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## **PROFESSIONAL OPINIONS**

**GAY, LESBIAN AND BISEXUAL ISSUES** *From: American Psychiatric Association Fact Sheet, May 2000*

### **“What is Sexual Orientation “?”**

“Sexual orientation” is a term frequently used to describe a person’s romantic, emotional or sexual attraction to another person. A person attracted to another person of the same sex is said to have a homosexual orientation and may be called gay (both men and women) or lesbian. Individuals attracted to persons of the other sex are said to have a heterosexual orientation. Sexual orientation falls along a continuum and individuals who are attracted to both men and women are said to be bisexual.

Sexual orientation is different from gender identity, which refers to the internal sense of whether one is male or female. Sexual orientation is a relatively new concept. In fact, although same sex behavior has always existed, the idea of a homosexual identity or a homosexual person is only about 100 years old.

The concept of sexual orientation refers to more than sexual behavior. It includes feelings as well as identity. Some individuals may identify themselves as gay lesbian or bisexual without engaging in any sexual activity. Some people believe that sexual orientation is innate and fixed; however, sexual orientation develops across a person’s lifetime. Individuals may become aware at different points in their lives that they are heterosexual, gay, lesbian, or bisexual.

### **Is Homosexuality A Mental Disorder?**

No. All major professional mental health organizations have gone on record to affirm that homosexuality is not a mental disorder. In 1973 the American Psychiatric Association’s Board of Trustees removed homosexuality from its official diagnostic manual, The Diagnostic and Statistical Manual of Mental Disorders, Second Edition (DSM II). The action was taken following a review of the scientific literature and consultation with experts in the field. The experts found that homosexuality does not meet the criteria to be considered a mental illness.

### **What causes Homosexuality/Heterosexuality/Bisexuality?**

No one knows what causes heterosexuality, homosexuality, or bisexuality. Homosexuality was once thought to be the result of troubled family dynamics or faulty psychological development. Those assumptions are now understood to have been based on misinformation and prejudice. Currently there is a renewed interest in searching for biological etiologies for homosexuality. However, to date there are no replicated scientific studies supporting any specific biological etiology for homosexuality. Similarly, no specific psychosocial or family dynamic cause for homosexuality has been identified, including histories of childhood sexual abuse. Sexual abuse does not appear to be more prevalent in children who grow up to identify as gay, lesbian, or bisexual, than in children who identify as heterosexual.

### **What is “Coming Out”?**

“Coming out” is the term used to describe the experience in which a person identifies himself or herself as gay, lesbian or bisexual. Coming out is not a one-time event, but a lifelong process of identifying as gay, lesbian or bisexual to family friends and other significant members of one’s social world. Each person’s experience in coming out is unique and the process always stimulates anxiety as well as provides challenging possibilities for personal empowerment and emotional growth.

## **Does Stigma Still Exist About Homosexuality?**

Yes. Fears and misunderstandings about homosexuality are wide spread. They present daunting challenges to the development and maintenance of a positive self-image in gay, lesbian and bisexual persons and often to their families as well. "Homophobia" is a term that refers to the irrational fear and prejudice against homosexual persons.

Public opinion polls in the United States show that in the past twenty years, feelings toward gay men, lesbians and bisexuals have moved in a significantly positive direction. Nevertheless, when compared to other social groups homosexuals are still among the most stigmatized groups in the nation. Hate crimes are prevalent. Gay men and lesbians are still banned from serving openly in the US military service. Child custody decisions still frequently view gay and lesbian people as unfit parents. Gay and lesbian adolescents are often taunted and humiliated in their school settings. Many professional persons and employees in all occupations are still fearful of identifying as gay or lesbians in their work settings. Gay relationships are not recognized in any legal way by the federal government.

## **What Position Has the American Psychiatric Association Taken Regarding This Stigma?**

In 1992, the American Psychiatric Association, recognizing the power of the stigma against homosexuality, issued the following statement: "Whereas homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities, the American Psychiatric Association calls on all international health organizations and individual psychiatrists in other countries, to urge the repeal in their own country of legislation that penalized homosexual acts by consenting adults in private. And further the APA calls on these organizations and individuals to do all that is possible to decrease the stigma related to homosexuality wherever and whenever it may occur." Such organizational recognition of homophobia has been important in changing attitudes about homosexuality.

## **Is It Possible To Change One's Sexual Orientation ("Reparative Therapy")?**

There is no published scientific evidence supporting the efficacy of "reparative therapy" as a treatment to change one's sexual orientation, nor is it included in the APA's Task Force Report, Treatments of Psychiatric Disorders. More importantly, altering sexual orientation is not an appropriate goal of psychiatric treatment. Some may seek conversion to heterosexuality because of the difficulties that they encounter as a member of a stigmatized group. Clinical experience indicates that those who have integrated their sexual orientation into a positive sense of self - function at a healthier psychological level than those who have not.

"Gay affirmative psychotherapy" may be helpful in the coming out process, fostering a positive psychological development and overcoming the effects of stigmatization. A position statement adopted by the Board in December 1998 said:

The American Psychiatric Association opposes any psychiatric treatment, such as "reparative" or "conversion" therapy, which is based upon the assumption that homosexuality per se is a mental disorder, or based upon a prior assumption that the patient should change his/ her homosexual orientation."

## **What Do the Parents of Gay Men/Lesbian/Bisexuals experience?**

When a person "comes out" to their parents, it can be a very emotionally trying experience for all involved. Most parents are concerned for the welfare of their children, recognizing the difficulties posed by being a member of a stigmatized group. Often parents also fear rejection by their own family, friends, religious, or social groups. Fortunately, support exists for parents who are struggling to come to terms with their child's homosexuality. PFLAG (Parents and Friends of Lesbians and Gays) is an organization comprised of the families of gay men, lesbians, and bisexuals that provides information and assistance to

parents and families. Family or individual psychotherapy can be very helpful in dealing with questions and concerns about a gay child.

### **How Do the Children of Gay/Lesbians Parents Fare?**

Many gay men and women are parents. For example, estimates of the numbers of lesbian mothers range from 1 to 5 million and with the number of children ranging from 6 to 14 million. Most gay parents conceived their children in prior heterosexual marriages. Recently an increasing number of gay parents have conceived children and raised them from birth either as single parents or in committed relationships. Often this is done through alternative insemination, adoption or through foster parenting. Numerous studies have shown that the children of gay parents are as likely to be healthy and well adjusted as children raised in heterosexual households. Children raised in gay or lesbian households do not show any greater incidence of homosexuality or gender identity issues than other children. Children raised in nontraditional homes with gay/lesbian parents can encounter some special challenges related to the ongoing stigma against homosexuality, but most children surmount these problems.

### **Reparative Therapy**

In the past, defining homosexuality as an illness buttressed society's moral opprobrium of same-sex relationships (2). In the current social climate, claiming homosexuality is a mental disorder stems from efforts to discredit the growing social acceptance of homosexuality as a normal variant of human sexuality. Consequently, the issue of changing sexual orientation has become highly politicized. The integration of gays and lesbians into the mainstream of American society is opposed by those who fear that such integration is morally wrong and harmful to the social fabric. The political and moral debates surrounding this issue have obscured the scientific data by calling into question the motives and even the character of individuals on both sides of the issue. This document attempts to shed some light on this heated issue.

The validity, efficacy and ethics of clinical attempts to change an individual's sexual orientation have been challenged. To date, there are no scientifically rigorous outcome studies to determine either the actual efficacy or harm of "reparative" treatments. There is sparse scientific data about selection criteria, risks versus benefits of the treatment, and long-term outcomes of "reparative" therapies. The literature consists of anecdotal reports of individuals who have claimed to change, people who claim that attempts to change were harmful to them, and others who claimed to have changed and then later recanted those claims.

Although there is little scientific data about the patients who have undergone these treatments, it is still possible to evaluate the theories, which rationalize the conduct of "reparative" and conversion therapies. Firstly, they are at odds with the scientific position of the American Psychiatric Association which has maintained, since 1973, that homosexuality per se, is not a mental disorder. The theories of "reparative" therapists define homosexuality as either a developmental arrest, a severe form of psychopathology, or some combination of both. In recent years, noted practitioners of "reparative" therapy have openly integrated older psychoanalytic theories that pathologize homosexuality with traditional religious beliefs condemning homosexuality.

The earliest scientific criticisms of the early theories and religious beliefs informing "reparative" or conversion therapies came primarily from sexology researchers. Later, criticisms emerged from psychoanalytic sources as well. There has also been an increasing body of religious thought arguing against traditional, biblical interpretations that condemn homosexuality and which underlie religious types of "reparative" therapy.

### **Recommendations:**

1. APA affirms its 1973 position that homosexuality per se is not a diagnosable mental disorder. Recent publicized efforts to re-pathologize homosexuality by claiming that it can be cured are

- often guided not by rigorous scientific or psychiatric research, but sometimes by religious and political forces opposed to full civil rights for gay men and lesbians. APA recommends that the APA respond quickly and appropriately as a scientific organization when claims that homosexuality is a curable illness are made by political or religious groups.
2. As a general principle, a therapist should not determine the goal of treatment either coercively or through subtle influence. Psychotherapeutic modalities to convert or “repair” homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of “cures” are counterbalanced by anecdotal claims of psychological harm. In the last four decades, “reparative” therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, APA recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to first, do no harm.
  3. The “reparative” therapy literature uses theories that make it difficult to formulate scientific selection criteria for their treatment modality. This literature not only ignores the impact of social stigma in motivating efforts to cure homosexuality; it is a literature that actively stigmatizes homosexuality as well. “Reparative” therapy literature also tends to overstate the treatment’s accomplishments while neglecting any potential risks to patients. APA encourages and supports research in the NIMH and the academic research community to further determine “reparative” therapy’s risks versus its benefits.

## **THE AMERICAN PSYCHOLOGICAL ASSOCIATION ANSWERS YOUR QUESTIONS ABOUT SEXUAL ORIENTATION AND HOMOSEXUALITY**

Source: [www.apa.org](http://www.apa.org)

### **Is Sexual Orientation A Choice?**

No. Sexual orientation emerges for most people in early adolescence without any prior sexual experience. And some people report trying very hard over many years to change their sexual orientation from homosexual to heterosexual with no success. For these reasons, psychologists do not consider sexual orientation for most people to be a conscious choice that can be voluntarily changed.

### **Is Homosexuality A Mental Illness or Emotional Problem?**

No. In 1973 the American Psychiatric Association confirmed the importance of the new research by removing the term 'homosexuality' from the official manual that list all mental and emotional disorders. In 1975 the American Psychological Association passed a resolution supporting this action. Both associations urge all mental health professionals to help dispel the stigma of mental illness that some people still associate with homosexual orientation. Since original declassification of homosexuality as a mental disorder, this decision has subsequently been reaffirmed by additional research findings.

### **Can Lesbians and Gay Men Be Good Parents?**

Yes. Studies comparing groups of children raised by homosexual and by heterosexual parents find no developmental differences between the two groups of children in their intelligence, psychological adjustment, social adjustment, popularity with friends, development of social sex role identity or development of sexual orientation.

Another stereotype about homosexuality is the mistaken belief that gay men have more of a tendency than heterosexual men to sexually molest children. There is no evidence indicating that homosexuals are more likely than heterosexuals to molest children.

### **Why Do Some Lesbians and Gay Men Tell People About Their Sexual Orientation?**

Because sharing that aspect of themselves with others is important to their mental health. In fact, the process of identity development for lesbians and gay men, usually called 'coming out', has been found to be strongly related to psychological adjustment - the more positive the gay male or lesbian identity, the better one's mental health and the higher one's self-esteem.

### **Why Is The “Coming Out” Process Difficult for Some Gay Men and Lesbians?**

Because of false stereotypes and unwarranted prejudice towards them, the process of 'coming out' for lesbians and gay men can be a very challenging process which may cause emotional pain. Lesbian and gay people often feel 'different' and alone when they first become aware of same-sex attractions. They may also fear being rejected by family, friends, co-workers and religious institutions if they do 'come out'.

In addition, homosexuals are frequently the targets of discrimination and violence. This threat of violence and discrimination is an obstacle to lesbian and gay people's development. In a 1989 national survey, 5% of the gay men and 10% of the lesbians reported physical abuse or assault related to being lesbian or gay in the last year; 47% reported some form of discrimination over their lifetime. Other research has shown similarly high rates of discrimination or violence.

### **What Can Be Done To Help Gays and Lesbians Overcome Discrimination Against Them?**

The people who have the most positive attitudes toward gay men and lesbians are those who say they know one or more gay person well. For this reason, psychologists believe negative attitudes toward gays as a group are prejudices that are not grounded in actual experience with lesbians or gay men but on stereotypes and prejudice. Furthermore, protection against violence and discrimination are very important, just as they are for other minority groups. Some states include violence against an individual on the basis of her or his sexual orientation as a 'hate crime' and some have laws against discrimination on the basis of sexual orientation.

### **Can Therapy Change Sexual Orientation?**

No. Even though homosexual orientation is not a mental illness and there is no scientific reason to attempt conversion of lesbians or gays to heterosexual orientation, some individuals may seek to change their own sexual orientation or that of another individual (for example, parents seeking therapy for their child). Some therapists who undertake this kind of therapy report that they have changed their client's sexual orientation (from homosexual to heterosexual) in treatment. Close scrutiny of their reports indicates several factors that cast doubt: many of the claims come from organizations with an ideological perspective on sexual orientation, rather than from mental health researchers; the treatments and their outcomes are poorly documented; and the length of time that clients are followed up after the treatment is too short.

In 1990, the American Psychological Association stated that scientific evidence does not show that conversion therapy works and that it can do more harm than good. Changing one's sexual orientation is not simply a matter of changing one's sexual behavior. It would require altering one's emotional, romantic and sexual feelings and restructuring one's self-concept and social identity. Although some mental health providers do attempt sexual orientation conversion, others question the ethics of trying to alter through therapy a trait that is not a disorder and that is extremely important to an individual's identity. Not all gays and lesbians who seek therapy want to change their sexual orientation. Gays and lesbians may seek counseling for any of the same reasons as anyone else. In addition, they may seek psychological help to 'come out' or to deal with prejudice, discrimination and violence.

## **Why Is It Important For Society To Be Better Educated About Homosexuality?**

Educating all people about sexual orientation and homosexuality is likely to diminish anti-gay prejudice. Accurate information about homosexuality is especially important to young people struggling with their own sexual identity. Fears that access to such information will affect one's sexual orientation are not valid.

## **Where Can I Find More Information About Homosexuality?**

### **Publications That Can Provide You With More Information**

- Garnets, L.D., et. al, 'Issues in Psychotherapy With Lesbians and Gay Men,' American Psychologist, Vol. 46, No.9, pp. 964-972.
- Goodchilds, J.D. , Psychological Perspectives on Human Diversity in America, American Psychological Association, Washington, D.C., 1993
- Garnets, L.D. and Kimmel, D.C., Psychological Perspectives on Lesbians & Gay Male Experiences, Columbia University Press, NY, 1993.
- Gonsiorek, J.C., Weinrich, J.D. , Homosexuality: Research Implications For Public Policy
- Sage Publications, CA, 1991. Herek, G.M. , and Berrill, K.T., Journal of Interpersonal Violence, Vol. 5, No.3.

## **THE AMERICAN MEDICAL ASSOCIATION ETHICS ON HOMOSEXUALITY**

**Nondiscrimination Policy:** The AMA affirms that it has not been its policy now or in the past to discriminate with regard to sexual orientation (Res.1, A-93)

**Civil Rights Restoration:** The AMA reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, race, religion, disability, ethnic origin, or age. (BOT Rep. LL, I-86; Amended by Sunset Report, I-96)

### **Health Care Needs of the Homosexual Population:**

(1) The AMA believes that the physician's nonjudgmental recognition of sexual orientation and behavior enhances the ability to render optimal patient care in health as well as in illness. In the case of the homosexual patient this is especially true, since unrecognized homosexuality by the physician or the patient's reluctance to report his or her sexual orientation and behavior can lead to failure to screen, diagnose or treat important medical problems. With the help of the gay and lesbian community and through a cooperative effort between physician and the homosexual patient, effective progress can be made in treating the medical needs of this particular segment of the population.

(2) The AMA is committed to taking a leadership role in:

educating physicians on the current state of research in and knowledge of homosexuality and the need to take an adequate sexual history; these efforts should start in medical school, but must also be a part of continuing medical education;

- educating physicians to recognize the physical and psychological needs of homosexual patients;
- encouraging the development of educational programs for homosexuals to acquaint them with the diseases for which they are at risk;
- encouraging physicians to seek out local or national experts in the health care needs of gay men and lesbians so that all physicians will achieve a better understanding of the medical needs of this population; and
- working with the gay and lesbian community to offer physicians the opportunity to better understand the medical needs of homosexual and bisexual patients.

## **ASSOCIATION RESOLUTIONS OPPOSING REPARATIVE THERAPY**

American Academy of Pediatrics	American Psychological Association	National Association of Secondary
American Federation of Teachers	The Interfaith Alliance	School Principals
American Medical Association	National Association of School	National Education Association
American Psychiatric Association	Psychologists	New Ways Ministries
	National Association of Social Workers	People for the American Way

## **NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS**

### **Position Statement On Gay, Lesbian and Bisexual Youth**

Youth who become aware of a minority sexual orientation within themselves during childhood or adolescence are at greater risk for a number of dangerous or harmful situations or activities. The most prominent risks include suicide, physical and verbal harassment, exposure to the HIV virus, and substance abuse. In addition, these youth are often rejected, emotionally and physically, by their families and may become homeless as a result of the disclosure of their sexual orientation. Society's attitudes and behaviors toward these youth render them invisible. As a result, this group suffers from a lack of resources to deal with the problems caused by the internalized sense of inadequacy and low self-esteem. Gay, lesbian, and bisexual youth who also have disabilities or are members of other minority groups have additional barriers to receiving appropriate education and mental health care within the school system and society as a whole.

The National Association of School Psychologists supports equal access to education and mental health services for sexual minority youth within public and private schools. This can be accomplished through: 1) education of students and staff, 2) direct counseling with students who are experiencing difficulties within themselves or with others due to actual or perceived minority sexual orientation, 3) advocacy for such youth within the school and the community settings, 4) support of research on evaluations of interventions and programs designed to address the needs of gay, lesbian, and bisexual youth in schools, and 5) support of programs for HIV prevention directed at gay, lesbian, and bisexual youth.

Violence and intimidation directed at sexual minority youth, whether aimed at an individual through direct harassment or at the entire group through antigay statements or biases, violate the right of these students to receive equal educational opportunities. NASP believes that school psychologists are ethically obligated to ensure that these students have an equal opportunity for the development of their personal identity in an environment free from discrimination, harassment, violence, and abuse.

To achieve this goal, efforts must be made through education and advocacy for these youth to reduce discrimination and harassment against sexual minority youth by both students and staff.

### **Creating Safe Schools for Sexual Minority Youth**

#### **Schools must maintain campuses that are safe and conducive to learning for all students**

NASP believes that efforts to create safe schools for sexual minority youth should include but not limited to education of all students and staff, direct intervention with victims and perpetrators of harassment and discrimination of those at risk, and promoting societal and familial attitudes and behaviors that affirm the dignity and rights of gay, lesbian, and bisexual youth.

#### **Education of students and staff**

Because many gay, lesbian, and bisexual students choose not to reveal their sexual orientation for fear of harassment, other students and staff are often not aware of their presence. Staff and students who are aware and supportive may fear openly speaking out for sexual minority youth because of the possibility of

being discriminated against themselves. Even among those who are aware of the existence of sexual minority youth in their schools, many maintain misconceptions regarding these youth and may be unsure how to address their needs. NASP supports educating students and staff regarding the existence and needs of sexual minority youth through in-service training on the risks experienced by these youth, research relevant to these youth, and appropriate ways of addressing harassment and discrimination directed toward any student. In addition, issues pertaining to sexual orientation can be infused in the curriculum, such as presenting theories regarding the development of sexual orientation in a science class, reading works of famous gay, lesbian, or bisexual authors in a literature class, or discussing the gay rights movement in historical context with other civil rights movements in a social studies class. Sexual minority youth must also be educated to reduce unsafe behavior such as substance abuse and exposure to HIV. In addition, educating these youth can reduce the isolation they often feel as a result of perceiving themselves as invisible or as misunderstood.

### **Direct intervention with victims and perpetrators of harassment and discrimination**

As with any instance of school violence, harassment and discrimination against sexual minority youth should be addressed both through applying consequences and educating the perpetrator and by supporting and protecting the victim. Both goals can be achieved through nonjudgmental counseling for students who have been victims of such harassment or who are questioning their sexual orientation and may become targets of harassment in the future by disclosing their status as gay, lesbian, or bisexual. Counseling and education should also be provided to the perpetrator to help prevent future episodes of harassment.

Because school staff may, knowingly or unknowingly, discriminate against sexual minority youth, NASP believes that education and support for sexual minority youth must occur at all levels of schooling. This education should include students, teachers, support staff, and administrators and should stress that discrimination and harassment must be addressed regardless of the status of the perpetrator.

### **Promoting societal and familial attitudes and behaviors that affirm the dignity and rights within educational environments of gay, lesbian, and bisexual youth**

By educating students and staff, school psychologists can help change negative or indifferent attitudes toward sexual minority youth. However, a much more powerful agent of change may be the example of the school psychologist who refuses to allow slurs or discrimination to occur and who is willing to provide services to all students regardless of sexual orientation or other minority status. Within their own schools and in society as a whole, school psychologists can promote attitudes that affirm the dignity and rights of sexual minority youth by removing biases from their own practice. They can also point out the actions or statements of other school staff who discriminate or neglect the needs of sexual minority youth and attempt to address these issues in a fair way. In particular, school policies should mandate fair treatment of all students and equal access to educational and mental health services within the schools.

School psychologists can provide expert opinions and research-based information to assure that such policies are in place and enforced. Finally, school psychologists can encourage local, state, and national organizations to disseminate information to parents and other groups that need to be aware of the issues related to gay, lesbian, and bisexual youth in the schools.

### **Role of the School Psychologist**

Because they work directly with students as well as staff and administrators, school psychologists are uniquely positioned to affect policies and practices within the schools. They can also teach by example.

School psychologists can explicitly inform students that they are available to all students regardless of sexual orientation. In counseling sessions, they can be mindful that not every student is heterosexual and that sexual minority status can affect self-esteem and peer relationships. School psychologists can address issues of sexual orientation in in-service sessions as well. In presenting material on sexual harassment or discrimination, for example, they can take care to include examples and information involving sexual minority youth.

School psychologists are also in a position to educate students on a number of issues related to high-risk behaviors that are especially frequent among gay, lesbian, and bisexual youth, targeting both the school population in general and sexual minority youth in particular.

### **Summary**

NASP recognizes that students who are of a minority sexual orientation, or are perceived to be, are at risk of a number of dangerous and destructive behaviors as well as harassment, discrimination, and low self-esteem. A successful program to address these issues educates both those who discriminate and those who are discriminated against because of sexual orientation. This education can occur on a number of levels: intervention with individual students, school-wide in-service training, and modeling behaviors and attitudes by school psychologists in daily interactions with all students and staff. Any program designed to address the needs of sexual minority youth should also include efforts to educate parents and the community through involvement with other organizations committed to equal opportunity for education and mental health services for all youth. Schools can only be truly safe when every student, regardless of sexual orientation, is assured of access to an education without fear of harassment or violence.

### **NATIONAL EDUCATION ASSOCIATION Resolution C-13: Student Sexual Orientation**

The National Education Association believes that all persons, regardless of sexual orientation, should be afforded equal opportunity within the public education system. The Association further believes that every school district should provide counseling by trained personnel for students who are struggling with their sexual/gender orientation.

### **AMERICAN ACADEMY OF PEDIATRICS (2002)**

*The American Academy of Pediatrics issued the following statement in support of gay and lesbian parenting and called for equal access to co-parenting and second-parent adoption rights for gay and lesbian parents in February 2002:*

Children deserve to know that their relationships with both of their parents are stable and legally recognized. This applies to all children, whether their parents are of the same or opposite sex. The American Academy of Pediatrics recognizes that a considerable body of professional literature provides evidence that children with parents who are homosexual can have the same advantages and the same expectations for health, adjustment, and development as can children whose parents are heterosexual. When 2 adults participate in parenting a child, they and the child deserve the serenity that comes with legal recognition.

Children born or adopted into families headed by partners who are of the same sex usually have only 1 biologic or adoptive legal parent. The other partner in a parental role is called the “coparent” or “second parent.” Because these families and children need the permanence and security that are provided by having 2 fully sanctioned and legally defined parents, the Academy supports the legal adoption of children by coparents or second parents. Denying legal parent status through adoption to coparents or second parents prevents these children from enjoying the psychologic and legal security that comes from having 2 willing, capable, and loving parents.

Several states have considered or enacted legislation sanctioning second-parent adoption by partners of the same sex. In addition, legislative initiatives assuring legal status equivalent to marriage for gay and lesbian partners, such as the law approving civil unions in Vermont, can also attend to providing security and permanence for the children of those partnerships.

Many states have not yet considered legislative actions to ensure the security of children whose parents are gay or lesbian. Rather, adoption has been decided by probate or family courts on a case-by-case basis. Case precedent is limited. It is important that a broad ethical mandate exist nationally that will guide the courts in providing necessary protection for children through coparent adoption.

Co-parent or second-parent adoption protects the child's right to maintain continuing relationships with both parents. The legal sanction provided by coparent adoption accomplishes the following:

1. Guarantees that the second parent's custody rights and responsibilities will be protected if the first parent were to die or become incapacitated. Moreover, second-parent adoption protects the child's legal right of relationships with both parents. In the absence of coparent adoption, members of the family of the legal parent, should he or she become incapacitated, might successfully challenge the surviving coparent's rights to continue to parent the child, thus causing the child to lose both parents.
2. Protects the second parent's rights to custody and visitation if the couple separates. Likewise, the child's right to maintain relationships with both parents after separation, viewed as important to a positive outcome in separation or divorce of heterosexual parents, would be protected for families with gay or lesbian parents.
3. Establishes the requirement for child support from both parents in the event of the parents' separation.
4. Ensures the child's eligibility for health benefits from both parents.
5. Provides legal grounds for either parent to provide consent for medical care and to make education, health care, and other important decisions on behalf of the child.
6. Creates the basis for financial security for children in the event of the death of either parent by ensuring eligibility to all appropriate entitlements, such as Social Security survivor's benefits.

On the basis of the acknowledged desirability that children have and maintain a continuing relationship with 2 loving and supportive parents, the Academy recommends that pediatricians do the following:

- Be familiar with professional literature regarding gay and lesbian parents and their children.
- Support the right of every child and family to the financial, psychologic, and legal security that results from having legally recognized parents who are committed to each other and to the welfare of their children.
- Advocate for initiatives that establish permanency through coparent or second-parent adoption for children of same-sex partners through the judicial system, legislation, and community education.”

#### **AMERICAN PSYCHOLOGICAL ASSOCIATION (1976 AND 1998)**

***On parenting.*** *The American Psychological Association Council of Representatives adopted the following position statement in September 1976:* "The sex, gender identity or sexual orientation of natural or prospective adoptive or foster parents should not be the sole or primary variable considered in custody or placement cases." Reference: Conger, J.J. (1977). Proceedings of the American Psychological Association, Incorporated, for the year 1976: Minutes of the Annual Meeting of the Council of Representatives. *American Psychologist*, 32, 408-438.

***On legal benefits for same-sex couples.*** *The American Psychological Association Council of Representatives adopted this position statement in August 1998:*

- Whereas there is evidence that homosexuality per se implies no impairment in judgment, stability, reliability or general social and vocational capabilities (Conger, 1975) for individuals;
- Whereas legislation, other public policy and private policy on issues related to same-sex couples is currently under development in many places in North America (e.g., Canadian Psychological Association, 1996);
- Whereas the scientific literature has found no significant difference between different-sex couples and same-sex couples that justify discrimination (Kurdek, 1994;1983; Peplau, 1991);
- Whereas scientific research has not found significant psychological or emotional differences between the children raised in different-sex versus same-sex households (Patterson, 1994);
- Whereas APA has, as a long established policy, deplored "all public and private discrimination against gay men and lesbians in such areas as employment, housing, administration and licensing ..." and has

consistently urged “the repeal of all discriminatory legislation against lesbians and gay men” (Conger, 1975);

- Whereas denying the legal benefits that the license of marriage offers to same-sex households (including, but not limited to, property rights, health care decision-making, estate planning, tax consequences, spousal privileges in medical emergency situations and co-parental adoption of children) is justified as fair and equal treatment;
- Whereas the absence of access to these benefits constitutes a significant psychosocial stressor for lesbians, gay men and their families.
- Whereas APA provides benefits to its members' and employees' domestic partners equivalent to those provided to members' and employees' spouses;
- Whereas psychological knowledge can be used to inform the current public and legal debate on 'same-sex marriage' (e.g., Baehr v. Lewin);

Therefore, be it resolved, that APA supports the provision to same-sex couples of the legal benefits that typically accrue as a result of marriage to same-sex couples who desire and seek the legal benefits; and  
Therefore, be it further resolved, that APA shall provide relevant psychological knowledge to inform the public discussion in this area and assist state psychological associations and divisions in offering such as needed.

## SEXUAL ORIENTATION AND SCIENCE

*The following article is a summary of the current state of scientific research on sexual orientation. Author, Dr. David G. Myers. Link to whole essay: <http://www.hope.edu/lib/special/dmyers.html>. Dr. Myers' textbooks in psychology are widely used in schools across North America. This excerpt is from David G. Myers' **Exploring Psychology 4th edition** (Worth Publishers, 1999).*

### Sexual Orientation

We express the direction of our sexual interest in our sexual orientation--our enduring sexual attraction toward members of a particular gender. As far as we know, all cultures in all times have been predominantly heterosexual (Bullough, 1990). Yet, cultures vary in their attitude toward homosexuality. Whether a culture condemns and punishes homosexuality or views it as an acceptable alternative, homosexuality survives and heterosexuality prevails.

Homosexual people often recall childhood play preferences like those of the other sex (Bailey & Zucker, 1995). But most homosexual people report not becoming aware of same-gender sexual feelings until during or shortly after puberty, and not thinking of themselves as gay or lesbian until around age 20 (Garnets & Kimmel, 1990).

### How Many People Are Exclusively Homosexual?

Until recently, the popular press assumed a homosexuality rate of 10 percent. But in both Europe and the United States, more than a dozen national surveys in the early 1990s explored sexual orientation, using methods that protected the respondent's anonymity. Their results agree in suggesting that a more accurate figure is about 3 or 4 percent of men and 1 to 2 percent of women (Laumann & others, 1994; Smith, 1996).

Less than 1 percent of the respondents reported being actively bisexual, but a larger number of adults reported having had an isolated homosexual experience. And most people said they had had an occasional homosexual fantasy.

Although health experts find it helpful to know sexual statistics, numbers do not decide issues of human rights. Similarly, it's helpful in manufacturing school desks to know that about 10 percent of people are left-handed. But whether left-handers are 3 percent or 10 percent of the population doesn't answer the moral question of whether lefties should enjoy equal rights.

What does it feel like to be homosexual in a heterosexual culture? One way for heterosexual people to understand is to imagine how they would feel...

- if they were to be ostracized or fired for openly admitting or displaying their feelings toward someone of the other sex;
- if they were to overhear people making crude jokes about heterosexual people;
- if most movies, TV shows, and advertisements portrayed (or implied) homosexuality; and
- if their family members were pleading with them to change their heterosexual life-style and to enter into a homosexual marriage.

Facing such reactions, homosexual people often struggle with their sexual orientation. At first, they may try to ignore or deny their desires, hoping they will go away. But they don't.

Then they may try to change, through psychotherapy, willpower, or prayer. But the feelings typically persist, as do those of heterosexual people--who are similarly incapable of becoming homosexual (Haldeman, 1994).

Eventually, homosexuals may accept their orientation— by electing celibacy (as do some heterosexuals); by engaging in promiscuous sex (a choice more commonly made by men than by women); or by entering into a committed, long-term love relationship (a choice more often made by women than by men) (Peplau, 1982; Weinberg & Williams, 1974).

Most psychologists today view sexual orientation as neither willfully chosen nor willfully changed. Sexual orientation in some ways is like handedness: Most people are one way, some the other. A very few are truly ambidextrous. Regardless, the way one is endures.

Nor is sexual orientation linked with psychological disorder or sexual crime. “Child molester” is not a sexual orientation. Some homosexuals do abuse children, but most child molesters are heterosexual males (Gonsiorek, 1982).

These facts led the American Psychiatric Association in 1973 to drop homosexuality from its list of “mental illnesses.”

### **Understanding Sexual Orientation**

If our sexual orientation is indeed something we do not choose and cannot change, then where do these preferences come from? How do we move toward either a heterosexual or a homosexual orientation? Is homosexuality linked with problems in a child's relationships with parents, such as with a domineering mother and an ineffectual father or a possessive mother and a hostile father? As children, were many homosexuals molested, seduced, or otherwise sexually victimized by an adult homosexual? Are children who observe homosexual role models (such as parents) more likely to become homosexual?

Consider the findings of lengthy Kinsey Institute interviews with nearly 1000 homosexuals and 500 heterosexuals (Bell & others, 1981; Hammersmith, 1982). The investigators assessed nearly every imaginable psychological cause of homosexuality--parental relationships, childhood sexual experiences, peer relationships, dating experiences.

Their findings: Homosexuals were no more likely than heterosexuals to have been smothered by maternal love, neglected by their father, or sexually abused. More recent studies have also found that sons of homosexual men were not more likely to become gay if they lived with their gay dad, and that 9 in 10 children of lesbian mothers developed into heterosexuals (Bailey & others, 1995; Golombok & Tasker, 1996). If even being reared by a homosexual parent has no appreciable influence on sexual orientation, then having a gay or lesbian teacher or bus driver also seems unlikely to have an appreciable influence.

Homosexual people do, however, appear more often in certain populations: In America's dozen largest cities, the percentage of men identifying themselves as gay jumps to 9 percent, compared with only 1 percent in rural areas (Binson & others, 1995; Laumann & others, 1994).

One study of the biographies of 1004 eminent people found homosexual and bisexual people over represented (11 percent of the sample), especially among poets (24 percent), fiction writers (21 percent), and artists and musicians (15 percent) (Ludwig, 1995).

For uncertain reasons, men who have older brothers are somewhat more likely to be gay, report Ray Blanchard and his colleagues (1995, 1996a,b, 1997). Assuming the odds of homosexuality are roughly 3 percent among first sons, they rise to 4 percent among second sons and 5 percent for third sons.

### **So, What Determines Sexual Orientation?**

One theory proposes that people develop same-sex erotic attachments if segregated by gender at the time their sex drive matures (Storms, 1981). But even in a tribal culture in which homosexual behavior is

expected of all boys before marriage, heterosexuality prevails (Money, 1987). (As this illustrates, homosexual behavior does not always indicate a homosexual orientation.)

Another theory proposes the opposite: that people develop romantic attachments to those who differ from, and thus are more fascinating than, the peers they associated with while growing up (Bell, 1982).

The bottom line from a half-century's theory and research: If there are environmental factors that influence sexual orientation, we do not yet know what they are. If someone were to ask me, "What can I do to influence my child's sexual orientation?" my answer would have to be "I haven't a clue."

### **The Brain and Sexual Orientation**

New research indicates that sexual orientation is at least partly physiological. Researcher Simon LeVay (1991) discovered this while studying sections of the hypothalamus taken from deceased heterosexual and homosexual people.

As a gay scientist, LeVay wanted to do "something connected with my gay identity," but he knew he had to avoid biasing the results. So he did the study "blind," without knowing which donors were gay. After nine months of peering through his microscope at a cell cluster he thought might be important, LeVay sat down one morning and broke the codes.

His discovery: The cell cluster was reliably larger in heterosexual men than in women and homosexual men. As the brain difference became apparent, "I was almost in a state of shock. . . . I took a walk by myself on the cliffs over the ocean. I sat for half an hour just thinking what this might mean" (LeVay, 1994).

It should not surprise us that brains differ with sexual orientation. Remember our maxim: Although we find it convenient to talk separately of psychological and biological explanations, everything psychological is simultaneously biological.

The critical questions are: Can this finding be replicated? If so, when does the brain difference begin? At conception? In the womb? During childhood or adolescence? Does experience produce the difference? Or do genes or prenatal hormones (or genes via prenatal hormones)?

LeVay does not view this little neural center as a sexual orientation center; rather, he sees it as an important part of the neural pathway engaged in sexual behavior. Moreover, he acknowledges that it's possible that sexual behavior patterns influence the brain's anatomy. (In fish, rats, birds, and humans, brain structures are known to vary with experience.) But he believes it more likely that brain anatomy influences sexual orientation.

Laura Allen and Roger Gorski (1992) offered a similar conclusion after discovering that a section of the fibers connecting right and left hemispheres is one-third larger in homosexual men than in heterosexual men. "The emerging neuroanatomical picture," notes Brian Gladue (1994), "is that, in some brain areas, homosexual men are more likely to have female-typical neuroanatomy than are heterosexual men."

### **Genes and Sexual Orientation**

The evidence suggests that genetic influence plays a role (Whitam & others, 1993).

One research team studied the twin brothers of homosexual men. Among their identical twin brothers, 52 percent were homosexual, as were 22 percent of fraternal twin brothers (Bailey & Pillard, 1991, 1995).

In a follow-up study of homosexual women, a similar 48 percent of their identical twins were homosexual, as were 16 percent of their fraternal twins (Bailey & others, 1993).

With half the identical twin pairs differing, we know that genes aren't the whole story. Moreover, a new study using a diverse sample of Australian twins found somewhat lower rates of sexual similarity--although, again, identical twins were more likely than fraternal twins to share homosexual feelings (Bailey & others, 1997).

This is the sort of pattern we expect to see when genes are having an influence. Moreover, with a single transplanted gene, scientists can now cause male fruit flies to display homosexual behavior (Zhang & Odenwald, 1995).

### **Prenatal Hormones and Sexual Orientation**

The elevated rate of similar homosexual orientation even in fraternal twins might also result from their sharing the same prenatal environment. In animals, abnormal prenatal hormone conditions have altered the sexual orientation of a fetus.

German researcher Gunter Dorner (1976, 1988) pioneered this research by manipulating a fetal rat's exposure to male hormones, thereby "inverting" its sexual behavior toward rats of the other sex. Female sheep will likewise show homosexual behavior if their pregnant mothers are injected with testosterone during a critical gestation period (Money, 1987).

Atypical prenatal hormones may produce similar results in humans. A critical period for the human brain's neural-hormonal control system may exist between the middle of the second and fifth months after conception (Ellis & Ames, 1987; Gladue, 1990; Meyer-Bahlburg, 1995). It seems that exposure to the hormone levels typically experienced by female fetuses during this time may predispose the person (whether female or male) to be attracted to males in later life.

Some tests reveal that homosexual men have spatial abilities like those typical of heterosexual women--a pattern consistent with the hypothesis that homosexuals were exposed to atypical prenatal hormones (Gladue, 1994; McCormick & Witelson, 1991).

Curiously, gay men also have fingerprint patterns rather like those of heterosexual women. Most people have more fingerprint ridges on their right hand. Jeff Hall and Doreen Kimura (1994) observed that this right-versus-left difference is less true of females and gay males than of heterosexual males--a difference that these researchers believe is due to prenatal hormones.

Because the physiological evidence is preliminary and controversial, some scientists remain skeptical. Rather than specifying sexual orientation, perhaps biological factors predispose a temperament that influences sexuality "in the context of individual learning and experience" (Byne & Parsons, 1993).

Perhaps, theorizes Daryl Bem (1996), genes code for prenatal hormones and brain anatomy, which predispose temperaments that lead children to prefer sex-typical or sex-atypical activities and friends. These preferences may lead children later to feel attracted to whichever sex feels different. Boys with feminine interests may find masculine males exotic. This could explain why, in personal ads, gay men tend to seek masculine partners and lesbians feminine partners (Bailey & others, 1997).

The dissimilar-seeming sex (one's own, for homosexual people) becomes associated with anxiety and other forms of arousal, which eventually gets transformed into romantic arousal. The exotic becomes erotic.

Regardless of the process, the consistency of the genetic, prenatal, and brain findings has swung the pendulum toward a physiological explanation. Nature more than nurture, most psychiatrists now believe, predisposes sexual orientation (Vreeland & others, 1995). If biological influences prove critical (perhaps especially in certain environmental contexts), it would explain why sexual orientation is so difficult to change.

### **Still, Some People Wonder: Should the Cause of Sexual Orientation Matter?**

Maybe it shouldn't, but people's assumptions matter. Those who believe (as most homosexual people believe) that sexual orientation is a biological given--an enduring identity, not a choice--express more accepting attitudes toward homosexual persons (Allen & others, 1996; Furnham & Taylor, 1990; Whitley, 1990).

In American surveys, agreement that homosexuality is "something that people are born with" doubled from 16 to 31 percent between 1983 and 1993. Over roughly the same period, support for equal job rights for homosexuals increased from 59 to 80 percent (Moore, 1993).

Between 1982 and 1996, agreement that "homosexuality should be an acceptable alternative lifestyle" also increased, from 34 to 44 percent (Gallup, 1996). Accepting attitudes are most common among women and those with a gay or lesbian friend or relative (Herek & Capitanio, 1996; Kite & Whitley, 1996).

To gay and lesbian activists, the new biological research is a double-edged sword (Diamond, 1993). If sexual orientation, like skin color and sex, is genetically influenced, that offers a further rationale for civil rights protection. Moreover, it may alleviate parents' concerns about their children having gay teachers and role models. It does, however, raise the haunting possibility that genetic markers of sexual orientation could someday be identified through fetal testing, and the fetus aborted.

### **Sex and Human Values**

Recognizing that values are both personal and cultural, most sex researchers and educators strive to keep their writings on sexuality value-free. But can the study of sexual behavior and what motivates it really be free of values?

Those who think not say that the very words we use to describe behavior often reflect our personal values. When sex researchers label sexually restrained individuals as "erotophobic" and as having "high sex guilt," they express their own values.

Whether we label sexual acts we do not practice as "perversions," "deviations," or part of an "alternative sexual life-style" depends on our attitudes toward the behaviors. Labels both describe and evaluate.

When education about sex is separated from the context of human values, some students may get the idea that sexual intercourse is merely recreational activity. Diana Baumrind (1982), a University of California child-rearing expert, has observed that adolescents interpret sex education that pretends to be "value-free" as meaning that adults are neutral about adolescent sexual activity. Such an implication is unfortunate, she added, because "promiscuous recreational sex poses certain psychological, social, health, and moral problems that must be faced realistically."

Researchers have found that teenagers who have had formal sex education are no more likely to engage in premarital sex than those who have not (Furstenberg & others, 1985; Zelnik & Kim, 1982).

Moreover, we enrich our lives by knowing ourselves, by realizing that others share our feelings, by understanding what is likely to please or displease our loved one. Witness the crumbling of falsehoods

about homosexuality. Witness the growing realization that some types of sexually explicit material can lead people to devalue or hurt others.

Perhaps we can agree that the knowledge provided by sex research is preferable to ignorance, yet also agree that researchers' values should be stated openly, enabling us to debate them and to reflect on our own values.

We might also remember that scientific research on sexual motivation does not aim to define the personal meaning of sex in our own lives. One can know every available fact about sex--that the initial spasms of male and female orgasm come at 0.8-second intervals, that the female nipples expand 10 millimeters at the peak of sexual arousal, that systolic blood pressure rises some 60 points and the respiration rate to 40 breaths per minute--but fail to understand the human significance of sexual intimacy.

Surely one significance of sexual intimacy is its expression of our deeply social nature. Sex is a socially significant act. Men and women can achieve orgasm alone, yet most people find greater satisfaction while embracing their loved one. There is a yearning for closeness in sexual motivation. Sex at its human best is life-uniting and love-renewing.

## **Child Sexual Abuse and Homosexuality – The Long History of “Gays As Pedophiles” Fallacy**

By Sean Kahill, Ph.D. and Kenneth Jones

Periodically, as with the Catholic priest sex scandal currently raging, homosexuality – the attraction to adults of the same sex has been conflated with pedophilia, the sexual attraction to children. In 1977 Anita Bryant named her anti-gay group “Save Our Children,” and warned that “a particularly deviant-minded [gay] teacher could sexually molest our children.” More recently, anti-gay activists have warned that efforts to make schools safe for gay, lesbian, bisexual, and transgender (LGBT) youth are nothing more than attempts to “recruit” youth into “the homosexual lifestyle.” LGBT people are often constructed as a threat to youth, and some argue that gay people should not be allowed to teach, parent, or serve as Boy Scout troop leaders. Conservatives from New York Catholic Monsignor Eugene Clark to William F. Buckley have suggested that sexual orientation nondiscrimination laws and increased tolerance of gay people lead to an increase in pedophilic acts, i.e. sexual molestation of children. Most recently, some in the Catholic Church hierarchy have blamed homosexuality for the widespread pattern of sexual abuse of children, teens and young seminarians by priests. Below are some talking points that clarify the issues:

### **The Problem is Sexual Abuse, Not Homosexuality.**

When a man abuses a young girl, the problem is not heterosexuality. Few would characterize such abuse as a heterosexual act similar to consensual sex between an adult man and woman. Similarly, when a priest sexually abuses a boy or under-age teen, the problem is not homosexuality. The problem is child abuse.

If a male boss sexually harasses a female employee; again, the problem is not heterosexuality, but sexual harassment. In instances where priests abuse male seminarians who are legally above the age of consent, the problem is sexual harassment and sexual abuse, not homosexuality.

### **Homosexuals Are No More Likely to Sexually Abuse Children Than Heterosexuals.**

In fact, gays and lesbians may be *less* likely than heterosexuals to sexually abuse children. Two studies that examined the sexual orientation of child molesters found that less than one percent, in one study, and zero percent, in the other, were lesbian or gay.

About four of every five cases of child sexual abuse reported to child protection authorities involve a girl who is abused. But because sexual abuse of boys is less likely to be reported, it is estimated that 1/4 to 1/3 of all sexually abused children are boys, while 2/3 to 3/4 are girls. Because most child molesters are men, (90 percent), some have argued that “homosexual” child abuse is widespread and that homosexuals abuse children at a rate higher than their proportion of the general population, which is somewhere around 3 to 8 percent of the population. Such claims are based on the false belief that men who sexually abuse boys are homosexual. In fact, the overwhelming majority of men who sexually abuse children live their lives as heterosexual men.

Very little empirical data exist on child sexual abuse and sexual orientation. Stevenson (2000) reviewed the existing social science literature on the relationship between sexuality and child sexual abuse and found that “a gay man is no more likely than a straight man to perpetrate sexual activity with children.” Further, “cases of perpetration of sexual behavior with a pre-pubescent child by an adult lesbian are virtually nonexistent.”

In a review of 352 medical records of children evaluated for sexual abuse during a 12-month period at a Denver children’s hospital, Dr. Carole Jenny (1994) found that less than one percent of the abused children in her study were abused by a gay man or a lesbian. Of 269 adult perpetrators of child abuse identified among the 352 cases of abuse, only two (or 0.07 percent) were gay or lesbian. Jenny noted that the vast majority of the children in the sample, or 82 percent, “were suspected of being abused by a man or a woman who was, or had been, in a heterosexual relationship with a relative of the child.”

Jenny concluded that in this sample, “a child’s risk of being molested by his or her relative’s heterosexual partner is over 100 times greater than by someone who might be identifiable as being homosexual, lesbian, or bisexual.”

In an earlier study of convicted male child molesters in Massachusetts, Groth and Birnbaum (1978) found none of the 175 men in the study to have an exclusively homosexual adult sexual orientation. Groth and Birnbaum distinguished two kinds of child molesters: those who are “fixated” exclusively on children, and those who were or are sexually active with other adults but who have a “regressed” sexual orientation.

Fixated molesters never fully develop an adult sexual orientation, whereas the regressed molesters do develop an adult sexual orientation. Studies suggest that “fixated” pedophiles are attracted to “the child’s immature body type or lack of secondary sex characteristics rather than the child’s gender.” Almost half (47%) of the men in the Massachusetts study were classified as “fixated,” 40% as “regressed adult heterosexuals,” and the other 13% as “regressed adult bisexuals.”

The men classified as regressed adult bisexuals had primary sexual attractions to women. In this last group, Groth and Birnbaum observed “in their adult relationships they engaged in sex on occasion with men as well as with women. However, in no case did this attraction to men *exceed* their preference for women...there were no men who were primarily sexually attracted to other adult males.”

### **Conclusion**

Social science research does not support the claim that gay men and lesbians are more likely, or even as likely, than straight men or women to sexually abuse children. Child sexual abuse has little to do with sexual orientation.

## **GAYS SEEK PROTECTION IN SCHOOLS**

**Activists want laws to closely monitor harassment cases in the classroom**

**BY GINA SMITH, Staff Writer, State Newspaper, Columbia, SC, July 1, 2002**

Trey Martin and Lindsey Duchac recently were graduated from different high schools in different S.C. cities, but their high school stories are startlingly similar. Martin tells about a miniature noose taped to his locker by a classmate who disapproved of his lifestyle. Duchac tried to ignore a student who called her a dyke in a crowded cafeteria and two others who called her a sinner. Martin, 20, and Duchac, 19, are gay. A growing body of national research says harassment of these students is common and hampers their education.

Parents, activists and students say harassment of gay students is also a problem in South Carolina. They call for specific school policies and state laws to protect gay students. However, opponents of special protections for gay students say such policies are unfair. "I do not believe we should carve out a special category for gay and lesbian students," said state Sen. John Hawkins, R-Spartanburg. Last December, he introduced a bill that would prevent any state institution including colleges and schools -- from protecting gays and lesbians from job discrimination.

Gay activists take a different view. "The bottom line isn't about whether someone agrees or disagrees with various sexual orientations," said Mary Kate Cullin of the Gay, Lesbian and Straight Education Network, a national advocacy group. "The issue is the harassment that exists. Every school should be protecting all students. They're not."

### **TWO BLACK EYES**

It's unclear how widespread harassment of gay students is in S.C. schools. No agency keeps records of it. There are only students' stories. One student, 15, who attends a high school in Columbia, was beaten so badly he was out of school for a week this school year. A student asked him during class if he was gay. The gay student said "yes." An argument ensued, and punches began. While the assailant was suspended and later expelled, the memory of two black eyes, a chipped tooth and a busted lip haunts the lanky teenager. His guardian asked that his name not be used for fear of future bullying.

Throughout the school year, he still heard yells of "faggot" in the hallways. Soda cans, half full, were thrown at him. "Taunting gays and lesbians is the same as taunting any other group," said the student's grandmother, his guardian. "Something must be done." Her grandson wants to drop out of school. "I just cannot handle the stuff that's going on," he said. "If I was in an open-minded school, where I could walk around freely, then I would stay in."

Most research, including a recent study from the University of North Carolina, estimates 5 to 6 percent of students 17 and younger identify themselves as gay, lesbian or bisexual. That could mean more than 7,000 S.C. high school students and half a million American high school students are dealing with their sexual orientation.

In conservative South Carolina, gay rights are discussed in hushed tones or not at all. Many of the opponents say singling out gay students for protection is unfair. One possible strategy is a “zero tolerance” policy like the ones adopted to deal with weapons, said Kevin Caiello of the Palmetto Family Council, a non-profit Christian organization that does not advocate homosexuality. “We need to protect everyone,” he said. “Be it a student who wears a Christian T-shirt, a Muslim student, a gay student.”

Hawkins agrees that no student, gay or straight, should be harassed. He said schools should protect all students. “It's ludicrous in my mind to single a special group out for extra protection,” he said.

#### **DEALING INDIRECTLY**

National research shows that schools haven't rid themselves of bullying. Last year, Human Rights Watch, a human-rights organization, gave American public schools a failing grade in protecting gay students. The report, based on interviews with youths, educators, counselors and parents in seven states, found bullying denies gay teens an adequate education. It also concluded school officials often ignore the bullying.

While S.C. principals say their schools are safe for all students, gay teens interviewed by The State say there is a gap between policy and practice. “People call me (obscene names) in the halls, and no teacher tells them to stop,” said the openly gay Duchac, a recent graduate of Dorman High School in Spartanburg. “I'm out, (but) I don't want to be pointed out and made to feel like a zoo animal.” Jerry Wyatt, Dorman's principal, said the school takes bullying seriously. “We don't tolerate it,” he said. “When (harassment incidents) are reported to us, certainly we address them.” At Dorman and most other schools, the penalties range from suspension to involving the police.

Other advocates say gay/straight alliances in high schools could also help. These clubs of heterosexual and homosexual students discuss diversity and tolerance issues. More than 1,000 of these groups are in public schools across the nation. The only known one in South Carolina was at Maulden High near Greenville. It disbanded a few years ago when the school switched to a block schedule that eliminated a club meeting time during the day.

Martin, a North Greenville College rising junior, tried to start such an alliance as a junior at Aiken High School with the help of gay and straight classmates. He says during the campaign a group of students threw rocks at him, and the petition was thrown in the trash by others. The effort was abandoned when his parents transferred him to another school.

Some S.C. districts, including Richland 1, deal with anti-gay harassment indirectly. “Rather than dealing with it as a gay and lesbian issue, we're dealing with it as a harassment issue,” said Melanie Webb, program director for Richland 1's Safe Schools/Healthy Students. Any bullied student can talk with counselors and take part in peer mediation. Teachers undergo training on eliminating bullying in schools. “If students are being made to feel unsafe, that's a situation educators must address,” she said. “And that's still happening.”

## **GUIDELINES FOR WORKING WITH YOUNG GLBT VICTIMS**

Adapted from: *Institute for Sexual Inclusiveness through Training and Education*

- Remember the gay or lesbian student may be experiencing grief reactions, since most teens know the society says they are “wrong”.
- Use vocabulary the young person uses; if he/she uses “homosexual,” follow his or her lead. Likewise, if he/she uses “gay” or “lesbian,” use that term.
- Be aware of your comfort and limitations. Do not add pain resulting from your judgment about sexuality generally or homosexuality specifically.
- Respect confidentiality.
- Be aware of cultural events that may affect the student.
- Address negative school-based incidents on the spot, with special attention to targeted harassment, put-downs (whether or not targeted to individuals), anti-gay jokes and graffiti, and labeling.
- Protect students and staff from discrimination on the basis of sexual orientation; follow up violations.
- Include gay/lesbian concerns in all prevention programs (suicide, dropout, pregnancy, etc.); and in training of peer leaders, student government, etc.

## WORKING WITH PARENTS OF LGBT PEOPLE

*With help from: "Our Daughters & Sons: Questions and Answers for Parents of Gay, Lesbian and Bisexual People," by Parents, Families and Friends of Lesbians and Gays: PFLAG. For more information, call 202-467-8180 or visit <http://www.pflag.org>.*

Most parents aren't prepared for the words, "Mom, Dad, I'm gay." But if parents hear these words, they need to know they're not alone. They should also know that they can emerge from this period of time with a stronger, closer relationship with their child than ever before. That's been the case for most parents, family members and friends of gay, lesbian and bisexual people, even though the path to that point may be difficult.

Some parents will go through something similar to a grieving process with all the accompanying shock, denial, anger, guilt and sense of loss. Those feelings are understandable given our society's attitudes toward gays, lesbians and bisexuals. But, since parents love their children, they owe it to him or her - and to themselves - to move toward acceptance, understanding and support. While it may feel as if parents have lost their child, they haven't. Their child is the same person he or she was yesterday. The only thing lost is the father or mother's own image of that child and the understanding they thought they had. That loss can be very difficult, but that image can, happily, be replaced with a new and clearer understanding of the child.

If the child is young, coming to an understanding with him or her may be crucial because of the risks gay and lesbian youth may face. For example, gay and lesbian youth are thought to be two to three times more likely to attempt suicide than heterosexual youth. Moreover, family problems - such as lack of acceptance from parents - are the most common reason gay and lesbian youth give for having attempted suicide, according to Gary Remafedi.

If a son or daughter comes out to a parent voluntarily, it shows a tremendous amount of love and trust in the parents. Now it's up to the parents to match the child's courage, commitment, trust and love with their own.

### 1. Why did they have to tell us?

Some parents feel they would have been happier not knowing about their child's sexuality. They look back to before they knew and recall this time as problem-free - overlooking the distance they often felt from their child during that time.

Sometimes parents try to deny what is happening by rejecting what they're hearing ("It's just a phase"); shutting down ("I don't want to hear about it"); or not registering the impact of what they're being told ("That's nice, dear."). However, if parents don't know the truth about their child's sexual and affectional orientation, they would never really know their child. A large part of his or her life would be kept secret and parents would never really know the whole person. It is important to accept and understand a child's sexuality because homosexuality and bisexuality are not phases.

If you're wondering, "Is she sure?" the answer will almost always be yes. Telling a parent that you think you're gay involves overcoming too many negative stereotypes and taking far too much risk for anyone to take that step lightly or prematurely.

The fact that a son or daughter tells his parents is a sign of his or her love and need for support and understanding. It took a lot of courage. And it shows a very strong desire for an open, honest relationship with the parents - a relationship in which the parent can love the child for who he or she is, rather than for whom the parents want him or her to be.

## **2. Why am I uncomfortable with this?**

The apprehension you may feel is a product of our culture. Homophobia is too pervasive in our society to be banished easily from our consciousness. As long as homophobia exists, any gay person and any parent of a gay, lesbian or bisexual youth has some very real and legitimate fears and concerns.

Many parents may confront another source of guilt. Parents who see themselves as liberal, who believe they have put sexual prejudice behind them - even those who have gay friends - are sometimes stunned to recognize that they are uncomfortable when it is their kid who is gay. These parents not only have to grapple with deep-rooted fears of homosexuality, but also have the added burden of thinking they shouldn't feel the way they do. It helps to concentrate on real concerns: what the child needs most now. Try not to focus on the guilt. It accomplishes nothing.

## **3. Why must they flaunt it?**

Gays, lesbians and bisexuals are often accused of flaunting their sexuality when they come out as gay, when they are publicly affectionate with a same-sex partner or when they wear gay symbols or T-shirts or participate in gay pride parades. Bear in mind that straight couples often show affection publicly because they feel love and appreciation for their partner. Stop and think: are you as uneasy about heterosexuals showing affection in public? In some situations, what people call "flaunting it" may only be behaving in a relaxed, natural fashion in public.

In other circumstances, it may be a political decision to assert one's sexuality by wearing a T-shirt or participating in a public event. In cultures that either ignore homosexuality or deride it, expressing one's sexual orientation publicly can be an important act of self-affirmation. If you worry about possible negative reactions to any behavior that identifies your child as gay, keep in mind that some gays, lesbians and bisexuals will censor their own behavior because they share those fears.

People generally seen as "flaunting" their sexuality (be they gay or straight) are usually thumbing their nose at social convention, "acting out", making a statement about society's rules and those who make them. Remember, there's a big difference between "flaunting it" and being genuine in expressing feelings appropriately. If your son or daughter is young, help them see that difference.

## **4. How do we tell family and friends?**

Just as coming out is difficult for gay people, the coming out process is equally difficult for parents. Many parents, upon learning their child is gay, go right into their own closet. As they struggle with accepting their child's sexual orientation, they worry about other people finding out. There is the challenge of fielding such questions as, "Has he got a girlfriend?" and "So when is she going to get married?"

Many parents have found that our fears were far worse than reality. For example, some waited years to tell children's grandparents - only to have them respond, "We knew that quite a while ago." Our advice to you is the same advice we give to gay, lesbian and bisexual individuals: learn more about the changing attitudes within medical, psychiatric, religious, professional and political circles. There are plenty of authorities as allies in defense of equal rights for gay people.

Parents may get some negative or insensitive comments from relatives, friends or coworkers, but you'll probably find that those comments are fewer than you now fear. There is generally much more support than any parent anticipates. Finally, remember that your child has been down this road already. He or she may even be able to help.

## **5. Will I ever learn to deal with this?**

A psychiatrist answered the question this way: "Once most people adjust to the reality of their child's sexual orientation, they feel like they've had a whole new world opened to them. They become acquainted

with a side of their child they never knew. They are included in their child's life. Usually, they get closer. And they begin to meet the gay community and understand that these are people just like any other community.” Another way to answer this question is to let some parents speak for themselves:

“I hit a point where I was feeling sad and thinking what would I say when people asked, 'How is Gary?' And then it occurred to me, Gary's fine. I'm the one who's not. And once I reached that point, it was easier. As we met Gary's friends, we found them to be wonderful people and realized that he's really part of a pretty terrific community. So what's the problem? It's society's problem. That's when we figured we were over the hump.” (Mother of a gay son)

### **AS A PARENT OF A GAY CHILD, I'D LIKE PEOPLE TO KNOW ... by Irene Smith**

First that my son is gay and I am very proud of him, as are his father, his sister and niece and nephew. When a child comes out as a gay person, a parent thinks it's hard for him. What about the child? A parent can walk away. The “gay child can't. A parent has a choice. The child doesn't. A parent is just beginning to deal with the idea. The child has been dealing with it in secret and alone for some time, most of his life.

It can be especially difficult if the family has a religious belief that says that being homosexual is a sin. This implies that this child has chosen to be gay/lesbian and is purposely going against what he was brought up to believe.

For a devoutly religious person this may mean choosing between your religious beliefs and your child. Do I go against everything I have ever believed in and accept my child as he says he is, or do I stand fast in my religious beliefs and lose my child?

An alarming number of parents chose the latter, leaving a teenager homeless on the streets. As a result of this fear too many teens choose suicide over the chance that they will be rejected. Being gay is no different to being a redheaded, brown-eyed child in a family of blonds with blue eyes. A gay child has not changed in any way from the child his parent loved before he told his parents that he is gay.

It is important for parents to accept their child's choice of a life partner. He loves this person in the same way that you love your spouse. Parents will see a lot more of their child if they make the effort to support his or her life and help with the difficulties. A gay person spends no more time in the bedroom than the average heterosexual person. That is a heterosexual myth.

I know many people who think they don't know anyone who is gay. I don't know anyone who doesn't know someone who is gay. They are our friends and neighbors and our family members, whether we are aware of it or not.

They deserve the same chance to live their lives as who they are just the same as you and I do. Put yourself in the place of a gay person. Pretend for a moment that you can't come out of the closet because you are not like the majority of society. You are heterosexual and the majority of society is homosexual. You have to live by their rules to be accepted. You cannot tell anyone that you are heterosexual because you could lose your family, your friends, your job. You wouldn't be able to get insurance for you spouse/partner and if you become ill or die your spouse/partner has no rights of visitation or rights to the material life that you have made together.

So, how did that feel? These are the kinds of things that gay people deal with every day of their lives. They also deal with all of the ordinary things that the rest of the world deals with. like financial issues, relationship issues, children, jobs.

## **WORKING WITH LGBT CLIENTS PSYCHOTHERAPY FOR GAY AND LESBIAN CLIENTS**

*Excerpts from: Psychiatric Times • January 1998 • Vol. XV • Issue 1  
by David Hawkins, M.D.*

*Dr. Hawkins is adjunct associate professor of psychiatry at the University of North Carolina, and at Chapel Hill and at Duke University Medical Center, where he is the director of the Group Psychotherapy Training Program. He is president-elect of the American Group Psychotherapy Association.*

### **Social Context**

It is not surprising that surveys (Garnets and others, 1991) continue to report high levels of ignorance and prejudice encountered by homosexuals in their contacts with health care providers given the current social context. This also contributes to a negative feedback loop in which many homosexuals are reluctant to utilize, inform or confront their care providers, impairing collaboration in treatment.

The category “homosexual,” is now understood to include many different kinds of people and many varieties of self and relational expression. Homosexuality is not just a sexual act, but a sexual, affectional and relational preference. Gay men are more like other men, and lesbians more like other women, than they are similar to each other. The “problem” of homosexuality is not that these variations of human sexuality exist, but that the achievement of a healthy adult sexual identity is impeded, and the stress of daily living increased, by the social conditions of stigmatization and prejudice in which homosexuals must develop their identities and conduct their lives.

The process of “coming out” was originally thought of as an event, the moment of one's debut or first appearance at an openly homosexual social event. Now we understand that it is a prolonged process of identity formation and realization that extends over a lifetime and can be manifest in various ways.

### **Epigenetic Process**

The concept of one stage building upon the work of the previous stages has been used throughout the literature on biological and psychological developmental, but was particularly well described in Erik Erikson's (1997) writing on human development. In his later years, he expressed concern that the stages he had delineated were being thought of only in relation to early development, and that the ongoing process of adult and later life, which involves revisiting many of the tasks of early life, was not well enough understood and described.

Because the work of homosexual identity formation involves effort against the constraining forces of “heterosexism” at every stage, it is particularly important that therapists understand how addressing significant unfinished business can free psychological energy to improve self-esteem and enrich relational capacity. I have encountered many instances of gay and lesbian clients presenting themselves to other group members as “having already dealt with coming out,” only to be stirred by the catalytic activity of group processes to experience long-avoided painful memories and powerful healing experiences.

Much of the homosexual's developmental work may have been done in relative social isolation due to such factors as the need to hide or camouflage the self in a “heterosexist” world; difficulty in finding and entering the homosexual subculture, which is frequently invisible; and a lack of positive role models like those available to the developing heterosexual. The power and necessity of validating and normalizing interpersonal experiences cannot be underestimated, and facilitating such experiences must be given prominence in the therapeutic strategy. For this reason, a knowledge of gay-affirmative therapists and of appropriate therapy, support and social groups in one's area is very useful. For example, there is Parents, Families and Friends of Lesbians and Gays (PFLAG), and OUTRIGHT for gay, lesbian, bisexual and transgender youth.

The therapist must understand the usual trajectory of the coming out process and be familiar with the internal struggles, stigma management strategies and social conflicts that accompany each stage (Troiden, 1989). Too many therapists naively expect the patient to inform them about a process for which the patient may be lacking language and concepts.

### **Speaking the Language of Shame**

The growing body of literature on shame, its role in men's and women's development and the treatment of shame-based conditions (Alonso and Rutan, 1988) has been a tremendous help to therapists working with homosexual clients. For many patients, assistance in recognizing the physiologic experience of shame and giving that experience a name provides healing normalization and an important conceptual tool for further work. The interpersonal process of shame is of projection and disconnection. Consciously reexperiencing shame in a context of identification and connection with therapist or therapy group and learning to maintain interpersonal contact through that experience is the ideal antidote to the emotional and social isolation in which many homosexuals live.

The therapist learning to work in the language of shame must trace its origins to before the finger-pointing, scowling and verbal blaming, which we all readily recognize as shaming, and encounter the more subtle world of early object relations. In that world, smell, touch, facial expression and body language convey approval and disapproval. Even more significantly, they express connection and disconnection. Winnicott (Davis and Wallbridge, 1981) has eloquently described early development in which the parent's facilitation of the child's spontaneous gesture results in expression of meaning, an experience of mastery and the formation of a piece of true self. When the parent fails to recognize the gesture, misinterprets it or replaces it with one of the parent's own, the child has an experience of shame, and a piece of false self is put into place as a defense. The foundation of self-esteem and of interpersonal grace and confidence is constructed from these experiences. Our success in sustaining intimate relationships depends on our capacity to experience our true self and to bring that self into connection with the true self of the other.

We know that homosexual preference begins early in life, often experienced as a sense of difference from like-gender peers. We also know that children understand that there is a category of people who differ from the heterosexual norm and are negatively defined. This knowledge precedes awareness of their own difference and may occur long before they consider putting themselves in that category. The personal histories of my homosexual patients are filled with examples of early recognition of the need to be careful expressing themselves, to hide the potentially betraying spontaneous gesture. The pre-homosexual child, then, may have had more than her or his share of disconnecting, shame-inducing events connected to self-expression, and is likely to have constructed a defensive false self that maintains painful personal constriction, unsatisfying interpersonal distance and prohibits healing underlying shame.

### **Living in a Multicultural World**

Our lesbian and gay patients live in at least a bicultural social system. The beginning of coming out occurs in the predominant heterosexual culture where they must realize and accept their difference. Then they must find a satisfactory way of entering the homosexual culture, establishing a sense of place among peers and developing intimate relationships. Any problems with shame or idealization in their culture of origin are magnified as they encounter shamed and idealized subgroups within the new culture. Although this is quite similar to any adolescent establishing peer relations in a social system with hierarchies and cliques, a therapist who is not familiar or comfortable with the homosexual culture and its mores may have trouble supporting and normalizing the patient's efforts, especially when the patient may be long past adolescence in chronological age.

Being homosexual is not a choice, but deciding how to live one's social and sexual adult life is. The therapist for lesbian and gay clients must be supportive to their exploring the necessary choices and grieving the attendant losses that are inevitable when one has connections to at least two cultures. These

choices and losses are even more complicated when patients have gone a long way down the road of heterosexual socialization before accepting and pursuing their homosexual lives.

Shame resulting from countertransference reactions or empathic failure is a fairly common occurrence to which the therapist must be alert. Peggy Hanley-Hackenbruck, (1988) has divided therapist countertransference into stages of “must not” (negatively predisposed toward homosexual patients), “must” (feeling a political urgency to push the coming out process), and “can” (able to assist patients at various stages of self-acceptance from a therapeutically neutral position).

As an example of “must not” countertransference, questioning the origins of a patient's homosexual desire may not only be inappropriate (how often is heterosexuality questioned?), but can undermine the patient's self-confidence by adding to “heterosexist” stigmatization and seriously impair the therapeutic alliance. The number of times that my seminar participants have discussed their discomfort and confusion about acknowledging a patient's homosexual identity, exploring the patient's satisfaction with it, and investigating any relationship between that and their presenting symptoms indicates an important ongoing need for sensitization and education.

It is incumbent upon us as therapists to assess our levels of comfort and expertise with this varied population and augment our skills via the excellent literature available and through collegial contact at our professional meetings. The Association of Gay and Lesbian Psychiatrists in the American Psychiatric Association, a similar group in the American Psychological Association, and the Special Interest Group for Gay, Lesbian and Bisexual Issues in the American Group Psychotherapy Association present informative workshops and panels at their annual meetings that are superb resources for clinicians.

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Issues particular to LGBT people: Rejection...isolation...increased suicidality...struggle for integrity... family of origin problems...acting out.... secret sexuality, discrimination, potential loss of job or family ... impotence in legal situations (adoption, hospital visitation, partner survivorship lack of rights – monetary, public, decision making), prejudice of some religious traditions, stigmatization, fear of physical violence. Issues LGBT people share with heterosexuals but with additional stress: Money, sex, maintaining long lasting relationships, families, community, substance abuse, ...

## **GENERATIONAL DIFFERENCES**

*From: the Monitor, American Psychological Association, Volume 33, February 2002, Tori DeAngelis*

### **A new generation of issues for LGBT clients**

Practitioners are seeing a new cadre of psychological concerns in their work with lesbian, gay, bisexual and transgender clients.

New trends have emerged in therapy as younger generations of LGBT people wrestle with problems such as a resurgence of HIV infection among gay male youth and changing identity issues. Likewise, groups that have been more closeted, including transsexuals and transgender people, are finding their voice and appearing more often in treatment to work on identity and relationship concerns.

“Some issues haven't changed much at all, and others have changed dramatically,” comments Doug Haldeman, PhD, a clinical faculty member at the University of Washington. “People still need help with coming out. Some cultures within our culture are still very homophobic.”

At the same time, Haldeman says, psychologists are seeing “a whole host of other issues related to the creation of LGBT families, LGBT people in the workplace, generational differences and the reality of multiple-minority identities--issues that demand our best research and clinical skills.”

### **Generation gaps**

Psychologists working with LGBT clients are finding the need to tune in to generational differences, experts note--whether it's understanding young LGBT clients' new ways of thinking about their sexuality or assessing reasons for depression in older gay men.

Many LGBT youth, for instance, now call themselves “queer” as a blanket term for their community, and they're more likely to accept variations in their ranks than previous generations, says Beth Firestein, PhD, a private practitioner in Loveland, Colo., and editor of “Bisexuality: The Psychology and Politics of an Invisible Minority.”

Esther D. Rothblum, PhD, a professor of psychology at the University of Vermont, agrees it's more common for today's young LGBT people to express and accept fluid gender and sexual identities. “In the generation before mine, if you went to a lesbian bar and didn't identify as either butch or femme, they'd think you were an imposter,” she says. “Now young lesbians are just as likely to say they feel butch one day and femme the next.”

Another strong feature that distinguishes younger lesbians from their Baby Boomer counterparts is their lack of identification with the feminist movement, says sex therapist Suzanne Iasenza, PhD, a professor of counseling at the John Jay College of Criminal Justice in New York.

“Their attitude is, 'What does my sexuality have to do with politics?’” says Iasenza. “You're not likely to find them saying they're lesbian as a statement against patriarchy or because they don't like the way men take over their bodies or their lives.”

## **Gay men, young and aging**

Some young gay men are presenting a serious challenge for practitioners. Since protease inhibitors were introduced in the mid-1990s, researchers have reported a surge in the number of young gay men who practice unsafe sex, known these days as “barebacking,” in part because they thought the drugs would protect them from HIV's worst effects.

The events of Sept. 11 seem to have escalated this trend, with the crisis adding a dose of fatalism and nihilism to impulsiveness, according to Haldeman. As a consequence, Haldeman finds himself taking a hard line with these clients, despite his therapeutic training. He fears that if he doesn't push them to change, he'll see more young men with HIV who need help managing the disease.

Columbia University HIV-prevention researcher and clinician Alex Carballo-Diequez, PhD, says that in addition to barebacking, he's spotting a body-image problem among his young gay clients. “Twenty years ago, your body image was about what you wore, how you wore your hair and so on,” Carballo-Diequez says. “Now, it's about the transformation of the body itself. These guys want to reshape their bodies to make them look a certain way”--muscled and perfectly toned. “A lot of times that's achieved with chemicals, hormones and even surgery,” he says.

This obsession becomes especially problematic when it comes to partner-shopping, with clients looking for Mr. Right only if he's also Mr. Buff, Carballo-Diequez says. To combat this problem, he has clients walk through their own sexual and emotional histories and take a realistic look at themselves.

“They get to see that they've never been satisfied with the guys they score with,” he says. “They're never certain that they're attractive enough or that the other person's attractive enough.” This insight can help them stop the appearance-obsessed merry-go-round, he says.

Gay men in their 40s and 50s also bring a “looks” challenge into therapy, says Haldeman. Haldeman urges such clients to take a life inventory, to look at the past and see what's valuable there. “They need to ask themselves, 'Am I on a path where, when I look back, I'll be satisfied with my life?'" he says.

The silver lining to their aging regrets: “Thank God we're aging,” Haldeman adds. “We buried so many of our generation years ago. So we have a special joy and appreciation of life that we might not otherwise have had.”

## **Gender-blending and fluid identities**

A final theme clinicians report in their practices is more questioning and fluidity around gender identity and sexual attraction. While these issues are central in the lives of transsexuals or transgender people, others are questioning these elements of identity and expression too, therapists report.

“I'd put a fifth category on the end of 'LGBT'--a 'Q' for 'questioning,'" says Hall. “Gender identity and sexual identity issues have frayed more and more around the edges.”

On one hand, there's a push for LGBT young people to come out at earlier ages, she notes; on the other, more young people are pausing indefinitely in what she calls the “lingering” category.

“There are no more givens about gender identity,” she says. “Young people don’t take sexual identity for granted.”

Bisexuals represent another group that turns conventional thinking on its head, says Firestein.

“Often bisexuals want to label themselves as lesbian or gay because occupying a middle ground is so difficult in a culture that dichotomizes sexual orientation and gender identity,” she says. Conventional thinking has it that if bisexuals are attracted to people of both sexes, they must have more than one partner, and that defies society’s value on monogamy. Bisexuals tend to internalize this social tension, Firestein says, so a common therapeutic question is, “If I identify as bisexual, what does that mean about my choice of partners?”

To help bisexual clients face this concern, Firestein conducts an exercise demonstrating that the number of partners you have and your sexual orientation exist on different dimensions. As two examples, you can be monogamous and bisexual, and you can be heterosexual and have more than one sexual partner.

For transsexuals--people who have nontraditional gender identity or expression--issues include coming to terms with their feelings about their true gender and then deciding whether and how to act on those feelings. In her work with transgender people, New York City private practitioner and gender expert Katherine Rachlin, PhD, notes that transgender people struggle not so much with who they are as with finding ways to fit into a society that doesn’t understand them. She says that transgender people, who do not identify as either male or female, sometimes work on accepting a fluid gender identity. More often, Rachlin says, they choose to identify as one gender or the other because it’s too challenging to live in a gender-dichotomous society otherwise.

Therapy with transgender people requires extra education and perception, Rachlin believes. She spent hundreds of hours with this community before she had a good understanding of how to work with “trans” clients, she says. For clinicians who want to work with trans people, she recommends reading the Harry Benjamin Foundation’s “Standards of care for the treatment of gender identity disorders,” available on the Web at [www.HBIGDA.org](http://www.HBIGDA.org). The document outlines the role of the therapist and describes the qualifications needed to be a gender specialist.

“There’s a great mystery that underlies transgenderism, and it does change the way you see the world,” Rachlin says. “I had to redefine male and female, man and woman, for myself. These concepts are now disproven to me.”

## BEING LGBT IN THE SOUTH



*Below are a few of many e-mails and phone calls AFFA received in the first days after our mailing of the above billboard copy as a direct mail post card to the Mt. Pleasant and Sullivan's Island areas. The back of the postcard read, "There are over 1,000 laws which discriminate against gay and lesbian people." Some LGBT supporters don't realize that the messages below represent messages LGBT people hear on a daily or weekly basis, particularly in the South. They are hurtful. They are traumatic. And, most of us have heard these sorts of things from childhood. As you go about working with LGBT folks, consider the impact of the below on the emotional health of a young person or an adult.*

- Take me off your g----- list. I don't want this crap in my mail. Homosexuality is an abomination, at least in my bible. You should send something out before you send this kind of thing in the mail.
- I strongly resent your use of a nonprofit mailing to promote your "prejudicial" view of homosexuality. Homosexuality is abhorrent, unnatural (the human anus was not designed for copulatory activity), repugnant, and against the laws of nature and most importantly, against God's law. What is your next agenda - protecting homosexual priests and labeling their behavior as an "alternative lifestyle" and "normal"? Do what you want in the privacy of your own home, but keep it out of my mailbox. And oh, by the way, on my street I took a sample of the 11 neighbors I know. Admittedly a small sample size, but EVERYONE was as insulted as I was. I think you are living in a world of myopic self-delusionment characterized by denial and self-aggrandizement. Forward this to your homosexual psychologists(I don't use the word "gay" - most of you are not gay and happy about your chosen lifestyle, despite your outward protestations), and I'm sure they will tell you this is just the rantings of a prejudiced/bigoted/homophobic/right wing/conservative Christian. Sorry, not so. Oh by the way, I've got a cousin who is homosexual (again, he ain't too gay!) and as I've told him many times "I hate the lifestyle you have forced upon yourself, but I still love you as family". So, please keep your trash out of my mailbox. Your little running banner on your web site about "never doubt that a small group of thoughtful, committed citizens can change the world" may be more prescient than you know. Thank you.
- Let's make a deal, okay? I will continue to attempt to be tolerant of the abnormal life style that you profess, if you will cease sending me propaganda that attempts to convince me that you are normal!!! Deal?

For most Southern gay, lesbian, bisexual or transgender people, "Coming Out" is perceived as dangerous business! The loss of parents, religion, friends, job and children feel real to southern LGBT people who are confronted with homophobia daily in the pulpits, on radio talk shows and in general conversation.

Reasons for coming out are best when about: authenticity, integrity, intimacy and self acceptance. Before coming out, most Southern LGBT people having been hiding the truth and inventing heterosexual lives and relationships for years in order to appease family, friends, church, people at work, or themselves. The desire to come out is an indicator that the LGBT person is no longer willing to be inauthentic; and, is missing the intimacy of talking from his authentic self about his or her real life.

People who know someone who is lesbian or gay are far more likely to support equal rights for LGBT's, and therefore more LGBT's coming out is a critical factor in achieving equal rights. But *more* importantly, coming out is essential to the emotional health and spiritual lives of LGBT people. Until we can be *all* of who we are (be authentic and genuine) and take all of us with us *wherever* we go, our emotional and spiritual growth are just simply going to be limited.

That goes for straight *and* gay people! Notice, there aren't very many authentic straight people walking around either! They too feel the stricture of societal roles and prescriptions and it's obviously easier for straight people to lead an authentic life than someone under the stigma of being gay.

Most LGBT Southerners, who come out to "the world", report being terrified! "I felt as if I were jumping off a cliff - and I didn't know if the fall would be 8 inches or 800 feet!" commented one person with affirmative nods from friends around. The coming out process verifies that courage is not being without fear; courage is feeling fear and proceeding anyway. Coming out is something you can't take back.

People will generally know they're ready to come out for the right reasons when they feel that if anyone has a problem with their being gay, it really is *the other person's problem*. It still won't be easy, so forewarn friends or clients that they need not wait until they feel comfortable!

Encourage people to do all the work they need to do (with therapy, a supportive religious community if that's important, a healthy LGBT community, books) to work through the negative messages they've heard and absorbed throughout their life. Stress that they shouldn't be lazy about it – but should work at it as if it's important. It is. Their internalized homophobia colors everything in their life.

Most "out" people report their only regret is not having come out decades earlier. Says one, "Every day of my life has been more positive, with more energy and more happiness since I came out. Every single day."

### **Suggestions For Coming Out**

1. Start with someone easy – that may be a friend, a sister or brother – whoever you find open-minded and caring. Someone least likely to be shocked or threatened.
2. Listen to people's conversations about LGBT issues to get a read on how they feel. You may even bring up a topic casually, such as "What did you think of Rosie coming out?" and get a feel for where they are on the issue. If someone is generally okay with LGBT people and issues, they're more likely to be okay with you. However, remember, it's one thing to be accepting of LGBT strangers and it may be different if it's a son, daughter, or best friend.
3. Know that it's always a risk to come out. Myths and stereotypes inform most people about LGBT people and they generally aren't flattering (nor are they accurate). Some people you expected to be supportive may not be; others you expected to be judgmental may be your most ardent supporters. The process itself may teach you a lot about friendship. The vast majority of LGBT people who have come out feel the risk was worth the reward – and then some!
4. Speak without shame for yourself or blame for others.
5. Don't let the first time you come out, be the only time the subject comes up. Often parents will hear LGBT people out the first time, never to bring the topic up again! This won't work for intimacy. Bring it up naturally in discussing your life; bring it up with humor sometimes. It doesn't need to be heavy; just don't let people you love avoid the topic. Not talking about it maintains the stigma and talking about "it" (your life, the people in it) normalizes the issues.

6. Remember the first time you let yourself know that you were gay? It probably wasn't smooth. Allow people the time it takes to absorb this new information about you.
7. You'll need to make conscious decisions about when and where you want to be out. Will you be out at work; church; on a plane with a stranger? Almost daily, the decision on whether to come out will be yours. Take your time and make the decisions that are right for you and your life.
8. Few states have laws protecting you from workplace discrimination if you're gay, lesbian or transgender. In the military, you will lose your job should you come out. This is not to scare you, but to prepare you. Many, many people have come out to find a supportive work environment. Others have chosen to leave a job where there is homophobia in favor of one where they can be themselves. It's your choice and your life.
9. Many LGBT people report that they feel others *mirror* their level of self-acceptance. One friend said, "If I'm feeling relaxed and confident, others seem to take the news that I'm a lesbian in a relaxed way." 'Another reason to have worked through some issues when you come out.
10. If religion is important to you, know that there are a growing number of mainstream religions taking positive and welcoming positions on LGBT people, some are: Congregationalists, United Church of Christ, Universalists Unitarian, Metropolitan Community Church, and the Reform Judaism. There are also individual congregations within all major denominations which are welcoming and affirming of LGBT people (see page 54 for listings). Many of us have been damaged by religious abuse and this has proven to be an area in which counselors, friends and supportive clergy can help. In Charleston, contact AFFA about ADORASO, their monthly clergy/laity group (843.883.0343).
11. It's never a bad idea that despite the beliefs of anyone close to you, you demand - and give - complete respect to one another.

For information on coming out to your children, coming out as a transgender person, and more general information: [www.HRC.org/ncop](http://www.HRC.org/ncop).

## Mental Health and Coming Out

*From: The Monitor magazine of the American Psychological Association, Tori DeAngeles, Volume 33, Feb. 2002*

Two large-scale studies of lesbians and bisexual women report good news about lesbians' mental health, particularly if the women are "out." In a study that used sisters as a control group in research on lesbians, University of Vermont psychologists Esther D. Rothblum, PhD, and Rhonda Factor, PhD, find that lesbians are as likely to report being mentally healthy as their heterosexual sisters and to report higher self-esteem.

The study, featured in the December issue of *Psychological Science* (Vol. 12, No. 1), compared mental health and lifestyle factors in 184 pairs of lesbian and heterosexual sisters, 44 pairs of bisexual and heterosexual sisters, 29 pairs of lesbian and bisexual sisters, 18 pairs of bisexual sisters and 11 pairs of heterosexual sisters. The authors recruited lesbian and bisexual female participants through ads placed in LGB periodicals, but labeled the study as one of sisters rather than of lesbian mental health.

While it's not clear why lesbians displayed higher self-esteem, the authors speculate it may be that lesbians are more educated and mobile than their heterosexual sisters. As a consequence, the lesbian sisters may be more likely to join supportive communities that allow them to bolster their self-worth, the authors hypothesize.

The study also found that bisexual women had significantly poorer mental health than lesbians and heterosexual women--findings consistent with other studies on bisexuals. Possible reasons are that bisexuals tend to face rejection in both the straight and gay communities; and that their mixed sexual orientation is more difficult to integrate psychologically than homosexuals' single-sex orientation, the authors speculate.

A second study, reported in the January 2001 *American Journal of Orthopsychiatry* (Vol. 71, No. 1), tested a structural equation model related to "outness" on 2,401 lesbian and bisexual women. In this work, researchers found that the more "out" lesbians and bisexual women were--as measured by self-identification as a gay or lesbian, number of years out and level of involvement in the lesbian or bisexual community--the less psychological distress they reported. These findings held true for a range of racial and ethnic subsamples including African-American, white European, Latina, Asian-American, Native American and Jewish women.

The findings support the idea that therapy that facilitates the coming-out process is good for lesbians' mental health. "Such affirmative psychotherapy, provided during the coming out process, may prevent or buffer against subsequent mental health problems," the authors write.

## SEXUAL ORIENTATION AND RELIGION

There are seven places where homosexual acts appear to be referred to in the Bible, three in the Hebrew Scriptures (Old Testament) and four in the Christian Scriptures (New Testament). For comparison, there are 209 references to greed, and yet greed seldom receives the attention or rancor that homosexuality does. This, in spite of the fact that Jesus never mentioned homosexuality, Moses never addressed it and homosexuality, despite some people's passion about the topic, didn't even make the 10 Commandments.

### HOMOSEXUALITY AND THE BIBLE By Walter Wink

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Sexual issues are tearing our churches apart today as never before. The issue of homosexuality threatens to fracture whole denominations, as the issue of slavery did a hundred and fifty years ago. We naturally turn to the Bible for guidance, and find ourselves mired in interpretative quicksand. Is the Bible able to speak to our confusion on this issue?

The debate over homosexuality is a remarkable opportunity, because it raises in an especially acute way how we interpret the Bible, not in this case only, but in numerous others as well. The real issue here, then, is not simply homosexuality, but how Scripture informs our lives today.

Some passages that have been advanced as pertinent to the issue of homosexuality are, in fact, irrelevant. One is the attempted gang rape in Sodom (Gen. 19:1-29). That was a case of ostensibly heterosexual males intent on humiliating strangers by treating them "like women," thus demasculinizing them. (This is also the case in a similar account in Judges 19-21.) Their brutal behavior has nothing to do with the problem of whether genuine love expressed between consenting adults of the same sex is legitimate or not. Likewise Deut. 23:17-18 must be pruned from the list, since it most likely refers to a heterosexual prostitute involved in Canaanite fertility rites that have infiltrated Jewish worship; the King James Version inaccurately labeled him a "sodomite."

Several other texts are ambiguous. It is not clear whether 1 Cor. 6:9 and 1 Tim. 1:10 refer to the "passive" and "active" partners in homosexual relationships, or to homosexual and heterosexual male prostitutes. In short, it is unclear whether the issue is homosexuality alone, or promiscuity and "sex-for-hire."

## Unequivocal Condemnations

Putting these texts to the side, we are left with three references, all of which unequivocally condemn homosexual behavior. Lev. 18:22 states the principle: “You [masculine] shall not lie with a male as with a woman; it is an abomination” (NRSV). The second (Lev. 20:13) adds the penalty: “If a man lies with a male as with a woman, both of them have committed an abomination; they shall be put to death; their blood is upon them.”

Such an act was regarded as an “abomination” for several reasons. The Hebrew prescientific understanding was that male semen contained the whole of nascent life. With no knowledge of eggs and ovulation, it was assumed that the woman provided only the incubating space. Hence the spilling of semen for any nonprocreative purpose--in coitus interruptus (Gen. 38:1-11), male homosexual acts, or male masturbation--was considered tantamount to abortion or murder. (Female homosexual acts were consequently not so seriously regarded, and are not mentioned at all in the Old Testament (but see Rom. 1:26). One can appreciate how a tribe struggling to populate a country in which its people were outnumbered would value procreation highly, but such values are rendered questionable in a world facing uncontrolled overpopulation.

In addition, when a man acted like a woman sexually, male dignity was compromised. It was a degradation, not only in regard to himself, but for every other male. The patriarchalism of Hebrew culture shows its hand in the very formulation of the commandment, since no similar stricture was formulated to forbid homosexual acts between females. And the repugnance felt toward homosexuality was not just that it was deemed unnatural but also that it was considered unJewish, representing yet one more incursion of pagan civilization into Jewish life. On top of that is the more universal repugnance heterosexuals tend to feel for acts and orientations foreign to them. (Left-handedness has evoked something of the same response in many cultures.)

Whatever the rationale for their formulation, however, the texts leave no room for maneuvering. Persons committing homosexual acts are to be executed. This is the unambiguous command of Scripture. The meaning is clear: anyone who wishes to base his or her beliefs on the witness of the Old Testament must be completely consistent and demand the death penalty for everyone who performs homosexual acts. (That may seem extreme, but there actually are some Christians urging this very thing today.) It is unlikely that any American court will ever again condemn a homosexual to death, even though Scripture clearly commands it.

Old Testament texts have to be weighed against the New. Consequently, Paul's unambiguous condemnation of homosexual behavior in Rom. 1:26-27 must be the centerpiece of any discussion.

*For this reason God gave them up to degrading passions. Their women exchanged natural intercourse for unnatural, and in the same way also the men, giving up natural intercourse with women, were consumed with passion for one another. Men committed shameless acts with men and received in their own persons the due penalty for their error.*

No doubt Paul was unaware of the distinction between sexual orientation, over which one has apparently very little choice, and sexual behavior, over which one does. He seemed to assume that those whom he condemned were heterosexuals who were acting contrary to nature, “leaving,” “giving up,” or “exchanging” their regular sexual orientation for that which was foreign to them. Paul knew nothing of the modern psychosexual understanding of homosexuals as persons whose orientation is fixed early in life, or perhaps even genetically in some cases. For such persons, having heterosexual relations would be acting contrary to nature, “leaving,” “giving up” or “exchanging” their natural sexual orientation for one that was unnatural to them.

In other words, Paul really thought that those whose behavior he condemned were “straight,” and that they were behaving in ways that were unnatural to them. Paul believed that everyone was straight. He had no concept of homosexual orientation. The idea was not available in his world. There are people that are genuinely homosexual by nature (whether genetically or as a result of upbringing no one really knows, and it is irrelevant). For such a person it would be acting contrary to nature to have sexual relations with a person of the opposite sex.

Likewise, the relationships Paul describes are heavy with lust; they are not relationships between consenting adults who are committed to each other as faithfully and with as much integrity as any heterosexual couple. That was something Paul simply could not envision. Some people assume today that venereal disease and AIDS are divine punishment for homosexual behavior; we know it as a risk involved in promiscuity of every stripe, homosexual and heterosexual. In fact, the vast majority of people with AIDS the world around are heterosexuals. We can scarcely label AIDS a divine punishment, since nonpromiscuous lesbians are at almost no risk.

And Paul believes that homosexual behavior is contrary to nature, whereas we have learned that it is manifested by a wide variety of species, especially (but not solely) under the pressure of overpopulation. It would appear then to be a quite natural mechanism for preserving species. We cannot, of course, decide human ethical conduct solely on the basis of animal behavior or the human sciences, but Paul here is arguing from nature, as he himself says, and new knowledge of what is “natural” is therefore relevant to the case.

### **Hebrew Sexual Mores**

Nevertheless, the Bible quite clearly takes a negative view of homosexual activity, in those few instances where it is mentioned at all. But this conclusion does not solve the problem of how we are to interpret Scripture today. For there are other sexual attitudes, practices and restrictions which are normative in Scripture but which we no longer accept as normative:

1. Old Testament law strictly forbids sexual intercourse during the seven days of the menstrual period (Lev. 18:19; 15:19-24), and anyone in violation was to be “extirpated” or “cut off from their people” (kareth, Lev. 18:29, a term referring to execution by stoning, burning, strangling, or to flogging or expulsion; Lev. 15:24 omits this penalty). Today many people on occasion have intercourse during menstruation and think nothing of it. Should they be “extirpated”? The Bible says they should.
2. The punishment for adultery was death by stoning for both the man and the woman (Deut. 22:22), but here adultery is defined by the marital status of the woman. In the Old Testament, a man could not commit adultery against his own wife; he could only commit adultery against another man by sexually using the other's wife. And a bride who is found not to be a virgin is to be stoned to death (Deut. 22:13-21), but male virginity at marriage is never even mentioned. It is one of the curiosities of the current debate on sexuality that adultery, which creates far more social havoc, is considered less “sinful” than homosexual activity. Perhaps this is because there are far more adulterers in our churches. Yet no one, to my knowledge, is calling for their stoning, despite the clear command of Scripture. And we ordain adulterers.
3. Nudity, the characteristic of paradise, was regarded in Judaism as reprehensible (2 Sam. 6:20; 10:4; Isa. 20:2-4; 47:3). When one of Noah's sons beheld his father naked, he was cursed (Gen. 9:20-27). To a great extent this nudity taboo probably even inhibited the sexual intimacy of husbands and wives (this is still true of a surprising number of people reared in the Judeo-Christian tradition). We may not be prepared for nude beaches, but are we prepared to regard nudity in the locker room or at the old swimming hole or in the privacy of one's home as an accursed sin? The Bible does.
4. Polygamy (many wives) and concubinage (a woman living with a man to whom she is not married) were regularly practiced in the Old Testament. Neither is ever condemned by the New Testament (with the

questionable exceptions of 1 Tim. 3:2, 12 and Titus 1:6). Jesus' teaching about marital union in Mark 10:6-8 is no exception, since he quotes Gen. 2:24 as his authority (the man and the woman will become "one flesh"), and this text was never understood in Israel as excluding polygamy. A man could become "one flesh" with more than one woman, through the act of sexual intercourse. We know from Jewish sources that polygamy continued to be practiced within Judaism for centuries following the New Testament period. So if the Bible allowed polygamy and concubinage, why don't we?

5. A form of polygamy was the levirate marriage. When a married man in Israel died childless, his widow was to have intercourse with each of his brothers in turn until she bore him a male heir. Jesus mentions this custom without criticism (Mark 12:18-27 par.). I am not aware of any Christians who still obey this unambiguous commandment of Scripture. Why is this law ignored, and the one against homosexual behavior preserved?

6. The Old Testament nowhere explicitly prohibits sexual relations between unmarried consenting heterosexual adults, as long as the woman's economic value (bride price) is not compromised, that is to say, as long as she is not a virgin. There are poems in the Song of Songs that eulogize a love affair between two unmarried persons, though commentators have often conspired to cover up the fact with heavy layers of allegorical interpretation. In various parts of the Christian world, quite different attitudes have prevailed about sexual intercourse before marriage. In some Christian communities, proof of fertility (that is, pregnancy) was required for marriage. This was especially the case in farming areas where the inability to produce children-workers could mean economic hardship. Today, many single adults, the widowed, and the divorced are reverting to "biblical" practice, while others believe that sexual intercourse belongs only within marriage. Both views are Scriptural. Which is right?

7. The Bible virtually lacks terms for the sexual organs, being content with such euphemisms as "foot" or "thigh" for the genitals, and using other euphemisms to describe coitus, such as "he knew her." Today most of us regard such language as "puritanical" and contrary to a proper regard for the goodness of creation. In short, we don't follow Biblical practice.

8. Semen and menstrual blood rendered all who touched them unclean (Lev. 15:16-24). Intercourse rendered one unclean until sundown; menstruation rendered the woman unclean for seven days. Today most people would regard semen and menstrual fluid as completely natural and only at times "messy," not "unclean."

9. Social regulations regarding adultery, incest, rape and prostitution are, in the Old Testament, determined largely by considerations of the males' property rights over women. Prostitution was considered quite natural and necessary as a safeguard of the virginity of the unmarried and the property rights of husbands (Gen. 38:12-19; Josh. 2:1-7). A man was not guilty of sin for visiting a prostitute, though the prostitute herself was regarded as a sinner. Paul must appeal to reason in attacking prostitution (1 Cor. 6:12-20); he cannot lump it in the category of adultery (vs. 9).

Today we are moving, with great social turbulence and at a high but necessary cost, toward a more equitable, non-patriarchal set of social arrangements in which women are no longer regarded as the chattel of men. We are also trying to move beyond the double standard. Love, fidelity and mutual respect replace property rights. We have, as yet, made very little progress in changing the double standard in regard to prostitution. As we leave behind patriarchal gender relations, what will we do with the patriarchalism in the Bible?

10. Jews were supposed to practice endogamy--that is, marriage within the twelve tribes of Israel. Until recently a similar rule prevailed in the American South, in laws against interracial marriage (miscegenation). We have witnessed, within the lifetime of many of us, the nonviolent struggle to nullify state laws against intermarriage and the gradual change in social attitudes toward interracial relationships. Sexual mores can alter quite radically even in a single lifetime.

11. The law of Moses allowed for divorce (Deut. 24:1-4); Jesus categorically forbids it (Mark 10:1-12; Matt. 19:9 softens his severity). Yet many Christians, in clear violation of a command of Jesus, have been divorced. Why, then, do some of these very people consider themselves eligible for baptism, church membership, communion, and ordination, but not homosexuals? What makes the one so much greater a sin than the other, especially considering the fact that Jesus never even mentioned homosexuality but explicitly condemned divorce? Yet we ordain divorcees. Why not homosexuals?

12. The Old Testament regarded celibacy as abnormal, and 1 Tim. 4:1-3 calls compulsory celibacy a heresy. Yet the Catholic Church has made it mandatory for priests and nuns. Some Christian ethicists demand celibacy of homosexuals, whether they have a vocation for celibacy or not. But this legislates celibacy by category, not by divine calling. Others argue that since God made men and women for each other in order to be fruitful and multiply, homosexuals reject God's intent in creation. But this would mean that childless couples, single persons, priests and nuns would be in violation of God's intention in their creation. Those who argue thus must explain why the apostle Paul never married. And are they prepared to charge Jesus with violating the will of God by remaining single?

Certainly heterosexual marriage is normal, else the race would die out. But it is not normative. God can bless the world through people who are married and through people who are single, and it is false to generalize from the marriage of most people to the marriage of everyone. In 1 Cor. 7:7 Paul goes so far as to call marriage a "charisma," or divine gift, to which not everyone is called. He preferred that people remain as he was--unmarried. In an age of overpopulation, perhaps a gay orientation is especially sound ecologically!

13. In many other ways we have developed different norms from those explicitly laid down by the Bible. For example, "If men get into a fight with one another, and the wife of one intervenes to rescue her husband from the grip of his opponent by reaching out and seizing his genitals, you shall cut off her hand; show no pity" (Deut. 25:11f.). We, on the contrary, might very well applaud her for trying to save her husband's life!

14. The Old and New Testaments both regarded slavery as normal and nowhere categorically condemned it. Part of that heritage was the use of female slaves, concubines and captives as sexual toys, breeding machines, or involuntary wives by their male owners, which 2 Sam. 5:13, Judges 19-21 and Num. 31:18 permitted--and as many American slave owners did some 150 years ago, citing these and numerous other Scripture passages as their justification.

### **The Problem of Authority**

These cases are relevant to our attitude toward the authority of Scripture. They are not cultic prohibitions from the Holiness Code that are clearly superseded in Christianity, such as rules about eating shellfish or wearing clothes made of two different materials. They are rules concerning sexual behavior, and they fall among the moral commandments of Scripture. Clearly we regard certain rules, especially in the Old Testament, as no longer binding. Other things we regard as binding, including legislation in the Old Testament that is not mentioned at all in the New. What is our principle of selection here?

For example, virtually all modern readers would agree with the Bible in rejecting: incest, rape, adultery, and intercourse with animals. But we disagree with the Bible on most other sexual mores. The Bible condemned the following behaviors which we generally allow: intercourse during menstruation, celibacy, exogamy (marriage with non-Jews), naming sexual organs, nudity (under certain conditions), masturbation (some Christians still condemn this), birth control (some Christians still forbid this).

And the Bible regarded semen and menstrual blood as unclean, which most of us do not. Likewise, the Bible permitted behaviors that we today condemn: prostitution, polygamy, levirate marriage, sex with slaves, concubinage, treatment of women as property, and very early marriage (for the girl, age 11-13).

And while the Old Testament accepted divorce, Jesus forbade it. In short, of the sexual mores mentioned here, we only agree with the Bible on four of them, and disagree with it on sixteen!

Surely no one today would recommend reviving the levirate marriage. So why do we appeal to proof texts in Scripture in the case of homosexuality alone, when we feel perfectly free to disagree with Scripture regarding most other sexual practices? Obviously many of our choices in these matters are arbitrary. Mormon polygamy was outlawed in this country, despite the constitutional protection of freedom of religion, because it violated the sensibilities of the dominant Christian culture. Yet no explicit biblical prohibition against polygamy exists.

If we insist on placing ourselves under the old law, as Paul reminds us, we are obligated to keep every commandment of the law (Gal. 5:3). But if Christ is the end of the law (Rom. 10:4), if we have been discharged from the law to serve, not under the old written code but in the new life of the Spirit (Rom. 7:6), then all of these biblical sexual mores come under the authority of the Spirit. We cannot then take even what Paul himself says as a new Law. Christians reserve the right to pick and choose which sexual mores they will observe, though they seldom admit to doing just that. And this is as true of evangelicals and fundamentalists as it is of liberals and mainliners.

### **Judge for Yourselves**

The crux of the matter, it seems to me, is simply that the Bible has no sexual ethic. There is no Biblical sex ethic. Instead, it exhibits a variety of sexual mores, some of which changed over the thousand year span of biblical history. Mores are unreflective customs accepted by a given community. Many of the practices that the Bible prohibits, we allow, and many that it allows, we prohibit. The Bible knows only a love ethic, which is constantly being brought to bear on whatever sexual mores are dominant in any given country, or culture, or period.

The very notion of a “sex ethic” reflects the materialism and splitness of modern life, in which we increasingly define our identity sexually. Sexuality cannot be separated off from the rest of life. No sex act is “ethical” in and of itself, without reference to the rest of a person's life, the patterns of the culture, the special circumstances faced, and the will of God. What we have are simply sexual mores, which change, sometimes with startling rapidity, creating bewildering dilemmas. Just within one lifetime we have witnessed the shift from the ideal of preserving one's virginity until marriage, to couples living together for several years before getting married. The response of many Christians is merely to long for the hypocrisies of an earlier era.

I agree that rules and norms are necessary; that is what sexual mores are. But rules and norms also tend to be impressed into the service of the Domination System, and to serve as a form of crowd control rather than to enhance the fullness of human potential. So we must critique the sexual mores of any given time and clime by the love ethic exemplified by Jesus. Defining such a love ethic is not complicated. It is non-exploitative (hence no sexual exploitation of children, no using of another to their loss), it does not dominate (hence no patriarchal treatment of women as chattel), it is responsible, mutual, caring, and loving. Augustine already dealt with this in his inspired phrase, “Love God, and do as you please.”

Our moral task, then, is to apply Jesus' love ethic to whatever sexual mores are prevalent in a given culture. This doesn't mean everything goes. It means that everything is to be critiqued by Jesus' love commandment. We might address younger teens, not with laws and commandments whose violation is a sin, but rather with the sad experiences of so many of our own children who find too much early sexual intimacy overwhelming, and who react by voluntary celibacy and even the refusal to date. We can offer reasons, not empty and unenforceable orders. We can challenge both gays and straights to question their behaviors in the light of love and the requirements of fidelity, honesty, responsibility, and genuine concern for the best interests of the other and of society as a whole.

Christian morality, after all, is not a iron chastity belt for repressing urges, but a way of expressing the integrity of our relationship with God. It is the attempt to discover a manner of living that is consistent with who God created us to be. For those of same-sex orientation, as for heterosexuals, being moral means rejecting sexual mores that violate their own integrity and that of others, and attempting to discover what it would mean to live by the love ethic of Jesus.

Morton Kelsey goes so far as to argue that homosexual orientation has nothing to do with morality, any more than left-handedness. It is simply the way some people's sexuality is configured. Morality enters the picture when that predisposition is enacted. If we saw it as a God-given gift to those for whom it is normal, we could get beyond the acrimony and brutality that have so often characterized the unchristian behavior of Christians toward gays.

Approached from the point of view of love rather than that of law, the issue is at once transformed. Now the question is not "What is permitted?" but rather "What does it mean to love my homosexual neighbor?" Approached from the point of view of faith rather than works, the question ceases to be "What constitutes a breach of divine law in the sexual realm?" and becomes instead "What constitutes integrity before the God revealed in the cosmic lover, Jesus Christ?" Approached from the point of view of the Spirit rather than the letter, the question ceases to be "What does Scripture command?" and becomes "What is the Word that the Spirit speaks to the churches now, in the light of Scripture, tradition, theology, and, yes, psychology, genetics, anthropology, and biology?" We can't continue to build ethics on the basis of bad science.

In a little-remembered statement, Jesus said, "Why do you not judge for yourselves what is right?" (Luke 12:57 NRSV). Such sovereign freedom strikes terror in the hearts of many Christians; they would rather be under law and be told what is right. Yet Paul himself echoes Jesus' sentiment when he says, "Do you not know that we are to judge angels? How much more, matters pertaining to this life!" (1 Cor. 6:3 RSV). The last thing Paul would want is for people to respond to his ethical advice as a new law engraved on tablets of stone. He is himself trying to "judge for himself what is right." If now new evidence is in on the phenomenon of homosexuality, are we not obligated--no, free--to re-evaluate the whole issue in the light of all the available data and decide what is right, under God, for ourselves? Is this not the radical freedom for obedience in which the gospel establishes us?

Where the Bible mentions homosexual behavior at all, it clearly condemns it. I freely grant that. The issue is precisely whether that Biblical judgment is correct. The Bible sanctioned slavery as well, and nowhere attacked it as unjust. Are we prepared to argue today that slavery is biblically justified? One hundred and fifty years ago, when the debate over slavery was raging, the Bible seemed to be clearly on the slaveholders' side. Abolitionists were hard pressed to justify their opposition to slavery on biblical grounds. Yet today, if you were to ask Christians in the South whether the Bible sanctions slavery, virtually everyone would agree that it does not. How do we account for such a monumental shift?

What happened is that the churches were finally driven to penetrate beyond the legal tenor of Scripture to an even deeper tenor, articulated by Israel out of the experience of the Exodus and the prophets and brought to sublime embodiment in Jesus' identification with harlots, tax collectors, the diseased and maimed and outcast and poor. It is that God sides with the powerless. God liberates the oppressed. God suffers with the suffering and groans toward the reconciliation of all things. In the light of that supernal compassion, whatever our position on gays, the gospel's imperative to love, care for, and be identified with their sufferings is unmistakably clear.

In the same way, women are pressing us to acknowledge the sexism and patriarchalism that pervades Scripture and has alienated so many women from the church. The way out, however, is not to deny the sexism in Scripture, but to develop an interpretive theory that judges even Scripture in the light of the revelation in Jesus. What Jesus gives us is a critique of domination in all its forms, a critique that can be turned on the Bible itself. The Bible thus contains the principles of its own correction. We are freed from

bibliolatry, the worship of the Bible. It is restored to its proper place as witness to the Word of God. And that word is a Person, not a book.

With the interpretive grid provided by a critique of domination, we are able to filter out the sexism, patriarchalism, violence, and homophobia that are very much a part of the Bible, thus liberating it to reveal to us in fresh ways the inbreaking, in our time, of God's domination-free order.

### **An Appeal for Tolerance**

What most saddens me in this whole raucous debate in the churches is how sub-Christian most of it has been. It is characteristic of our time that the issues most difficult to assess, and which have generated the greatest degree of animosity, are issues on which the Bible can be interpreted as supporting either side. I am referring to abortion and homosexuality.

We need to take a few steps back and be honest with ourselves. I am deeply convinced of the rightness of what I have said in this essay. But I must acknowledge that it is not an air tight case. You can find weaknesses in it, just as I can in others'. The truth is, we are not given unequivocal guidance in either area, abortion or homosexuality.

Rather than tearing at each others's throats, therefore, we should humbly admit our limitations. How do I know I am correctly interpreting God's word for us today? How do you? Wouldn't it be wiser for Christians to lower the decibels by 95 percent and quietly present our beliefs, knowing full well that we might be wrong?

I know of a couple, both well known Christian authors in their own right, who have both spoken out on the issue of homosexuality. She supports gays, passionately; he opposes their behavior, strenuously. So far as I can tell, this couple still enjoy each other's company, eat at the same table, and, for all I know, sleep in the same bed.

We in the church need to get our priorities straight. We have not reached a consensus about who is right on the issue of homosexuality. But what is clear, utterly clear, is that we are commanded to love one another. Love not just our gay sisters and brothers who are often sitting beside us, unacknowledged, in church, but all of us who are involved in this debate. These are issues about which we should amiably agree to disagree. We don't have to tear whole denominations to shreds in order to air our differences on this point. If that couple I mentioned can continue to embrace across this divide, surely we can do so as well.

### **ON A LIGHTER NOTE**

Dr. Laura Schlessinger is a radio personality, who not long ago said that to an observant Orthodox Jew, homosexuality is an abomination according to Leviticus 18:22, and cannot be condoned under any circumstance. The following is a funny and informative letter to Dr. Laura, posted on the Internet.

*Dear Dr. Laura:*

*Thank you for doing so much to educate people regarding God's Law. I have learned a great deal from your show and try to share that knowledge with as many people as I can. When someone tries to defend the homosexual lifestyle, for example, I simply remind them that Leviticus 18:22 clearly states it to be an abomination. End of debate.*

*I do need some advice from you, however, regarding some of the other specific laws and how to follow them.*

1. *When I burn a bull on the altar as a sacrifice, I know it creates pleasing odor for the Lord - Lev. 1:9. The problem is my neighbors. They claim the odor is not pleasing to them. Should I smite them?*
2. *I would like to sell my daughter into slavery, as sanctioned in Exodus 21:7. In this day and age, what do you think would be a fair price for her?*
3. *I know that I am allowed no contact with a woman while she is in her period of menstrual cleanliness - Lev.15:19-24. The problem is, how do I tell? I have tried asking, but most women take offense.*
4. *Lev. 25:44 states that I may indeed possess slaves, both male and female, provided they are purchased from neighboring nations. A friend of mine claims that this applies to Mexicans, but not Canadians. Can you clarify? Why can't I own Canadians?*
5. *I have a neighbor who insists on working on the Sabbath. Exodus 35:2 clearly states he should be put to death. Am I morally obligated to kill him myself?*
6. *A friend of mine feels that even though eating shellfish is an abomination of Lev.11:10, it is a lesser abomination than homosexuality. I don't agree. Can you settle this?*
7. *Lev. 21:20 states that I may not approach the altar of God if I have a defect in my sight. I have to admit that I wear reading glasses. Does my vision have to be 20/20, or is there some wiggle room here?*
8. *Most of my male friends get their hair trimmed, including the hair around their temples, even though this is expressly forbidden by Lev.19:27. How should they die?*
9. *I know from Lev. 11:6-8 that touching the skin of a dead pig makes me unclean, but may I still play football if I wear gloves?*
10. *My uncle has a farm. He violates Lev. 19:19 by planting two different crops in the same field, as does his wife by wearing garments made of two different kinds of thread (cotton/polyester blend). He also tends to curse and blaspheme a lot. Is it really necessary that we go to all the trouble of getting the whole town together to stone them? - Lev.24:10-16. Couldn't we just burn them to death at a private family affair like we do with people who sleep with their in-laws? (Lev.20:14)*

*I know you have studied these things extensively, so I am confident you can help. Thank you again for reminding us that God's word is eternal and unchanging.*

*Your devoted disciple and adoring fan,  
Jim*

## **TRANSGENDER**

[Editor's Note: It is fair to say that the inclusion of transgender people in the movement has been controversial. Some gay, lesbian and bisexual people see transgender issues as ones of gender - rather than sexual - orientation; and, as such, feel transgender people belong to a dissimilar group. Likewise, some transgender people don't wish to be considered similar to LGB people. Additionally, many LGB feel that including transgender people and issues in the quest for civil rights and social justice for gays and lesbian will slow progress. The National Gay and Lesbian Task Force was the first national organization to include transgender people in 1997. Now most all national organizations include transgender as does Alliance For Full Acceptance.]

*Excerpted from: National Gay and Lesbian Task Force, Policy Institute publication, "Transgender Equality," Paisley Currah, Shannon Minter, Jammison Green*

### **DEFINING SOME COMMON TERMS**

Transgender people are individuals of any age or sex whose appearance, personal characteristics, or behaviors differ from stereotypes about how men and women are "supposed" to be.

#### **Gender v. Sex**

In everyday language as well as in the law, the terms "gender" and "sex" are used interchangeably. However, it is often important to distinguish the two terms. Social scientists, for example, use the term "sex" to refer to a person's biological or anatomical identity as male or female, while reserving the term "gender" for the collection of characteristics that are culturally associated with maleness or femaleness. The specific characteristics that are socially defined as "masculine" or "feminine" vary across cultures and over time within any given culture.

If one looks closely at a wide variety of people, it is easy to see varying degrees of "transgender" characteristics displayed by a large percentage of any given population. In fact, even if one looks closely at any given individual, it is always possible to find traits that might be characterized as "gender atypical." What singles out many transgender people is simply a preponderance of these characteristics, causing observers to doubt their perception of an individual's gender or sex, which often leads them to question the person's sexual orientation as well.

#### **Gender Identity and Gender Expression**

"Gender identity" refers to a person's internal, deeply felt sense of being either male or female, or something other or in between. Because gender identity is internal and personally defined, it is not visible to others. In contrast, a person's "gender expression" is external and socially perceived. Gender expression refers to all of the external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, speech patterns and social interactions.

#### **Transsexual People**

Most people experience their gender identity as correlating to, or in line with, their physical sex. That is, most people who are born with female bodies also have a female gender identity (i.e., an internal sense that "I am a woman"), and most people who are born with male bodies have a male gender identity (i.e., an internal sense that "I am a man."). For a transsexual person, however, there is a conflict between one's physical sex and one's gender identity as a man or a woman. Female-to-male transsexual (FTM) people are born with female bodies, but have a predominantly male gender identity. Male-to-female transsexual (MTF) people are born with male bodies, but have a female gender identity. Many, but not all, transsexual people undergo medical treatment to change their physical sex through hormone therapy and sex reassignment surgeries.

There are equal numbers of FTM and MTF transsexual people throughout the world.

## **WHAT DOES TRANSGENDER MEAN?**

The contemporary term “transgender” arose in the mid-1990s from the grassroots community of gender-different people. Unlike the term “transsexual,” it is not a medical or psychiatric diagnosis. In contemporary usage, transgender has become an “umbrella” term that is used to describe a wide range of identities and experiences, including but not limited to: pre-operative, post-operative, and non-operative transsexual people; male and female cross-dressers (sometimes referred to as “transvestites,” “drag queens” or “drag kings”); intersexed individuals; and men and women, regardless of sexual orientation, whose appearance or characteristics are perceived to be gender atypical. In its broadest sense, transgender encompasses anyone whose identity or behavior falls outside of the stereotypical gender norms.

## **WHAT ABOUT INTERSEXED PEOPLE?**

Though many people believe that all infants are born clearly male or female, in fact Mother Nature is not so binary-minded. At least one in every 2,000 children is born with a sexual anatomy that mixes male and female characteristics in ways that make it difficult, even for an expert, to label them male or female. Although no one is ever born with two full sets of genitals, male and female, some intersexed infants may have ambiguous genitalia, such as a penis that is judged “too small” or a clitoris that is judged “too large.”

Although genital ambiguity does not in itself represent a health problem, parents often fear that their children will be adversely affected by being different, or that somehow the child will grow up to be lesbian or gay.

Some intersexed people are born with genitals that look like most girls’ or boys’ genitals, but may have internal reproductive organs usually associated with the other sex. Others have bodies that do not spontaneously go through puberty, or that exhibit pubertal changes many years ahead of the usual schedule, or go through pubertal changes usually associated with the opposite sex, or experience some of the pubertal changes of both sexes. Conditions such as congenital absence of the vagina (1 in every 5000 female births) and hypospadias, in which the urethral opening does not occur at the tip of the penis (1 in every 200 male births) are also considered by many physicians to be intersexed conditions.

Around the late 1950s, it became widespread practice to subject intersexed children to surgeries and hormone treatments intended to ensure that the child is viewed as clearly female or clearly male. These procedures are not medically necessary; instead, they are designed to make the child’s genitals look more “normal.” In recent years a growing number of people who were subjected to genital surgeries as infants and children have spoken out against these medical interventions as harmful, unethical, and based upon nothing more than social prejudice. Their voices have now begun to create dissent among the doctors who recommend and perform these surgical interventions.

The view that there is a continuum of sexual development along which all individuals fall is parallel to the contemporary understanding that gender identity and sexual orientation also reside on a continuum.

Contemporary theorists hold that every point on this continuum is a manifestation of human diversity—not a matter of “correct or incorrect” or “right or wrong,” but just what happens in life. These views have been quickly gaining favor in the medical/psychological profession since the advent of an organized self-advocacy movement by intersexed people, led by the Intersex Society of North America.

## **WHAT'S THE LGBT CONNECTION?**

It is important for LGBT activists to understand that a hundred years ago the only people labeled as homosexual or lesbian were those who exhibited transgender characteristics. There was no label for masculine men who had sex with other men or for feminine women who had sex with other women. The effort to define homosexuality as same-sex love or sexual behavior, and the drive to accept gay and lesbian people as “normal,” contributed to the marginalization of trans people.

Beginning in the 1950s, the availability of hormone therapy and sex reassignment surgeries for transsexual people drove another wedge between gay and trans people. The doctors and other medical professionals who controlled access to treatment were deeply homophobic and often projected their homophobia onto their patients. To gain access to medical treatment, transsexual people had to censor their own experiences and beliefs and, in particular, had to renounce any similarity to or affiliation with lesbians and gay men. This coercive dynamic perpetuated many inaccurate stereotypes about trans people, including the widespread misconception (which is unfortunately shared by many GLB people) that transsexual people are homophobic and reactionary and have no political goals other than being accepted as “normal” heterosexuals. It has also perpetuated confusion about the relationship between sex, gender and sexual orientation.

In reality, whether a person is transsexual has no direct or predictable connection to his or her sexual orientation, as evidenced by the fact that transsexual people have the same diverse range of erotic experiences, desires and identifications as non-transsexual people.

One basic truth about trans people should be apparent by now. There is no one way to be “trans.” It is impossible to encompass an entire human being with any label. The only thing you can count on knowing about a person who is trans is that there’s a lot you don’t know. The prefix trans is a signal to allow others to define themselves.

## **WHAT ARE TRANSGENDER ISSUES?**

### **Personal Issues**

Much like coming to terms with one’s identity as lesbian, gay or bisexual, coming to terms with one’s identity as a transgender person often involves a tremendous inner struggle for self-acceptance. Personal issues include:

- Shame, fear, and internalized transphobia and homophobia
- Disclosure and coming out
- Adjusting, adapting, or not adapting to social pressure to conform
- Fear of relationships or loss of relationships
- Self-imposed limitations on expression or aspirations

### **Policy Issues**

Like many other minority groups, transgender people are often unable to engage in everyday activities, such as renting an apartment or buying groceries, without confronting bias and discrimination or being targeted by violence or threats of violence. In contrast to most other minorities, however, trans people rarely have recourse to any legal protection against discrimination in employment, public accommodations or other areas. Social issues include:

- Access to social services such as homeless shelters, rape crisis centers, medical clinics
- Access to education
- Hate violence
- Fear of repercussion or reprisal in retaliation for exerting one’s ordinary rights, such as speaking out
- Chronic unemployment or underemployment
- Abusive treatment by law enforcement personnel
- Public humiliation, derision, ridicule, marginalization and exclusion
- Denial of employment
- Denial of housing
- Denial of access to public accommodations such as shops, restaurants, and public transportation

## **Hate Crimes**

Based on data from 1995 to 1999, the National Coalition of Anti-Violence Programs Annual Report on Anti-Lesbian, Gay, Bisexual, and Transgender Violence reported that although anti-transgender violence accounted for only about 2-4% of all reported incidents, those incidents accounted for approximately 20% of all reported anti-LGBT murders, and approximately 40% of the total incidents of police-initiated violence.

Ninety-eight percent of the reported incidents involved male-to-female (MTF) transgender people. As these figures indicate, hate violence against transgender people tends to be particularly violent and brutal, and is disproportionately (though by no means exclusively) directed at MTFs. Despite the seriousness of this problem, trans-gendered people are excluded from any protection under the vast majority of state hate crimes statutes, and violent crimes against transgender people are often neither investigated nor prosecuted.

## **Legal Issues**

Legal issues include:

- Legal status as a man or a woman
- Marriage
- Divorce
- Adoption and child custody
- Inheritance, wills and trusts
- Immigration status
- Employment discrimination
- Access to public and private health benefits
- Protection from hate violence
- Identity papers and records (name change, driver's license, birth certificate, passport, school transcripts, work history).

Because the ability to obtain or retain a job is generally a prerequisite for obtaining housing and health care and for being able to support oneself and one's family, employment-related discrimination is a particularly critical issue for transsexual people, who are currently unprotected against such discrimination in almost every state. When an employee discovers that he or she is transsexual and transitions (changes sex) on the job, employers often become very nervous and assume the worst, falling back upon a whole host of negative stereotypes and assumptions. Ostracism, ridicule, and other social barriers create situations in which anyone would fail. Not wanting to endure such treatment is why most transsexual people do not want their status known to others in the work place.

## **Medical Issues**

Along with being able to find or keep a job, access to health care is undoubtedly one of the most critical issues for transgender people, due to the extreme degree of discrimination against trans people in our health care system. Medical issues include:

- Denial of medical treatment
- Ridicule and mistreatment by providers
- Inability to obtain ongoing, routine medical care
- Inability to obtain or pay for hormone therapy and sex reassignment surgeries
- Exclusion of transition-related services under Medicaid, Medicare, and private health insurance plans

*Transgender writer and activist Leslie Feinberg has described many incidents of health care transphobia: being turned out of an emergency room after the doctor in charge determined that hir anatomy was female, being called a "freak" by a resident, being told by a doctor that "the devil had driven her down the wrong path in life." (Feinberg prefers to use the gender-neutral pronoun "hir," rather than his or her.)*

## **Resource List**

### **Local Organizations**

#### **Alliance For Full Acceptance (AFFA) – for LGBT and heterosexual allies –Education and Advocacy**

P. O. Box 22088  
Charleston, South Carolina 29413  
Phone: 843-883-0343 Fax: 843-723-3859  
[www.affa-sc.org](http://www.affa-sc.org)

#### **South Carolina Equality Coalition – Statewide Education and Advocacy**

PO Box 544  
Columbia, SC 29202  
803.741.1590  
[www.scequality.org](http://www.scequality.org)

#### **South Carolina Gay and Lesbian Pride Movement - Community Center and workshops**

PO Box 12648  
Columbia, South Carolina 29211  
803.771.7713  
[info@scglpm.org](mailto:info@scglpm.org)

#### **Lowcountry Gay and Lesbian Alliance**

PO Box 98  
Charleston, South Carolina 29402  
843.720.8088  
[www.LGLA.org](http://www.LGLA.org)

#### **CSRA Rainbow Alliance**

N. Augusta, SC  
[www.csrainbowalliance.homestead.com](http://www.csrainbowalliance.homestead.com)

#### **The South Carolina Gay and Lesbian Business Guild**

P.O. Box 7913  
Columbia, SC 29202-7913  
803.771.0411  
[www.scglbg.org](http://www.scglbg.org)

#### **AID Upstate**

Post Office Box 105  
Greenville, SC 29602  
800.755.2040  
864.250.0607

#### **PALSS - (AIDS resource)**

1924 Taylor Street  
Columbia SC 29201  
803.779.7257 / 800.922.7319

#### **Lowcountry AIDS Services**

3547 Meeting Street Road  
North Charleston, SC 29405  
843.747.2273

**Outsmart** – Youth Support for 16-22 years of age  
PO Box 11247  
Columbia, SC 29211  
803.779.6586  
www.outsmart.org

**Affirm** - Youth Support  
PO Box 8560  
Greenville, SC 29604  
Phone: 864.467.9004  
www.affirmyouth.org

**We Are Family** - Youth Support  
PO Box 30734  
Charleston, SC 29417  
Telephone: 843.762.3275  
www.waf.org

**Parents, Families and Friends of Lesbians and Gays**  
Check local yellow pages for chapters in your area

**Open Door Church**  
PO Box 80325  
Charleston, SC 29416-0325  
843.225.4642

**Metropolitan Community Church** – largely LGBT and supporters congregation  
Check your yellow pages for listings in your community

### **National Organizations**

1. **Human Rights Campaign** – largest national organization of LGBT people – good research site.  
919 18th Street  
Washington, DC 20006  
202.628.4160  
www.hrc.org
2. **National Gay & Lesbian Task Force** - oldest national LGBT organization – good research site.  
1325 Massachusetts Ave NW  
Washington, DC 20005  
202.393.5177  
www.nglftf.org
3. **PFLAG** Parents, Families and Friends of Lesbians and Gays – good resource site.  
1101 14th Street, NW, Suite 1030 Washington, DC 20005  
Office: 202-638-4200  
www.pflag.org
4. **Gay Lesbian & Straight Education Network** – good resource and research site.  
121 West 27<sup>th</sup> Street, Suite 804  
New York, NY 10001  
Office: 212- 727-0135  
www.glsen.org

5. **Lambda Legal Defense and Education Fund** – national legal issues – good research site.  
120 Wall Street, Suite 1500  
New York, NY 10005  
Office: 212-809-0055  
www.lambdalegal.org
6. **Coalition for Positive Sexuality** (Resource List)  
e-mail: cps@positive.org  
www.positive.org
7. **SIECUS - Sexuality, Information & Education Council of the United States**  
1706 “R” Street  
Washington, DC 20009  
E-Mail: siecus@siecus.org
8. **Service Member Legal Defense Network** – legal and other support for service members.  
P.O. Box 65301  
Washington, DC 20035  
Phone: 202.328.3244  
www.sldn.org

#### **Religious Organizations Working for Gay & Lesbian Inclusion**

- American Baptist - **Rainbow Baptists** (rainbowbaptists.org)
- Christian Scientist - **LGBTCS** (cslesbigay.org)
- Episcopalian - **Integrity** (integrityusa.org)
- Jewish - **WCGLJO** (wcgljo.org)
- Lutheran - **Lutherans Concerned** (lcna.org)
- Mormon - **Affirmation** (affirmation.org)
- Presbyterian - **More Light Presbyterians** (mlp.org)
- Quaker - **FLGC** (quaker.org/flgc)
- Roman Catholic - **National Association of Catholic Diocesan Lesbian & Gay Ministries**  
(nacdlgm.org); **Dignity, Inc** (dignityusa.org); **New Ways Ministry**  
(mysite.verizon.net/~vze43yrc)
- Seventh-Day Adventist - **SDAKI** (sdakinship.org)
- Universal Fellowship of Metropolitan Community Churches - **UFMCC** (mccchurch.org)
- Unitarian Universalist - **Interweave** (qrd.org/qrd/www/orgs/uaa/uu-interweave)
- United Church of Christ - **UCCL/GC** (ucccoalition.org)
- United Methodist - **Affirmation** (umaffirm.org); **Reconciling Congregation Program**  
(rmnetwork.org)

#### **Books And Periodicals**

1. **LESBIAN AND GAY ISSUES** - A Resource Manual for Social Workers  
Hilda Hidalgo, Travis L. Peterson, Natalie Jane Woodman  
Silver Springs, Maryland: National Association of Social Workers, 1985
2. **NOW THAT YOU KNOW** - What Every Parent Should Know About Homosexuality  
Betty Fairchild, Nancy Hayward  
New York: Harcourt Brace Javonovich Publishers 1979
3. **WHEN HUSBANDS COME OUT OF THE CLOSET**  
Jean Schaar Gochros, Ph.D.  
New York: Harrington Park Press, 1989

4. **KEYS TO CARING** - Assisting Your Gay & Lesbian Clients  
Robert J. Kus, RN. Ph.D.  
Boston: Alyson Publications, Inc., 1990
5. **GROWING UP GAY IN THE SOUTH**  
James Sears  
New York: Harrington Park Press, 1991
6. **LIVING IN SIN** - A Bishop Rethinks Human Sexuality  
John Shelby Spong  
San Francisco: Harper & Row, 1988
7. **DEATH BY DENIAL: Studies Of Gay And Lesbian Youth Suicide**  
Paul Gibson (Boston: Alyson Publications, 1995)
8. **COMING OUT OF THE CLASSROOM CLOSET**  
Karen Harbeck  
New York: Harrington Park Press, 1992
9. **MAKING SCHOOLS SAFE FOR GAY AND LESBIAN YOUTH**  
Report Of The Massachusetts Governor's Commission On Gay And Lesbian Youth, 1993
10. **STEALING JESUS** – How Fundamentalism Betrays Christianity  
Bruce Bawer  
Three Rivers Press, 1997

## **Alliance For Full Acceptance**

Alliance For Full Acceptance (AFFA) is a Charleston based organization committed to social justice, equality and acceptance for gay, lesbian, bisexual and transgender people. Members and friends are straight, gay, lesbian, bisexual and transgender.

AFFA seeks to dispel myths about sexual and gender orientation through education. Call or write us to arrange a workshop for your group, to preview our educational video, or to join in our effort toward eliminating prejudice.

Alliance for Full Acceptance

PO Box 22088

Charleston, South Carolina 29413-22088

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Fax: 843.723.3859

website: [www.affa-sc.org](http://www.affa-sc.org)

e-mail: [info@affa-sc.org](mailto:info@affa-sc.org)