

# THE IMPACT OF DISCRIMINATION

## SEXUAL VIOLENCE & INDIVIDUALS WHO IDENTIFY AS LGBTQ



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This document was supported by Cooperative Agreement # 5VF1CE001751-03 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

This project is supported by Grant No. 2010-SW-AX-0019 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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# THE IMPACT OF DISCRIMINATION

## SEXUAL VIOLENCE & INDIVIDUALS WHO IDENTIFY AS LGBTQ

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**A**ccording to the National Gay and Lesbian Task Force, as of 2007 more than half of the U.S. population is protected from anti-gay discrimination, nearly 40% live in jurisdictions that protect people who identify as transgender, and broad rights for same-sex couples increased more than eightfold in only three years (National Gay and Lesbian Task Force, 2007). Yet pervasive discrimination and hate crimes against individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) persist in our homes, communities, workplaces and social institutions.

Overcoming centuries of anti-LGBTQ bias and discrimination requires more than the passing of laws. As with many social and political movements, including the anti-sexual violence movement, multiple strategies are needed to create significant social change. Individuals who identify as LGBTQ are marginalized in mainstream American society and face a range of forms of bias and oppression, including homophobia, biphobia, transphobia and

heterosexism. Anti-LGBTQ bias and oppression includes hatred and contempt of individuals who identify as LGBTQ based on prejudicial beliefs held to be true by the dominant culture and perpetuated by society's various institutions. Some concrete examples include unequal legal rights or health benefits for same-sex partners, and the Defense of Marriage Act.



**Homophobia:** Is the hatred, intolerance, or irrational fear of feelings of love for and/or sexual attraction between members of the same sex. For example, a 2005 GLSEN National School Climate survey found that more than a third of LGBT students experienced physical harassment at school on the basis of sexual orientation (Gay, Lesbian & Straight Education Network [GLSEN], 2007).

**Biphobia:** Is the hatred, intolerance, or irrational fear of feelings of love for and/or sexual attraction to people of both sexes.

**Transphobia:** Is the hatred, intolerance or irrational fear of people who go against social expectations of gender conformity. For example, the 2009 unemployment rate for

transgender individuals was nearly double (13%) the national average (National Center for Transgender Equality and the National Gay and Lesbian Task Force, 2009).

**Heterosexism:** Is a belief that heterosexuality is the only natural or moral mode of sexual identity and expression. For example, making the assumption that a woman will have a boyfriend or husband, or using male pronouns to refer to her significant other instead of using an inclusive term such as partner.

**Anti-LGBTQ bias and oppression can be internalized, interpersonal and institutional.**

**Internalized:** Anti-LGBTQ bias and oppression held within and expressed by someone who

identifies as LGBTQ. For example, a gay man sees two men holding hands in public and feels ashamed.

**Interpersonal:** Prejudice and discrimination across individuals. For example, a transwoman is rejected by her friends and family when expressing her gender identify.

**Institutional:** Oppression that is encoded into and characteristic of the major social, cultural, and economic institutions of society. For example, individuals who identify as transgender, lesbian, or gay face a lack of protections against discrimination in employment and housing.



## SOCIAL IMPACTS OF HOMOPHOBIA AND HETEROSEXISM

Anti-LGBTQ bias and oppression affects everyone. Suzanne Pharr, a long-time anti-violence activist, asserted that homophobia keeps everyone, not just individuals who identify as LGBTQ, from living in ways that are authentic and affirming (Pharr, 1997). Anti-LGBTQ bias and oppression serves to maintain rigid notions of masculinity and femininity, reinforces gender inequality, and often underlies many forms of violence. For example, among the 28 cases of random school shootings in American high schools between 1982 and 2001, the majority of the boys who committed acts of violence had been routinely teased and bullied. The specific content of the teasing and bullying were rooted in homophobia (Kimmel & Mahler, 2003).

Anti-LGBTQ bias and oppression impact individuals who identify as LGBTQ in a myriad of ways. The U.S. Department of Health and Human Services (HHS, 2000) has recognized that the issues surrounding personal, family, and social acceptance of sexual orientation can place a significant burden on mental health and personal safety for individuals who identify as lesbian, gay and bisexual. Research on the impact of homophobia shows that individuals who identify as lesbian, gay and bisexual have a shorter life expectancy and face health risks and social problems at a greater rate compared with the general population (Banks, 2003). In general, the chronic stress of coping with shame brought on by social norms and societal hatred is the primary reason for the negative effects of homophobia (Banks, 2003). More specifically, the reasons for the harmful effects



of homophobia are: lack of support and helping resources, distress from internalized homophobia, stress from self-concealment of sexual orientation, stress from altering behavior, coming out stress, and harmful coping behaviors (Banks, 2003).

While less specific research exists on the effects of transphobia, studies indicate that transphobia can make people who identify as transgender feel isolated, lonely, and ashamed, and create an environment in which harassment and even violence in schools, communities and/or homes exists and is tolerated. People who identify as transgender also face health risks and economic and

social problems at a greater rate than the heterosexual population, mostly because of transphobia. For example, suicide attempt rates range from 16-37%; HIV infection rates are increased in male to female (MTF) transgender individuals; and significant substance abuse is also noted, although current treatment programs are thought to lack the needed cultural sensitivity to effectively help this population (HHS, 2001). High rates of unemployment, workplace harassment, and low income/poverty exist for this population (Badgett, Lau, Sears, & Ho, 2007; HHS, 2001; National Center for Transgender Equality & the National Gay and Lesbian Task Force, 2009).

Transgender-identified individuals often face lack of health insurance or health care coverage or even access to primary, emergency, and transition-related health care (HHS, 2001; National Center for Transgender Equality and the National Gay & Lesbian Task Force, 2009). Additionally, transgender individuals frequently face exclusion from gay and lesbian communities as well as from heterosexual communities and providers, and in many instances are regarded as pathological or unhealthy (Dean et al., 2000).

For youth who identify as transgender or gender non-conforming, transphobia may

create pressures that make them feel they need to 'act straight' to hide their gender identity. Transphobia can also force many to become sexually active before they really want to just so they can hide their gender identity. Transphobia can contribute to the self-doubt that causes many individuals who identify as transgender to drop out of school and/or run away, to think about and/or even attempt suicide, and to turn to drugs and/or alcohol to numb their feelings (Advocates for Youth, n.d.).

Furthermore, homophobia, transphobia, biphobia and heterosexism overlap with other systems of oppression, such as sexism, racism, classism, ableism, and ageism. For example, youth who identify as lesbian not only face harassment and abuse from their heterosexual peers, but may also face discrimination from their male peers who identify as gay (Bochenek & Brown, 2001). Youth who identify as transgender or gender nonconforming face negative messages rooted in transphobia, such as lack of peer support, as well as ageism from adults (Bochenek & Brown, 2001; GLSEN, 2007). Kanuha (1990) has written about the "triple jeopardy" that lesbian women of color face, as women in a sexist society, lesbians in a homophobic society, and women of color in a racist society. This "triple jeopardy" creates a complex web of vulnerability, isolation, shame and silence – with little protection.

Survivors of sexual violence who identify as LGBTQ may face specific issues and challenges that are rooted in interpersonal and institutional anti-LGBTQ bias and oppression and the impact of internalizing such oppression. For some people, their sexual orientations and gender identities may be at the forefront of what they would like to explore in counseling and advocacy services. For others, their sexual





orientations and gender identities may not be priorities that they bring to counseling and advocacy services. As always, it is critical for advocates not to make assumptions based on sexual orientation, gender identity, or other characteristics, and instead meet people where they are and defer to them as experts in their own lives.

What examples of interpersonal or institutional anti-LGBTQ bias and oppression have you experienced or witnessed in your community? At your agency? With other systems in which victims must navigate?

## ABOUT THE AUTHOR

Sarah Dawgert, MSW, is a consultant to organizations working to empower communities and increase awareness of issues surrounding women's health and wellness. Sarah has worked in the anti-poverty and anti-sexual violence movements since 1996. Prior to launching her current consulting firm, Sarah managed the education and volunteer programs at the Boston Area Rape Crisis Center. She also spent several years working with homeless and low-income women and families in San Francisco's Tenderloin neighborhood.

Sarah has trained and coordinated community educators, developed and implemented needs/strengths assessments for service organizations, and facilitated state certification trainings for rape crisis counselors. She has trained on a range of issues related to sexual violence, has spoken at national and local conferences, and has been cited and published in dozens of regional and national media outlets. Sarah has a Bachelor's Degree in Human Development from Boston College and a Masters of Social Work from Boston University.





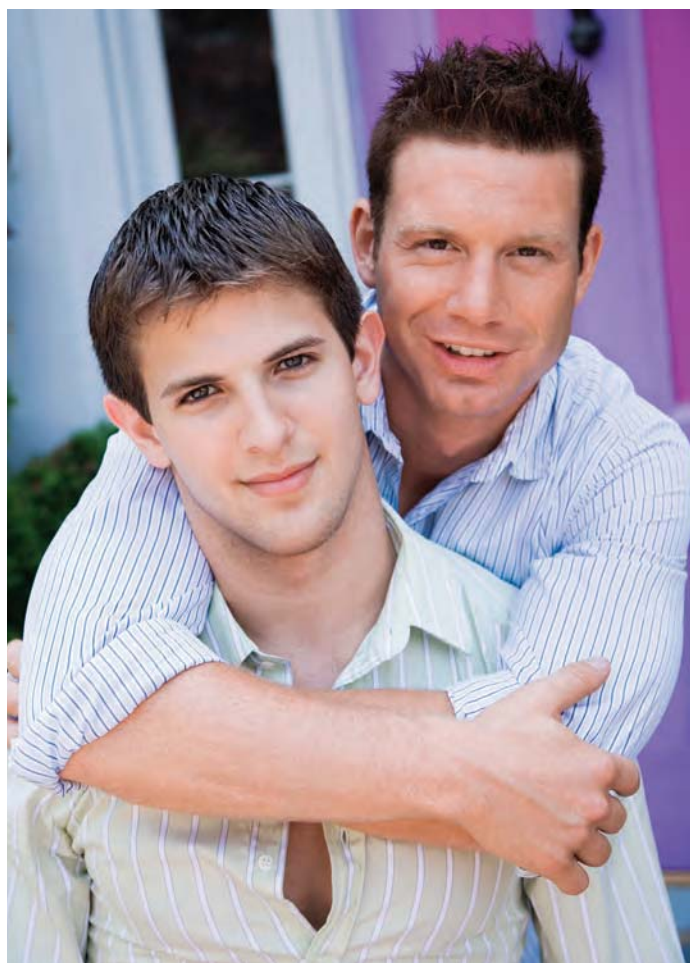
## CONTRIBUTIONS

The National Sexual Violence Resource Center (NSVRC) would like to thank Lisa Fujie Parks for contributions to this resource. Lisa has been working to prevent domestic and sexual violence and promote health and equality for over 15 years as a community educator, advocate, trainer and consultant. Lisa has provided training and program design services

on intimate partner violence and sexual violence prevention to community-based organizations, state coalitions, state health departments and universities in 10 states. She is currently implementing the California Partnership to End Domestic Violence's Prevention Plan 2009-2013. Lisa serves on NoVo Foundation's Advisory Group for the Move to End Violence initiative and a variety of committees and advisory groups in California.

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