous and gently change the subject.

RESPECT THEIR PRIVACY

Many transgendered people are not "out," so please do not out them. When a transgendered person tells you of their transgendered status, they are entrusting you with a secret. If you out them then you are betraying that trust and potentially putting them in danger.

TREAT THEM LIKE ANY OTHER PERSON OF THAT GENDER

A trans person presenting as a woman wants to be considered to be a woman and treated as such. Similarly, a trans person presenting as a man wants to be considered a man and treated as a man. If you have any doubt how to act, just use some common sense and act as if they had been born and raised in the gender they are presenting.

FAMILIARIZE YOURSELF WITH THE VOCABULARY

It is often very helpful and less awkward for everyone if you became familiar with some of common transgender-related terms and their usage. By doing so, you are better equipped to

talk more intelligently about transgender-related topics and will also help the transgendered person you are talking with feel comfortable.

It should be noted that the term transgender should be used as an adjective, not as a noun. Do not say, "Chris is a transgender," or "There are a lot of transgenders here." Instead say, "Chris is a transgender person," or "There are a lot of transgendered people here."

Please be careful of 'slang' terms. "Shemale" is one of the most noteworthy. Although this term may not have the exact same connotation everywhere, in the United States it is considered to be a term used only in the porn industry or with sex workers. Other defamatory terms include "he- she" and "it." In a related note, it is never appropriate to put quotation marks around the pronoun used with a transgendered individual. Again, treat the trans person as you would anyone else of the gender that individual is presenting as.

Used with permission from "I am Transgendered!" [WNW.iamtransgendered.com](http://www.iamtransgendered.com)
<http://iamtransgendered.com/Etiquette.aspx>

Coming Out

WHY do people come out as lesbian, gay, bisexual, transgender or intersex (LGBTQ+)?

Some people don't have any choice. Somehow they've been recognizable as LGBTQ+ since they were infants. Their most natural, honest gender expression differed enough from their culture's stereotypes that they were "out" before they knew themselves. But other gay, lesbian, bi, intersex (and some trans) people are not particularly different from heterosexual non-trans folk in their gender expression or, at least, they fall somewhere within an acceptable range of "normal" gender roles for their culture at their time in history. And they may decide to come out. Why?

For all kinds of reasons:

- Because it feels wrong to pretend to be someone you're not and nobody can get really close you when you're pretending.
- Because you can't tell whether the people who love you are just loving your mask or the real person behind it. So it's lonely.
- Because it isn't fair that other people can have boyfriends or girlfriends and you can't or that other people can walk and talk and sit the way they like while you may have to watch every move you make.
- Because watching every move you make can be exhausting; it can sap emotional energy that could otherwise go into being a better student or better at your job.
- Because you may feel as if you're betraying your people by not standing with someone who's harassed or discriminated against for being lesbian, gay, bi or trans.
- Because it may mean preventing yourself from hanging out with people who have this important thing in common with you, if you're worried that people will see you with them.
- Because your health care providers and counselors can provide you the best of care when they know your whole biological, emotional, social self.
- Because, as the Human Rights Campaign says, it's "a powerful thing you can do" for the movement. Public opinion polls indicate that people who realize that they know someone LGBTQ+ are more likely to support laws and policies of equality. You can correct people's stereotypes, assuage their fears and open their hearts.
- Because it's a powerful thing you can do in support of those who aren't ready to be open yet, letting yourself be a role model, demonstrating that there are healthy, happy, "normal" LGBTQ+ people in the world ... even people of your particular race, age, disabilities, etc.
- Because nobody should have to pretend to be someone else in order to get an education, hold a job, get respectful health care, or be loved by their family.

But know that it is also OK to work for human rights in quieter ways if it isn't safe to be "out" at this point in your life or in your particular home or work environment. So if your school is a dangerous place, if you are pretty sure your family would kick you out or beat you up, if you can't afford the emotional or practical costs of coming out right now, know that you are entitled to walk the journey at your own pace. Nobody else gets to decide for you when the costs of silence outweigh the risks of openness. Don't let people guilt-trip you into taking steps you aren't ready for. Someday you will find peace in bringing your whole self to work or school and especially sharing your honest, unmasked self with the people who love you. Until then, know that your life is still a gift to the world. And there are still actions you can take to end homophobia!

NOBODY SHOULD ALLOW SOMEONE ELSE'S enthusiasm about human rights activism to pressure them into coming out before they're ready. We're each on our own personal journey!!

Why do people come out as heterosexual allies (or as children or other family members or friends) of LGBTQ+ people?

- ☐ Because sometimes allies have more clout than members of a targeted group in moving people's hearts. They aren't perceived as "having an ax to grind."
- ☐ Because they can; they have heterosexual privilege. It may be safer for them to do this work than it might be for an LGBTQ+ person.
- ☐ Because it just seems unfair to them that they can hold hands with their girlfriend in public, or put their husband's picture on their desk at work, or join the military and live on base with their family, or get married, but their sister or dad or whomever they care about who's LGBTQ+ can't do the same.

Adapted from Safe Schools Coalition - "Coming Out" flyer - by Beth Reiss.
www.safeschoolscoalition.org/Coming_Out.pdf - updated 10/11/11

How might LGBTQ+ individuals feel about coming out to someone?

scared vulnerable relieved wondering how the person will react
proud

How might someone feel after someone comes out to them?

scared shocked disbelieving uncomfortable
not sure what to say or do next wondering why the person "came out"
supportive flattered honored angry disgusted

What do LGBTQ+ individuals want from the people they come out to?

Acceptance support understanding comfort closer
friendship that knowing won't negatively affect their friendship
a hug and a smile an acknowledgment of their feelings to be viewed as we were before
not their "gay friend"

Coming out always has risks involved in it, so when a LGBTQ+ person comes out, he/she is entrusting us with that valuable information.

Because LGBTQ+ people are often in different stages of being out and are not always out to everyone, it is the responsibility of those who have been trusted with the information that someone is LGBTQ+ not to "out" that person.

Coming out is a significant part for LGBTQ+. It reduces isolation and alienation and allows for increased support from other LGBTQ+ people.

There have been many theories that attempt to outline stages of coming out. The stages of the following process, provided by PsychPage, are not meant to show a linear progression or be definite categories. It is very common for individuals to move from one stage to another out of the listed order or even be in more than one stage simultaneously. Individuals often move back and forth between stages and are sometimes at a midway point between stages. The model should be thought of more as a continuum that people can move about freely:

Self-Recognition as Gay

More than just an awareness of attraction to members of the same sex, it involves confusion, some attempt at denial and repression of feelings, anxiety, trying to "pass," counseling, and often religious commitment to "overcome" sexuality. Eventually, acknowledgment and

acceptance of one's sexual orientation develops. There may be some grief over "the fall from paradise" and feelings of loss of a traditional heterosexual life. Gay and lesbian people may be fairly closeted at this point. However, most seek out information about being gay.

Disclosure to Others

Sharing one's sexual orientation with a close friend or family member is the first step in this stage. Rejection may cause a return to the Self-Recognition stage, but positive acceptance can lead to better feelings of self-esteem. Usually disclosure is a slow process. Some gays and lesbians come out in "gentle" ways, admitting they are gay if asked but not volunteering it. Others do it in "loud" ways, proclaiming their sexuality to others to end the invisibility of being gay. As this stage progresses, a self-image of what it means to be gay develops, and the individual studies stereotypes, incorporates some information about gays while rejecting other information.

Socialization with Gay People

Socializing with gay people and lesbian people provides the experience that the person is not alone in the world, and there are other people like them. A positive sense of self, indeed pride develops, and is strengthened by acceptance, validation, and support. Contact with positive gay or lesbian role models can play a big role in this stage.

Positive Self-Identification

This stage entails feeling good about oneself, seeking out positive relationships with other gays or lesbians, and feeling satisfied and fulfilled.

Integration and Acceptance

Entails an openness and non-defensiveness about one's sexual orientation. One may be quietly open, not announcing their sexual orientation, but available for support to others nonetheless. Couples live a comfortable life together and generally seek out other couples. Openness is often mitigated by age. Older men may be less open in their lives, and may see no need to change. Younger men may be more open, politically active, and visible in the gay community.

Coming Out to Others

Perhaps your most difficult step in coming out will be to reveal yourself to other people. It is at this step that you may feel most likely to encounter negative consequences. Thus, it is particularly important to go into this part of the coming out process with open eyes. For example, it will help to understand that some heterosexuals will be shocked or confused initially, and that they may need some time to get used to the idea that you are LGBTQ+. Also, it is possible that some heterosexual family members or friends may reject you initially; however, do not consider them as hopeless...many people come around in their own time. Loss of employment or housing are also possibilities that some LGBTQ+ people face. In some places it is still legal to discriminate against LGBTQ+ individuals for housing, employment and other issues. You should take this into consideration when deciding to whom and where you come out. Coming out to others is likely to be a more positive experience when you are more secure

with your sexuality and less reliant on others for your positive self-concept. The necessary clarification of feelings is a process that usually takes place over time. It may be a good idea to work through that process before you take the actual steps. Usually it is not a good idea to come out on the spur of the moment. Make coming out an action, not a reaction.

In coming out to others, consider the following:

- Think about what you want to say and choose the time and place carefully;
- Be aware of what the other person is going through. The best time for you might not be the best time for someone else;
- Present yourself honestly and remind the other person that you are the same individual you were yesterday;
- Be prepared for an initially negative reaction from some people. Do not forget that it took time for you to come to terms with your sexuality, and that it is important to give others the time they need;
- Have friends lined up to talk with you later about what happened; and/or
- Don't give up hope if you don't initially get the reaction you wanted. Due to inculcated societal prejudices mentioned earlier, some people need more time than others to come to terms with what they have heard. Above all, be careful not to let your self-esteem depend entirely on the approval of others. If a person rejects you and refuses to try to work on acceptance, that's not your fault. Keep in mind that this initial refusal may get reversed once the individual gets used to the idea that you are LGBTQ+. If time does not seem to change the individual's attitude toward you, then you may want to re-evaluate your relationship and its importance to you. Remember that you have the right to be who you are, you have the right to be out and open about all important aspects of your identity including your sexual orientation, and in no case is another person's rejection evidence of your lack of worth or value.

When A Person Comes Out to You...

Remember that the LGBTQ+ person is apt to have spent many hours in thoughtful preparation and shares the information with keen awareness of the possible risk.

There is no way for the LGBTQ+ person to predict your reaction accurately. ·

It is important to understand that the person has not changed. You may be shocked by their revelation, but remember this is still the same person as before. Don't let the shock lead you to view the LGBTQ+ person as suddenly different or bad. Don't ask questions that would have been considered rude within the relationship before this disclosure.

This person has the same sensibilities as before; however, you may well need to do some "catching up."

Some common questions that you may consider are:

1. *How long have you known you were gay, lesbian, bisexual or transgender?*
2. *Is there someone special?*

3. *Has it been hard for you carrying this secret?*
4. *Is there some way I can help?*
5. *Have I ever offended you unknowingly?*

Be honest and open about your feelings. It makes the sharing more complete and makes change possible.

If you know or suspect that someone you know is LGBTQ+ and have not yet been told, appreciate the fear and anxiety that inhabits the disclosure. All you can do, usually, is to make it openly known that you appreciate and support LGBTQ+ people.

Seven Things You Can Do for Co-Workers and Patients Who Are Gay

1. Remember that not everyone is heterosexual.
2. Use inclusive language. Use "partners" instead of "boy/girlfriend."
3. Encourage and support educational programs addressing sexual orientation issues.
4. Discourage homophobic humor. Actively confront this form of discrimination.
5. Have supportive publications/posters/stickers in your office to create a safe environment.
6. Create workplace behavioral guidelines that prohibit discriminatory speech, but encourage candid, informational discourse.
7. Recognize National Coming Out Day-October 11.

Things to Do to Support Family and Friends Coming Out

Parents & Families

- Reaffirm your love for your son/daughter, brother/sister, or other family member. Unconditional love is the most important thing a person needs after coming out.
- Be supportive. It is your responsibility as a parent or family member to be there for this person. Let him/her know that coming out was the right thing to do.
- Remember that your gay or lesbian family member is the same person he/she was before coming out.
- Give yourself time to adjust to the news.
- Keep lines of communication open. Ask as many questions as you want and LISTEN to what your family member says, encouraging them to discuss their feelings with you.
- Teenagers have special needs that should be addressed. Contact a gay or lesbian youth organization (Odyssey Youth Center), PFLAG, or a gay and lesbian positive therapist to get necessary information on how to assist him/her in coping with coming out.
- Develop a positive atmosphere around this issue and celebrate your child's sexual orientation by understanding the difficulties he or she faces, speaking out against homophobia, and helping other family members to be accepting.
- Avoid turning the disclosure into a family crisis.
- Be as proud of your son/daughter's, brother/sister's, or other family member's relationship as you are of the relationships with your heterosexual family members.
- Teach heterosexual children to respect their gay and lesbian siblings and schoolmates.
- Become a role model for other parents or families coming to terms with having gay and lesbian children and/or family members.

Friends

- Don't assume that your gay or lesbian friend(s) know you are supportive. Tell them and encourage them in their coming out process.
- Discuss your reservations and concerns with your gay and lesbian friend(s). As in all relationships, a good level of communication solves problems and resolves misunderstandings.
- Some heterosexual people believe that gay and lesbian people are attracted to every one of the same gender. Don't make this mistake and don't think when a gay or lesbian friend of the same gender comes out to you that he/she is making a pass. This type of assumption and reaction can destroy friendships.
- Celebrate diversity and rejoice in having gay or lesbian people as friends.

Tips for LGBTQ+ Interaction

1. Don't be surprised when someone "comes out" to you. They might have tested you with a series of "trial balloons" over a period of time. Based on your previous responses they've decided you can be trusted and helpful.
2. Respect confidentiality. If a gay, lesbian, bisexual, or transgender person shares with you information about his or her sexual orientation, you have a trust that must be respected. A breach of this confidence has led some to suicide.
3. Be informed and examine your own biases. Most of us are the products of a homophobic society influenced by misinformation and fear. You can't be free of it just by deciding to; read reliable sources and talk to queer and qualified persons.
4. Know when and where to seek help. Know the referral agencies and counselors in your area. Gay help-lines can provide you with professional persons and organizations that are qualified to help. Tell them who you are and what kind of assistance you need. They'll be helpful and fair.
5. Maintain a balanced perspective. Sexual thoughts and feelings are only a small (but important) part of a person's personality.
6. Understand the meaning of sexual orientation. Each person's sexual orientation is what is natural to that person, and we don't know what determines any type of sexual orientation, be it lesbian, bisexual, gay, heterosexual, etc.
7. Deal with feelings first. Most gay, bisexual, and lesbian people feel alone, afraid and guilty. You can assist by listening, thus allowing them to release feelings and thoughts that are often in conflict.
8. Be supportive. Explain that many people have struggled with this issue in the past. Admit that dealing with one's sexuality is difficult. It defies easy and fast answers, whether heterosexual, bisexual, gay, lesbian, or transgendered. Keep the door open for more conversations and assistance.
9. Anticipate some confusion. Many people are sure of their sexual orientation by the time they finish the eighth grade, but some people will be confused and unsure. They have to work through their own feeling and insights; you can't talk them into or out of being queer.
10. Help but do not force. If you are heterosexual, you probably do not understand what it means to be different in this manner. Clues for how you can help will come from the person. Don't force him or her into your frame of reference to make it easier for you to understand.
11. Challenge homophobic remarks and jokes. Would you be silent if someone made a racial slur or disparaging remark about someone's race? If not, then speak up. Don't perpetuate injustice through silence.

Coming Out as Transgender

Some Basics

To understand gender identity and gender dysphoria we must first point out the difference between sex and gender. A person's sex is determined by their physical and biological make-up; whereas gender is the social role attributed to a particular sex. To put it another way, sex is what you look like on the outside, and gender is how you feel on the inside. That being said, gender identity disorders and gender dysphoria arise when a person's sex does not match their gender. It could be a man who feels trapped inside of a woman's body, or a woman who feels trapped inside of a man's. The common name for this disorder is gender dysphoria. Non-binary people can experience strong gender dysphoria as well. Non-binary also falls under trans umbrella, along with binary trans people.

The difference between transgender people and non-binary people is to an extent, the degree of dysphoria and the steps taken to eliminate it. Binary transgender people, like non-binary trans people, can be unhappy with their sex, that they seek help from therapists and doctors who can assist them with gender reassignment surgery, commonly called a sex change operation, or Hormone replacement therapy if desired.

Who Are Transgender Youth?

To put it simply, transgender youth challenge gender. When we are born we are labeled as male or female, and are prepared by society to live our lives accordingly. Fortunately, our lives and bodies and gender are more complex than this. Some people born with "female bodies", experience their gender as male and vice-versa. Others don't experience gender as male or female at all. We must recognize that no two people experience gender the same way - and that's a good thing!

Most individuals, when it comes to their gender, sex, and sexuality do not always lie on one end of the spectrum, but somewhere in the middle. Today's culture leaves little room for androgynous individuals, but as you can see every person's gender/sex/sexuality is very personal, complex and quite unique to them.

Gender Sexuality

Sex

Individuals are not necessarily born male or female (which implies gender), but are born with male or female sexual characteristics. With changes (either chosen or unchosen) a person can move along this spectrum.

Gender

A person's gender includes IDENTITY (how one views his/herself in relation to how society defines a man or a woman), EXPRESSION (the way one allows others to view him/her), and ATTRIBUTION (what someone assumes about your gender when they look at you). An individual, again, may fall anywhere along these spectra.

Sexuality

Sexuality (sexual/affectional orientation; who you are attracted to) also varies greatly individual to individual. If you think of men being on one side of the spectrum and women being on the other, it may be males, females, and/or genderqueer people that the person is attracted to, or is it really masculinity/femininity? For someone in the middle of the spectrum, are gender variant individuals attractive to you?

Sex/Gender/Sexuality Continuums

Supporting Transgender People

Apart from speaking out against transphobia and educating our communities about the realities of transgender people and their lives, allies can also make an effort to be respectful and supportive of trans people and their experience. If you know transgender people in your community, be sure to respect their identity and expression.

- Validate their identity. Simply acknowledging and believing a trans person's gender can be an extreme relief. Be sure to use their preferred pronoun and name.
- Respect their privacy. Many trans people want only a few trusted people to know their history or physical status. Make sure it is okay with the person to discuss with other people that they are transgender or other related specifics of their lives.
- Consider transgender people when announcing community events. At present when a "men's event" or "women's event" is announced, trans people cannot always assume they are welcome. Specify women or men-identified. Remember also that some people identify as both, neither, or other. "All genders welcome" is a good all-inclusive phrase.
- Include protection for transgender people in worker contracts and laws. It is currently legal in most areas to discriminate on the basis of gender expression and/or identity. A big way allies can help is by advocating and implementing explicit protection for trans workers and citizens.

- Be aware of gendered spaces. Be sensitive to the fact that bathrooms, locker rooms, and gender-specific events can be a place of potential embarrassments or violence for trans people.
- Just ask! If you are not sure what pronoun a person prefers or how they identify, just ask. If for some reason asking doesn't feel comfortable, try to speak without using gender-specific pronouns.
- If you make a mistake, apologize and move on. Occasionally you might accidentally use a wrong pronoun or say a wrong name when addressing someone transgender. Apologize and correct yourself, but not too profusely.
- Acknowledge their experience. If a trans person does talk about their body, identity and experience you at times might be surprised to hear that their lives do not match up to your expectations. For instance, a male you know might have given birth at some point. This is simply part of the trans experience. Accept it and learn!
- Above all it is important to send the message out to transgender people in our communities that they are welcome, appreciated, and that transphobia will not be tolerated. By holding people accountable for transphobic actions and by including trans people in our events we can all benefit from living in safer communities.

Things Cisgender Individuals Take for Granted

- My validity as a man/woman/human is not based upon how much surgery I've had or how well I "pass" as a non-trans person.
- I don't have to hear "So have you had the surgery?" or "Oh, so you're really [an incorrect sex or gender]?" each time I come out to someone.
- Strangers do not ask me what my "real name" (birth name) is and then assume they have a right to call me by that name.
- I do not have to worry about whether I will be able to find a bathroom to use or whether I will be safe changing in a locker room.
- When I go to the gym or a public pool, I can use the showers.
- Strangers don't assume they can ask me what my genitals look like and how I have sex.
- If I end up in the emergency room, I do not have to worry that my gender will keep me from receiving appropriate treatment nor will all of my medical issues be seen as a product of my gender.
- When I express the internal identities in my daily life, I am not considered "mentally ill" by the medical establishment.
- I am not required to undergo extensive psychological evaluation in order to receive basic medical care.
- The medical establishment does not serve as a "gatekeeper" which disallows self-determination of what happens to my body.

Coming out as Intersex

What does being Intersex mean?

Intersex is a general term used for any form of congenital (inborn) mixed-sex anatomy. This doesn't mean that intersex people have all the parts of a female and all the parts of a male; that is physiologically impossible. What this means is that an intersex person has some parts usually associated with males and some parts usually associated with females, or that she or he has some parts that appear ambiguous (like a phallus that looks somewhere between a penis and a clitoris, or a divided scrotum that looks more like labia). It's important to understand that intersex doesn't always involve "ambiguous" or blended external sex anatomy.

Sometimes a child or adult who is intersex can look quite unambiguous sexually, although internally their sex anatomy is mixed. This happens, for example, with complete androgen insensitivity syndrome, where a person has some male parts (including a Y chromosome and testes) internally, but is quite clearly feminine on the outside. It's important to also be clear that intersex is different from transgender in that a person with intersex is born with mixed sex anatomy, where as a person who is transgender is a person who is a different gender than the

one they were assigned at birth. Some people who are transgender were born intersex, but most were born with "standard" male or female anatomy.

How common are Intersex people?

No one knows exactly how many children are born intersex because of the secrecy and deception surrounding it. Estimates range widely depending largely on where you draw the line. Sometimes the phrase "ambiguous genitalia" is substituted for "intersexuality," but this does not solve the problem of frequency, because we still are left struggling with the question of what should count as "ambiguous." The following statistics are drawn from the work of Dr. Fausto-Sterling's and her colleagues. Note that the frequency of some of these conditions, such as congenital adrenal hyperplasia, differs for different populations.

These statistics are approximations.

- Not XX and not XY one in 1,666 births
- Klinefelter (XXY) one in 1,000 births
- Androgen insensitivity syndrome one in 13,000 births
- Partial androgen insensitivity syndrome one in 130,000 births
- Classical congenital adrenal hyperplasia one in 13,000 births
- Late onset adrenal hyperplasia one in 66 individuals
- Vaginal agenesis one in 6,000 births
- Ovotestes one in 83,000 births
- Idiopathic (no discernable medical cause) one in 110,000 births
- 5 alpha reductase deficiency no estimate
- Mixed gonadal dysgenesis no estimate
- Complete gonadal dysgenesis one in 150,000 births
- Hypospadias (urethral opening in perineum or along penile shaft) one in 2,000 births
- Hypospadias (urethral opening between corona and tip of glans penis) one in 770 births
- Total number of people whose bodies differ from standard male or female one in 100 births
- Total number of people receiving surgery to "normalize" genital appearance one or two in 1,000 births

As a growing number intersex people have shared their experiences, the conclusion has been reached that, for most, this management model has led to profoundly harmful sorts of medical intervention and to neglect of badly needed emotional support. Intersexuality – their status as individuals who are neither typical males nor typical females – is not beneficially altered by such treatment. Instead, it is pushed out of the view of parents and care providers. This "conspiracy of silence" – the policy of pretending that intersexuality has been medically eliminated – in fact simply exacerbates the predicament of the intersexual adolescent or young adult who knows that s/he is different, whose genitals have often been mutilated by "reconstructive" surgery, whose sexual functioning has been severely impaired, and whose treatment history has made clear that acknowledgment or discussion of our intersexuality violates a cultural and a family taboo.

The new model which has been proposed recommends: Avoidance of harmful or unnecessary genital surgery on infants and children. No surgery should be performed unless it is absolutely necessary for the physical health and comfort of the intersexual child. Any essentially elective cosmetic surgery should be deferred until the intersexual child is able to understand the risks

and benefits of the proposed surgery and is able to provide appropriately informed consent.

Counseling for the entire family of a newborn intersexual and for the intersexual child as soon as he or she is old enough. This should include thorough exploration of all the medical and surgical options open to the intersexual and his/her family and should address the family's feelings about same-sex arousal patterns and behavior since a large minority of intersexual people develop into gay, lesbian, or bisexual adults or choose to change sex---regardless of whether or not early surgical repair or reassignment was performed. This counseling should be performed by a mental health professional with extensive training and experience in psychotherapy and specialized competence in sex therapy and sexological theory. Very few intersexual people remain unaware of their status, but many are prevented, by shame and stigma, from discussing it with anyone. Shame surrounds not only intersexual status, but also damaged erotic function due to genital surgery. It is imperative that intersexual people learn of their status in a properly supportive emotional environment and have access to a peer support group, or referral to a peer support group.

For many contacting others through the Intersex Society has been a life-changing, or even life-saving, experience. ISNA provides a safe space for us to develop and express healthy identities as intersexual people.

Access to medical services with informed consent; The option of surgical and hormonal intervention should be offered around puberty. Intervention should be undertaken only at the request and with the full informed consent of the intersexual child, including the opportunity to discuss sexual function with adults who have undergone similar surgeries, and validation of the child's right to delay or to choose no surgery at all.

Plastic surgery of the genitals is profoundly damaging to erotic function, and the individual choosing surgery must be allowed to evaluate the tradeoff for her/himself.

Heterosexual Privilege

Heterosexual Privilege is living without ever having to face, confront, engage in, cope with, or think twice about any of the following:

- Not questioning your normalcy - sexually and culturally;
- Having role models of your gender and sexual orientation;
- Learning about romance and relationships from fiction, movies, and television; and/or
- Having positive media images of people with whom you can identify.

Validation from the culture in which you live:

- Living with your partner and doing so openly;
- Talking about your relationship, and what projects, vacations, and family planning you and your lover/partner are creating;
- Expressing pain when a relationship ends and having other people notice and attend to your pain;
- Receiving social acceptance from neighbors, colleagues, and new friends;
- Dating the person of your desire in your teen years;
- Kissing/hugging/being affectionate in public without threat;
- Living comfortably in a residence hall without enduring the fear of rejection from floor or roommates;
- Dressing without worrying what it represents; and/or
- Working without being identified by your sexuality/culture. (As in- you get to be a farmer, bricklayer, or artist without being labeled the heterosexual farmer, the heterosexual bricklayer, the heterosexual artist.)

Institutionalized Acceptance:

- Increased possibilities for getting a job, receiving on the job training or promotion;
- Receiving validation from your religious community, being able to be a member of the clergy/religious leadership;
- Being employed as a teacher in pre-school through high school without fear of being fired any day because you are assumed to corrupt children;

- Adopting children or becoming a foster parent;
- Raising children without threats of state intervention, without children having to be worried which of their friends might reject them because of their parents' sexuality; and/or
- Being able to serve in the military

Legal Marriage (which includes the following privileges):

- Public recognition and support for an intimate relationship;
- Celebration of your commitment to one another with gifts, cards, congratulations from others;
- Social expectations of longevity and stability for your committed relationships;
- Joint child custody;
- Paid leave from employment and condolences when grieving the death of your partner/lover;
- Property laws, filing of joint tax returns, inheriting from your partner/lover automatically under probate laws;
- Sharing health, auto, and homeowners' insurance policies at reduced rates;
- Immediate access to your loved ones in case of accident or emergency; and/or
- Family-of-origin support for a life partner/lover.

Suggestions for Combating Heteronormativity

- Assume that wherever you are, there are LGBTQ+ individuals who are wondering how safe the environment is for them.
- Don't assume that everyone you meet is heterosexual.
- Provide safety by making clear your support of the LGBTQ+.
- Realize that the cultural oppression of gays and lesbians is perpetuated in social situations where physical affection is exclusively heterosexual.
- Challenge heteronormativity whether or not LGBTQ+ individuals are present. Don't always leave it to LGBTQ+ people to do it.
- Confront your own fear, memories, and bad feelings about LGBTQ+ individuals. Recall and release those feelings, thereby diminishing their hold on you.

- Don't assume that a LGBTQ+ individual of the same gender is automatically attracted to you.

Heterosexual Questionnaire

Clarifying our attitudes helps us to become more conscious of what we feel. The purpose in responding to the following items is not to try to change your attitudes and values, but to bring to your consciousness what those attitudes and values are. There are no "right" or "wrong" answers. The important thing is that you understand what you personally feel, not what you think you should feel. You might want to ask yourself why you feel the way you do.

Answer the following with the number that corresponds to your feelings:

- 5 -strongly agree
- 4 -agree
- 3 -indifferent
- 2 -disagree
- 1 -strongly disagree

1. I feel comfortable when I'm with people I know are gay.
2. If I found out that a close friend was gay, I think our relationship would be less close in the future.
3. I don't mind being around gay people as long as they don't flaunt their homosexuality.
4. I am comfortable around men who act feminine and women who act masculine.
5. Gay people should not be teachers because they could make their students gay.
6. Gay people are probably going to hell.
7. I am against social groups specifically organized to meet the needs of gay people.
8. If a close friend came out as bisexual, I think our relationship would be less close in the future.
9. I am able to accept seeing open expressions of affection between gay people.
10. I would feel comfortable if a member of my sex made a sexual advance towards me.
11. I would feel comfortable attending a social function where homosexuals were present.
12. I would feel comfortable confronting jokes made at the expense of homosexuals.
13. I would feel comfortable leaving out books and magazines pertaining to homosexuals in my home or office.
14. If a close friend told me she felt she might be transgender, I think our relationship would be less close in the future.
15. I would feel comfortable knowing my doctor is a homosexual.

16. I would feel comfortable if the person I was dating told me he or she was bisexual.
17. I would participate in a gay rights parade in my hometown.
18. Gays, lesbians, and bisexual people have made a conscious decision to be gay or bisexual.

Domestic Violence in the LGBTQ+ Community

What is Domestic Violence?

Domestic violence (also called intimate partner violence/abuse) is defined as a pattern of behaviors utilized by one partner (the abuser or batterer) to exert and maintain control over another person (the survivor or victim) where there exists an intimate, loving and dependent relationship.

Most of the activity in recent years that has brought attention to domestic violence and the responses to it has been designed to assist women in heterosexual relationships. It is not unusual to encounter definitions of domestic violence that characterize it more or less exclusively as a heterosexual women's problem. Certainly, women in heterosexual relationships account for a very large proportion of the individuals victimized by domestic violence in the world today, for reasons that clearly stem from the longstanding subjugation of women in male dominated societies.

Still, the patterns of abusive behavior observed in many types of relationships, including those in which partners share the same gender, very often exhibit the same dynamics as those present in abusive intimate heterosexual relationships. We now recognize that in addition to the sexist controls created and perpetuated in the larger patriarchal culture, there is a multitude of ways our society (and the LGBTQ+ community) bestows entitlements and control to some people based on various aspects of identity (race, gender expression, ability, immigration status, age, class, etc.) and that this manner of privilege is often used as a means to oppress and maintain control within an abusive relationship.

In a situation of intimate partner violence, there is abuse of the survivor by the batterer through the use of coercive and abusive behaviors that result in the batterer's having all - or virtually - all of the control over the resources and decision-making for both parties and for the relationship. It is defined by the lack of ability of the survivor to make independent decisions or exercise agency without harmful consequences from the batterer. This is often marked by the survivor's having feelings of fear and dread much of the time in relation to the anticipated reactions and actions of the batterer. The survivor becomes increasingly isolated and dependent; their world becomes increasingly smaller and more restricted.

Types of abusive relationships can vary depending upon the actions utilized by the abuser (tools of abuse) to limit and control the survivor. Tools that are used by the batterer to gain' and maintain control are often highly individualized to the situation, relationship and people involved. However, there are several common ways in which perpetrators of domestic violence abuse and control their victims. Many of these tools are similar to domestic violence among heterosexuals.

These behaviors can include combinations of one or more of the following:

- Verbal abuse including name calling
- Emotional manipulation
- Isolation, including limiting or prohibiting survivor's contact with family or friends
- Stealing, limiting access to or destroying survivor's property
- Withholding or otherwise controlling or restricting access to finances
- Depriving survivor of shelter, food, clothing, sleep, medication or other life sustaining

mechanisms

- Limiting or prohibiting survivor from obtaining or keeping employment, housing or any other station, benefit or service (including creating circumstances which lead to loss of such things)
- Harming, attempting or threatening to harm, victim physically (including slapping, hitting, punching, biting, pushing, restraint, striking with or throwing an object, stabbing, choking, cutting, drowning, burning, shooting, etc.)
- Harming, attempting or threatening to harm, victim's family, friends, children and/or pets
- Sexual assault or rape (including forced sex work, violating "safe words" or the boundaries of an S/M scene)
- Using intentional exposure to sexually-transmitted and other diseases (includes both forced exposure of victim as well as abuser exposing self to STDs victim has, despite victim's attempts to practice "safer sex," in attempts to obligate victim to stay in the relationship)
- Threats or attempts of suicide or harm to self if victim tries to end a relationship or does not comply with an abuser's demands
- Stalking or harassment
- Use of facets of abuser or survivor's identity including race, gender, class, sexual orientation, national origin, physical ability, religion, level of education, occupation, or legal immigration status, etc., to demean, insult, endanger, isolate, or otherwise oppress.
- Threatening to engage in any of the above behaviors, including threats to do these things to a victim's family, friends, children and/or pets
- Intimidating a victim in any other way

The Prevalence of LGBTQ+ Domestic Violence

It's important to note that Domestic Violence occurs in every part of our community, to LGBTQ+ people of every race, ethnicity, class, age, ability or disability, education level, and religion. While LGBTQ+ domestic violence is becoming the focus of increasing research attention, it has thus far not been examined with anything near the thoroughness afforded to heterosexual domestic violence, and attempts thus far have been further limited by lack of resources and unfettered access to LGBTQ+ communities and victims. As a result, estimates of the prevalence of LGBTQ+ domestic violence remains highly speculative and there is a complete lack of scientific research on domestic violence among transgender and intersex individuals.

One might criticize the sample sizes and methodologies of some of the studies that have been done, but the remarkable uniformity of their findings strongly suggests that domestic violence is experienced by a large percentage of LGBTQ+ individuals at some point in their lives.

Consequently, most LGBTQ+ domestic violence researchers and service practitioners start from the point of view that domestic violence in LGBTQ+ relationships is just as widespread as domestic violence in relationships between heterosexual couples. Rather extensive studies of the latter suggest a prevalence ranging from 20%-35%, depending on the definition of domestic violence used (see note 1).

A study released in 2002, indicated that gay and bisexual men experience abuse in intimate partner relationships at a rate of 2 in 5, one comparable to that of DV experienced by heterosexual women (see notes 1&2). Island and Lovelier describe it as "the third most severe health problem facing gay men today," behind HIV/AIDS and substance abuse (see note 3). Among lesbians, a 1985 study by Gwat-Yong Lie and Sabrina Gentlewarrior reported that slightly more than half of 1,109 respondents had been abused by a woman partner in their lifetime (see note 4). Several smaller studies seem to support this finding. Coleman's 1990 study of 90 lesbians, for example, reported that 46.6% had experienced repeated acts of violence, and Ristock's 1994 survey of 113 lesbians reported that 41% been abused in at least one relationship with another woman (see note 5).

Studies of other populations in the LGBTQ+ community have documented even higher rates of abuse over respondents' lifetimes. The Portland, OR based Survivor Project's 1998 Gender, Violence, and Resource Access Survey of transgender and intersex (see note 6) individuals found that 50% of respondents had been raped or assaulted by a romantic partner, though only 62% of these individuals (31% of the total) identified themselves as survivors of domestic violence when asked (see note 7).

Barriers in Addressing LGBTQ+ Domestic Violence

Despite the prevalence of this issue, social service, criminal justice and medical personnel remain largely deficient in their ability to serve LGBTQ+ people who are the victims of domestic violence. Most mainstream agencies do not have any training or particular programs to provide for the unique needs of LGBTQ+ survivors of domestic violence. In fact, there is tremendous denial in the mainstream domestic violence response community and the LGBTQ community of the existence of domestic violence in lives of LGBTQ+ women. When LGBTQ+ survivors do reach out, their needs are often dismissed and disregarded or met with homophobic responses about LGBTQ+ people and relationships.

These specific barriers facing LGBTQ+ survivors of domestic violence, coupled with the obstacles facing all women seeking refuge from abuse, means that most LGBTQ+ survivors of domestic violence continue to exist in isolation, suffering long-term psychological, emotional and physical harm. Even in the best cases, providers frequently lack the skills necessary to respond appropriately to same-sex violence. Well-meaning and otherwise knowledgeable providers often fail to identify domestic violence in same-sex relationships and consequently do not respond appropriately.

Additionally, a domestic violence advocates may not be aware of the differences in legal protections and access available to LGBTQ+ people and therefore may refer them or manage their cases inappropriately. For instance, many of the laws and policies set up in states to address heterosexual domestic violence do not apply to same-sex couples.

Special Issues in LGBTQ+ Domestic Violence

While many aspects of LGBTQ+ domestic violence are similar to those experienced by heterosexual victims, it is not in all ways identical. Perpetrators often attempt highly specific forms of abuse based on identity and community dynamics, including:

- "Outing" or threatening to out a partner's sexual orientation or gender identity to family, employer, police, religious institution, community, in child custody disputes, or in other situations where this may pose a threat.
- Reinforcing fears that no one will help the victim because s/he is lesbian, gay, bisexual or transgender, or that for this reason, the partner "deserves" the abuse.
- Alternatively, justifying abuse with the notion that a partner is not "really" lesbian, gay, bisexual or transgender (i.e. the victim may once have had, or may still have relationships, or express a gender identity, inconsistent with the abuser's definitions of these terms). This can be used both as a tool in verbal and emotional abuse as well as to further the isolation of a victim from community.
- Telling the survivor that abusive behavior is a normal part of LGBTQ+ relationships, or that it cannot be domestic violence because it is occurring between LGBTQ+ individuals.
- Monopolizing support resources through an abuser's manipulation of friends and family supports and generating sympathy and trust in order to cut off these resources to the survivor. This is a particular issue to LGBTQ+ people and others living in small insular.

Communities, where there are few community specific resources, neighborhoods or social outlets.

- Portraying the violence as mutual and even consensual, especially if the partner attempts to defend against it, or as an expression of masculinity or some other "desirable" trait.
- Depicting the abuse as part of sadomasochistic (S/M) activity. Sadomasochism is deriving pleasure, often of a sexual nature, from the infliction of physical psychological pain on another person or on oneself or both. Domestic violence can exist in S/M relationships but it is not implicit, nor unique to this type of relationship. Domestic Violence is not S/M, nor should any non-consensual violent or abusive acts that take place outside of a pre-arranged scene or in violation of pre-determined safe words or boundaries be considered part of, or justified as, a normal S/M relationship.

HIV/ AIDS and Domestic Violence

The presence of HIV/AIDS tends to lead to other fairly specific dynamics. For example, the presence of HIV or AIDS can act as a potent emotional stressor that precipitates some incidents of abuse. While the presence of HIV/AIDS in an abusive relationship adds many unique dynamics, there are some issues that those in this situation may have in common with others surviving domestic violence coupled with another chronic or life threatening illness. In addition, the outcomes of domestic violence can become more serious when they directly or indirectly affect the health of an HIV-positive person (or in some examples the health of someone dealing with another life threatening illness) as in some of the examples below:

- The abuser may threaten to tell others that the partner has HIV/AIDS. This is, in some ways, not dissimilar from "outing" of sexual orientation or gender identity, as discussed earlier. However, because of additional social stigma attached to HIV regarding drug use and sexuality, as well as the continued bias that people with HIV/AIDS face, this can pose an additional threat even to people who may already be "out" about their sexual orientation and/or gender identity.
- An HIV-positive abuser may suggest s/he will sicken or die if the partner ends the relationship (or alternatively, that the abused partner's health will fail). The threat may have the ring of truth, if the HIV-positive partner is dependent on the other for housing, nutrition, health care or other forms of support. The additional power that accompanies this threat is that the survivor may fear dying alone and/or their partner, who despite abuse the victim usually loves, dying alone. The victim may also fear that family, friends and community who do not understand or are not aware of the abuse may fault and turn against the victim for leaving someone who may be sick or perceived as vulnerable.
- An abuser may interfere with the survivor's health care by withholding, throwing away or hiding medications, canceling medical appointments, or preventing the HIV-positive partner from receiving needed medical care.
- An HIV-positive abuser may even do the same things to him/herself, in an attempt to blackmail the survivor.
- An abuser may take advantage of an HIV-positive partner's poor health by using it as a

rationale to limit contact with other individuals, assume sole power over economic affairs, and foster a partner's utter dependency.

- The threat of physical violence can become more potent to victims living with illness, who may be too weak to defend themselves or may fear the HIV-related complications (easy bruising, infections, slow or difficult healing) that can result from being subjected to physical harm. Additionally, the emotional stress associated with surviving an abusive relationship can adversely affect a person's already debilitated immune system, potentially resulting in exacerbated symptoms, and further compromising the health of someone with HIV/AIDS, or another life threatening illness.
- An abuser with HIV/AIDS may infect or threaten to infect a partner, or may use claims that the victim is responsible for the abuser's sero-conversion and use this as a reason why the victim cannot leave.

Adapted from: National Coalition of Anti-Violence Programs - New York, New York
<http://www.ncavp.org/issues/DomesticViolence.aspx>

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"Free To Be Me Statement"

I, _____, hereby have permission to be imperfect with regard to people who are different from me. It is okay that I do not know all of the answers about LGBTQ+ issues or if, at times, my ignorance and misunderstandings become obvious. I have permission to ask questions. I have permission to struggle with issues and to be honest about my feelings.

I am, however, committed to educating myself and others about oppression, heterosexism, and homophobia, and to combating them on a personal level.

I am committed to working toward providing a safe, confidential support network for members of the gay, lesbian, bisexual, and transgender community.

I am committed to treating each person with the dignity and respect to which they are entitled as human beings.

I am the product of a heterosexist culture and I am who I am. I do not have to feel guilty about what I know or believe, but I do need to take responsibility for what I can do now.

I am committed to learn as much as I can.

I am committed to struggle to change my false/inaccurate beliefs or oppressive attitudes towards gay, lesbian, bisexual, and transgender people.

Signature

Date

Resources

Local Resources

Esperanza Center <https://www.cosb.us/departments/behavioral-health/esperanza-center>
544 San Benito Street, Suite 202. Hollister, CA 95023 (831) 636-4020 ext. 309

National Resources

General Background:

GLBT National Help Center www.glnh.org
National non-profit organization offering toll-free peer counseling, information, and local resources, including local switchboard numbers and gay-related links
888-THE-GNLH (843-4564)

GLBT National Youth Talkline
Youth peer counseling, information, and local resources, through age 25
800-246-PRIDE (7743)

Substance Abuse Mental Health Services
<https://www.samhsa.gov/behavioral-health-equity/lgbtqi>

General Information: National LGBTQ+ Rights

Human Rights Campaign www.hrc.org
(national organization working for LGBTQ+ equal rights on federal government level)

Lambda Legal www.lambdalegal.org
(national LGBTQ+ legal and policy organization protecting civil rights of LGBTQ+ and people living with HIV) legal helpdesk: 212-809-8585

National Center for Lesbian Rights www.nclrights.org
(national legal resource center advancing the rights and safety of lesbians and their families, and representing gay men and bisexual and transgender individuals on legal issues that also advance lesbian rights. or hotline: 415-392-6257

National Gay and Lesbian Task Force www.nglft.org
(national grassroots organization supporting LGBTQ+ advocacy efforts at state and federal levels)