

SEXUAL MINORITIES

**DISCRIMINATION,
CHALLENGES,
AND DEVELOPMENT
IN AMERICA**

MICHAEL SULLIVAN, PhD
EDITOR

Sexual Minorities: Discrimination, Challenges, and Development in America

Sexual Minorities: Discrimination, Challenges, and Development in America has been co-published simultaneously as *Journal of Human Behavior in the Social Environment*, Volume 8, Numbers 2/3 2003.

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 **Routledge**
Taylor & Francis Group
New York London

First published by

The Haworth Social Work Practice Press, 10 Alice Street, Binghamton, NY 13904-1580 USA

The Haworth Social Work Practice Press is an imprint of The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580 USA.

This edition published 2013 by Routledge

Routledge
Taylor & Francis Group
711 Third Avenue
New York, NY 10017

Routledge
Taylor & Francis Group
2 Park Square, Milton Park
Abingdon, Oxon OX14 4RN

Routledge is an imprint of the Taylor & Francis Group, an informa business

Sexual Minorities: Discrimination, Challenges and Development in America has been co-published simultaneously as *Journal of Human Behavior in the Social Environment*, Volume 8, Numbers 2/3 2003.

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Cover design by Lora Wiggins.

Library of Congress Cataloging-in-Publication Data

Sexual Minorities: Discrimination, Challenges and Development in America / Michael K. Sullivan editor.

p. cm.

"Co-published simultaneously as *Journal of human behavior in the social environment*, Volume 8, Numbers. 2/3, 2003."

Includes bibliographical references and index.

ISBN 0-7890-0230-2 (hard cover: alk. paper)–ISBN 0-7890-0235-3 (soft cover: alk. paper)

1. Gay–United States–Social conditions. 2. Transsexuals–United States–Social conditions. 3. Homophobia–United States. 4. Social work with gays–United States. I. Sullivan, Michael (Michael K.) II. *Journal of human behavior in the social environment*.

HQ76.25.S497 2004

306.76'6'0973–dc22

2003023602

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Sexual Minorities: Discrimination, Challenges, and Development in America

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Homophobia, History, and Homosexuality: Trends for Sexual Minorities

Michael K. Sullivan

SUMMARY. This paper explores the cultural, religious, and sociological underpinnings of homophobia and intolerance toward homosexuals. Theories of homosexual causation are also explored as well as a brief historical accounting of the rise of modern gay culture in Western society. Empirical findings or regional attitudinal differences toward homosexuals both recently and over time are presented in graphical format. Finally, changing attitudes are explored, and conclusions suggest that although homophobia is still very prevalent, tolerance and support from social institutions for GLBT individuals are slowly increasing over time. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2003 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Homosexuality, homophobia, history, geography, regional attitudes

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[Haworth co-indexing entry note]: "Homophobia, History, and Homosexuality: Trends for Sexual Minorities." Sullivan, Michael K. Co-published simultaneously in *Journal of Human Behavior in the Social Environment* (The Haworth Social Work Practice Press, an imprint of The Haworth Press, Inc.) Vol. 8, No. 2/3, 2003, pp. 1-13; and: *Sexual Minorities: Discrimination, Challenges, and Development in America* (ed: Michael K. Sullivan) The Haworth Social Work Practice Press, an imprint of The Haworth Press, Inc., 2003, pp. 1-13. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

Journal of Human Behavior in the Social Environment, Vol. 8(2/3) 2003

<http://www.haworthpress.com/web/JHBSE>

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Digital Object Identifier: 10.1300/J137v8n02_01

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Homophobia broadly defined is characterized by dislike or hatred toward homosexuals, including both cultural and personal biases against homosexuals. Homophobia has dual facets and both need to be considered when working with homosexual clients, including both internalized homophobia, i.e., the internalization of society's antihomosexual sentiments within the psyche of gay and lesbian individuals, as well as external (generally heterosexual) homophobia. It can be measured on a continuum from mild anti-homosexual bias, through overt phobic avoidance of same sex socialization (Fyfe, 1983).

Social control theory suggests that external homophobia is not an isolated individual neurosis but a form of social control that serves psychologically and physically to intimidate sexual minorities and to validate heterosexuality as the only normal sexual identity choice (Radkowsky & Siegel, 1997). Rigid role definitions of gender underpin homophobia, as many heterosexuals believe homosexuality to be gender confusion. Another possible underpinning of homophobia may be misogyny, where society's detestation of gay male sexuality is linked to gays who 'act like a women,' thus abandoning the masculine privilege to which he is entitled, whereas the lesbian is seen as usurping male authority and privilege. The lesbian may be scorned for her behaviors and choices but she is likely to be more understood (Irvine, 1994).

Similarly, role theory suggests that feelings of homophobia are a result of undermining the sex-role stereotypes. A society demands that its members engage in upholding traditional belief systems by exhibiting behaviors concurrent with those teachings including role-modeling behaviors. Therefore, role erosion threatens the orderly spoken and unspoken rules of what is masculine and feminine creating anger in those who may believe there is potential for adolescent confusion and possibly social anarchy because of nonconforming gay behaviors. The belief that homosexuality is a choice helps to support this belief. Because men and women are socialized according to sex-role expectations their experiences that guide them in their life-course does not always follow the similar trajectories.

Homophobia is detrimental to both heterosexuals and homosexuals, and recent evidence suggests a direct relationship between male homophobia and lack of intimacy in heterosexual friendships among men (Devlin & Cowan, 1985). Adams, Wright, and Lohr (1996) found support for a long held belief that homophobia is associated with homosexual arousal, suggesting the homophobic individual is either unaware of, or denies the presence of same-sex erotic feelings. Thus, those who exhibit the most homophobic behaviors may have strong secret desires for same-sex erotic behaviors that are repressed; homophobic attitudes and behaviors arise as a result of reaction formation.

Recent research by Cullen, Wright and Alessandri (2002) suggests that homophobia is similar to traditional fears of ethnic minorities, in that lack of con-

tact with homosexuals fosters significantly more homophobia. In addition, gender was associated with external homophobia as heterosexual men were more homophobic than women studied, but gender was not a predictor of the level of internalized homophobia.

Gay and lesbians also have some psychosocial predisposing factors common to ethnic minorities, and some unique to the homosexual population. In ethnic minorities is the damage done to self-image by the internalization of society's scorn (Erikson, 1959). Internalized homophobic fear has several implications regarding the lack of support for gay adolescents and young adults. Gay adolescents and young adults often need assistance negotiating the effects of personal and institutional homophobia on their identity development. In addition, homophobia may increase reliance upon the family, making it difficult to separate oneself from family sufficiently to develop healthy peer relationships at this life stage (Lock, 1998; Radkowski & Siegel, 1997).

Gay teachers are often fearful of offering support because of concerns that they would be labeled unfit or worse; as perpetrators who are trying to recruit teenagers into the gay lifestyle. Schools are a primary source of information and socialization and an ideal environment to educate teenagers about homophobia and offer social support for gay youth, but most administrators and teachers are afraid to speak on the subject because of vehement criticism from conservative parents and community leaders who often believe any discussion of gay issues will somehow validate the topic and expand the number of gay adolescents and young adults.

HISTORICAL CONTEXT OF HOMOSEXUALITY

This historical overview concentrates primarily on male homosexuality within Western culture, and suggests society's attitude toward homosexuality has been conflicting across the ages. Various theories of homosexuality are derived from either an essentialist approach or a social constructionalist approach. Essentialism claims that homosexuality is a construct that is both ahistorical and acultural, a part of human civilization for all time; whereas constructionalism suggests homosexuality is defined more by temporal periods and the cultural context.

Halperin (1990) argued a social constructionalist paradigm, suggesting that sexuality is a matter of invention, and before this invention, sexual evaluation was determined by one's sexual acts, not their sexual orientation. However, before Victorian time people did not perceive homosexuality as a distinct identity, but rather thought of all sexuality within the framework of heterosexuality. Some cultures assumed that all persons harbored homoerotic feelings.

Often the active partner was not thought of as a homosexual, only the passive effeminate partner. A variation of this theme was true in Native American culture where the Beardache (gay Indians) were thought of as a third sex. It was acceptable for a man to have sex with a Beardache, but a taboo for a Beardache to have sex with each other (Mondimore, 1996).

These paradigms may both have validity to the extent that history points to both cultural influences as well as acknowledgement that homosexuality has been part of society for all of recorded time. Thirty years ago one author exploring sexuality offered insight on the subject by suggesting the following: "Our information about sexual [norm] deviance is, in the kindest possible judgment, less than adequate, and yet there is no subject about which there are stronger and noisier convictions or more energetic claims to final wisdom" (Kennedy, 1973, p. 129).

Many early accounts of homosexuality indicated that a permissive attitude with same-sex relationships existed in many cultures, and it was considered at least a transitional rite of passage for young men in early Greek and Roman societies. The Bible acquaints us with some of the earliest taboos on the subject from Old Testament tales such as Leviticus admonitions: "If a man also lie with mankind, as he lieth with a woman, both of them have committed an abomination: they shall surely be put to death; their blood shall be upon them" (Holy Bible, Lev. 20.13 KJV). Most sexuality scholars agree that the few references that the Bible makes about homosexuality have become the modern basis for homophobia as the majority of anti-homosexual and homophobic attitudes and behaviors are supported by the major premise that homosexuality is unholy and/or forbidden by the Bible (Sullivan & Wodarski, 2002).

The modern view is that sexual preferences are determinants of personal identity, but premodern societies did not think of sexual preference as a determining feature of identity. Little was written on the subject of homosexuality until the Victorian age when homosexuality became a criminal offense in many European and American societies. The idea of a deviant gay lifestyle arose in this historical context.

The term homosexual was coined in 1869, and before this homosexuality was not thought to be a separate orientation. This new sexual orientation identity began to emerge suggesting that an individual's sexual attraction toward persons of the same sex was an inherent and unchanging aspect of their personality. The word homosexual can mean many things dependent on the culture and temporal period. Some same-sex eroticism would not be classified as homosexual in some modern or Western societies. In fact, the hetero-homosexual binarism, the current sexual paradigm in American culture, is a relatively recent creation (Chauncey, 1995).

Many young people today believe the gay movement began with the Stonewall riot in 1969. In fact, many large cities had a notable gay presence before the turn of the century. For instance, gays in New York City had enclaves in several neighborhoods and many commercial establishments catered exclusively or predominately to gays as far back as 1890 (Chauncey, 1995). American gay life actually flourished in the 1920s in the large cities with a host of commercial establishments catering to gay lifestyles including speak-easies, restaurants, saloons, bathhouses, and neighborhood enclaves.

Most of the prewar history has been forgotten because of a societal backlash that began in prohibition and continued throughout the 1950s. Drag balls were canceled, plays and films were censored, and a host of laws and regulations were enacted prohibiting homosexuals from being served or even working in restaurants, bars, and clubs. In New York, it was illegal to serve known homosexuals liquor until 1970. Anti-gay policing intensified during the cold war, and Senator McCarthy insisted homosexuals were a threat to the U.S. State Department's security. Local police warned that homosexuals threatened the nation's children (Chauncey, 1995).

Two images most associated with gay male relationships up to this point in history were either that of the derogatory 'sissy' or the pathological assumption that gay men were child molesters. Gay males finally reacted to these images and a third pattern of same sex-relationships emerged, a new masculine erotic bond similar to 'buddy' relationships in the armed forces during World War II. This new identity was very different from the former man-boy and gender bending stereotypes of the past, as these men were masculine, consenting, and they easily passed as heterosexual. These men usually assimilated into larger society and often rejected their gay cultural roots. A class system began to emerge, and those most able to assimilate (pass) had high distinction, whereas others less masculine had lower status, and transvestites (drag queens) became the untouchable class scorned both within and outside of this gay culture.

After the war, some movements began to argue against the predominant pathological view of homosexuality. Kinsey's pioneering sexuality work began in the late 1930s for three decades. He ascribed the source of antihomosexual attitudes to Judeo-Christian traditions. This is supported by data suggesting the widely held belief that the more religiously devout harbored the most vehement homophobia (Klassen, Williams, & Levitt, 1989). Kinsey made no assumptions about what was normal but set out to discover what is the realm of human sexual behavior. His scientific findings that homosexuality is commonplace and that gay and lesbian persons are a significant proportion of the population met with criticism and disbelief.

Evelyn Hooker pioneered a study in the late fifties where she contrasted an experimental group of homosexuals with a heterosexual control matched on age, IQ, and education, on a battery of psychological tests. She then asked a panel of experts psychologists to rate the psychological health and predict who was gay versus straight. The adjustment ratings showed no significant differences; if anything, the gay men did better. In addition, the predictions of gayness were no better than chance. Kinsey and Hooker began to utilize empirical research as a foundation for our knowledge base about sexuality that others followed in debunking the myth that homosexuality was a mental illness (Mondimore, 1996). Hooker and Kinsey's empirical findings and conclusions provided some assistance in the movement to have homosexuality eliminated as a psychiatric disorder.

Until the early 1970s the American Psychiatric Association (APA) classified homosexuality as a disease, based on Freudian concepts of arrested sexual development that lead to a loveless life. Homosexuality was originally classified as a mental illness in the APA's *Diagnostic and Statistical Manual* (DSM). The classification was referred to as ego-dystonic homosexuality, or negative homosexual identity, characterized by guilt, shame, anxiety, and depression. The age of onset was thought to be adolescence, and one of the predisposing factors was the presence of anti-social attitudes (Nungesser, 1983). In December 1973, the APA ended the classification of homosexuality as a mental illness by removing it from the DSM.

Today a class system still exists based on the degree of the gay individual's ability to pass as heterosexual and assimilate into the broader culture. Many heterosexuals and those within the gay community still harbor resentment toward gender-bending identities. This class system has changed somewhat, as many gays are no longer as interested in assimilation. There has been the addition of transsexuals with surgical advances and a greater understanding of bisexuals as an identity rather than merely a transitional phase. Sadly, however, many heterosexuals still believe that homosexuals have natural tendencies toward pedophilia even though research clearly demonstrates heterosexual men comprise the vast majority of known pedophiles (Stevenson, 2002a; Stevenson, 2002b).

THEORIES OF CAUSATION

Theories abound to attempt explanatory causes of homosexuality. Many early theories suggested environmental causation with poor relations with parents as a central theme followed by beliefs that exposure to homosexuals might

be an explaining factor. Newer biological theories attribute the expression of sexual orientation to genes that shape the central nervous system's development, organization, and structure via prenatal sex steroids (Huwiler & Remafedi, 1998). Brain chemistry and structure has recently been analyzed suggesting differences in homosexual men in one post-mortem study (Swaab, Chung, Kruijver, Hofman, & Ishunina, 2001). In addition, environmental factors may interact with biological and genetic factors for yet another theory of possible multiple causations with complex interactions.

The original environmental theory was suggested by Freud. He argued an environmental causation for male homosexuality, indicating poor parental relations (mother/son) as the central cause. Most psychoanalytic writers agree to a close connection between homosexuality and narcissism. Lewes (1988) documents that Freud had four theories on homosexuality during his lifetime. His early theories suggested homosexuality was derived from the Oedipus complex, i.e., the young male begins a normal erotic bond with his mother, but she displays excessive tenderness toward the boy and as a consequence he becomes obsessed with the importance of the penis. Another theory suggested the distinction between self and other has not been made by the child, so the child assumes the mother has identical anatomy, but during the narcissistic period the child realizes his separateness from the mother, and he realizes a castration threat might be a punishment for his erotic feelings and becomes obsessed with his penis. Another suggests that when the child discovers the mother is lacking a penis, he is horrified, and his love for the mother turns to loathing. From then on, he chooses a woman with a penis (an effeminate boy). His fourth and last theory was also another Oedipus complex variation that suggested homosexual boys develop an intense love for the mother followed by extreme jealousy for the father. This paternal jealousy is mobilized into death wishes and sadistic fantasies of violence. The child subsequently transforms these feelings through reaction formation into feelings of homosexual love (Lewes, 1988). Although Freud thought homosexuality was acceptable toward the end of his career, he struggled with the concept and considered homosexuality as a perversion at different times during his early career. His successors were mainly responsible for characterizing homosexuality as a perversion, needing professional intervention.

Historically, the medical community was one of the most powerful anti-gay social forces, taking an early stance that gays were, in fact, mentally ill and in need of treatment. Chauncey (1995) documents a quote from one doctor in the 1920s lamenting, [gays were] "Proud to be degenerates and do not want nor care to be cured . . . and it was this problem that made homosexuality so intractable" (p. 6). Beginning in the 1930s and increasingly after the war, sociological viewpoints continued to shape the belief that heterosexuality was the only natu-

ral and healthy result of psychosexual development. Homosexuality became defined as a perversion in which individuals suffer from primitive object relations, impaired ego function, and a defective superego.

Recently psychoanalytic theory of causation has been retired in favor of a competing environmental theory suggesting both overt and covert rejection by the father as the cause of homosexuality, with the mother simply filling the void as a defensive response to protect the child. Environmental theories hinge on the premise that homosexuality is an elective choice. This theory has been contested in recent years, and appears to be strongly associated with negative attitudes toward gay lifestyles. A recent finding suggests a correlational dichotomy where those who believe homosexuality is wrong generally believe homosexuality is an individual choice (environmental theory), versus those who believe homosexuality is normal and more often believe in a genetic or biological causation theory (Sullivan & Wodarski, 2002).

SOCIOLOGICAL INFLUENCES

Identity formation can be thought of as self-labeling. Humans have a strong desire to categorize and label themselves. Children are pressured into gender roles at a very young age, possibly beginning with a pink versus blue swaddling blanket. Several models of gay psychosocial development describe the initial stages of awareness and confusion about same-sex attractions, followed by acknowledgment of homosexuality, disclosure to others, and eventual integration of sexual identity into a comprehensive sense of identity. During adolescence, personal identity achievement is a central task for all youth, including gay youth, and is a period of increased risk taking. This often is the most vulnerable period in their lives, with many gay youth facing little support from either the family and/or social institutions (Sullivan & Wodarski, 2002). Social stigmatization hinders the ability of gay adolescents to achieve the tasks of adolescence. Because their sexual identity is denigrated by society, these youth have difficulty forming a positive identity and establishing healthy peer and intimate relationships. Family relations are often painful, and gay adolescents are susceptible to loneliness, isolation, depression, and suicide (Radkowski & Siegel, 1997).

Most sexuality researchers believe that sexual preference is determined very early in life. If Kinsey's numbers were accurate, that would translate into 1 in 10 adolescents having strong same-sex feelings in high school. Gay and lesbian adolescents tend to be isolated in their family of origin. Most adolescents go through periods of rejecting their parents as an expression of individuality, knowing that their support will be unconditionally available to them when needed. Conversely, the parent sometimes rejects the gay adolescent,

and permanent detachment can often materialize as a result of the adolescent's coming out.

Facing this external view of self, it is no wonder that the homosexual person internalizes this hatred and has difficulty with accepting his or her identity, building self-esteem, and expressing sexuality. About 65% of all homosexuals seek therapy and give depression as a reason, which is often a result of adjusting to their homosexuality; and of these, 50% started therapy between the ages of 18-21 (Diamond-Friedman, 1990).

These difficulties lead some gay adolescents to increase their consumption of alcohol and/or other drugs to aid in the coming-out process, or alleviate the anxiety or depression associated with concealing their identity or facing rejection from family and friends, discrimination in employment and housing, physical assault, arrest, or imprisonment. As far back as Colcher (1982), it was hypothesized that homosexuals use substances to dull the pain of feeling "different and alone," to reduce "sexual inhibitions" relating to internalized homophobia, and to reduce the stress of the keen competition for good-looking sexual partners. Nardi (1982) suggested that homosexuals are more at risk of drinking to the point of addiction because the gay lifestyle often revolves around gay bars, which have a history of permissiveness and protectiveness.

Our cumulative knowledge suggests both family support and religion contribute to self-esteem enhancement or self-depravation for those lacking these supports. Family support is perhaps the major influence on adolescents' self esteem. Gay youth often receive messages of worthlessness both overtly and covertly from their family. Often parents will detach themselves emotionally from their gay children early in childhood when they recognize that their child is different, particularly if non-gender conforming issues arise. If the parental bonding diminishes, the gay adolescent often withdraws or begins acting-out behaviors that can often lead to self-destructive behaviors.

CURRENT TRENDS

Attitudes toward homosexuals have changed favorably over time. Although general attitudes toward homosexuals are not a direct measure of homophobia, it represents a surrogate marker for intolerance, a known factor in homophobic attitudes. In a previous publication, an analysis of attitudes toward homosexuality using National Opinion Research Center's (NORC) General Social Survey (GSS) was performed. The dichotomized variable of homosexuality defined as either wrong or not wrong over the time period between 1973 and 1994 was analyzed. Findings indicated an increasing trend in the belief homosexuality was not wrong. The percentage believing homosexuality was not wrong increased

from a low of 19% in 1973 to 31% by 1994, and with the exception of the late 1980s (when AIDS deaths were at a peak in the United States), the trend has been in the direction of increasing tolerance of homosexuality over time (Sullivan & Wodarski, 2002). The intent of this new analysis is to follow-up those trends and explores regional differences, as they exist currently.

Data from the GSS (Davis & Smith, 1992) were used again in a secondary analysis to determine current trends. The GSS utilized probability-sampling techniques and large sample sizes; the data set included the additional years of 1996 and 1998. In 1996 and 1998, the percentage of respondents stating 'homosexuality is not wrong' rose to 33% and 34%, respectively.

Regional differences are important to considerations when studying these attitudes as attitudes can vary widely throughout our nation and across other countries. For this analysis, the United States was separated into five regions, and each region was compared to others on the attitude toward homosexuals by region over time, using the cumulative data set. The chi-square statistic indicated regional variations were highly significant ϕ^2 (5, $N = 27,763$) = 503.98, $p = .000$. The Southeastern and Mid-south regions tended to have significantly less tolerant attitudes toward homosexuals. Figure 1 illustrates this relationship graphically.

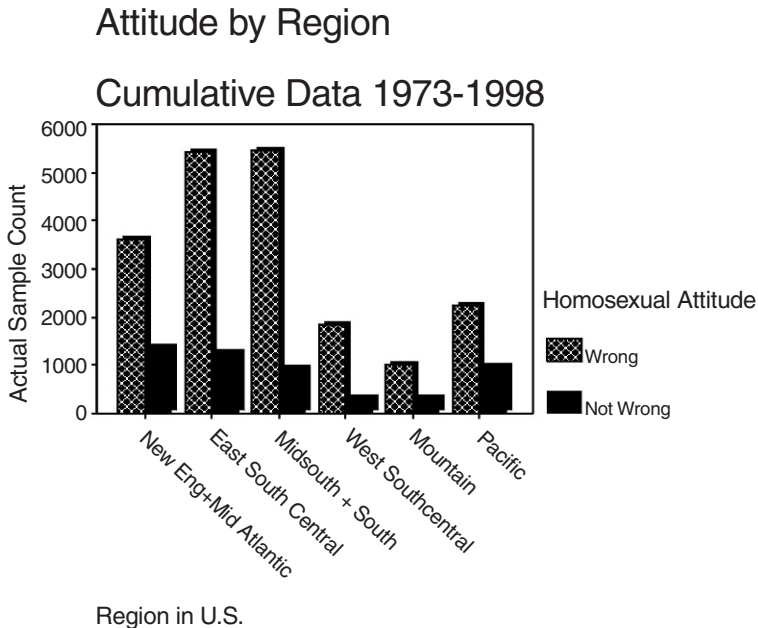
This same analysis was then performed for 1998, the latest year available for analysis. The chi-square statistic indicated regional differences were highly significant, ϕ^2 (5, $N = 1,874$) = 67.36, $p = .000$. Figure 2 illustrates this relationship graphically. In all cases, when gender was controlled, females were more tolerant than males.

DISCUSSION AND CONCLUSIONS

In the last few decades, large strides have been made in securing social acceptance of homosexuals. The data presented demonstrate the slow but increasing tolerance toward homosexuals in our society. There still exists strong regional differences, especially in the Bible belt areas, where the attitude lags behind those of the other regions. The Atlantic and Pacific coasts are the areas most tolerant of gays and lesbians. Religious and political influences appear to mediate attitudes in this area as well as geography.

Many liberal churches have made outreach efforts through an all inclusive welcoming mission statement, including the Protestant "More Light" congregations, Unitarian and Universalist churches, and some liberal urban Catholic congregations. Parents, Families, and Friends of Lesbians and Gays (PFLAG) is an organization for parents of gay and lesbian children, which assists parents in acceptance and affirmation of their gay children. Many more books are

FIGURE 1. Cumulative Attitudes Toward Same Sex Relations by Region

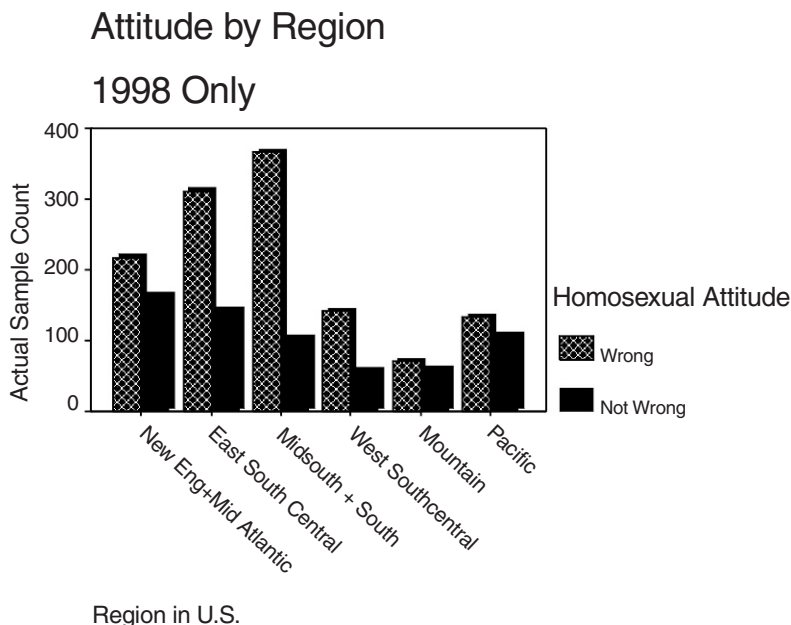


available, and media attention has assisted many Americans with a more objective view of gay culture. Support groups are available nationally at many colleges and in gay and lesbian outreach centers in metro areas, to assist those coming out and struggling to accept themselves. Recent media coverage involving two cruel gay-related murders has rallied support for new hate crime legislation. Vermont was the first state to legalize same-sex marriage, and many public and private organizations are beginning to offer benefits to unmarried domestic partners regardless of sexual orientation.

Pathology is often defined by an emotional problem's impact on an individual's ability to function, causing an impaired state; in this regard the question of whether homophobia should be considered a diagnosis when functioning is impaired will need to be considered by the American Psychological Association in future revised editions of the *Diagnostic and Statistical Manual (DSM-IV)*.

Although it is still true that most persons find it difficult to maintain an open and unprejudiced attitude toward gay persons, there is both increasing tolerance for gays and lesbians and a slow increasing understanding of sexual diversity in our culture. Perhaps in a few short decades, the majority opinion will be in favor of accepting sexual minorities and an understanding that gay, lesbian,

FIGURE 2. Attitudes Toward Same Sex Relations in 1998 by Region



transgendered, and transsexual persons are equally capable and equally deserving of societal respect and support. Until that time, it will take many pioneers to pave this road of social tolerance and respect.

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Being Heard on Sexual Orientation: An Analysis of Testimonies at Public Hearings on an Anti-Discrimination Bill

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SUMMARY. In 2001, Maryland became the twelfth state to pass legislation that prohibits discrimination against gays, lesbians, and bi-sexuals in employment, housing, and public accommodations. As part of a ten-year effort to pass such protections, the Governor of Maryland established a Commission to Study Sexual Orientation Discrimination. The Commission held five public hearings throughout the state in 2000 and used the testimonies to prepare a report which helped pave the way for the passage of the legislation. This article is an analysis of 113 oral testimonies, both for and against the legislation. Such information may be helpful in other states where anti-discrimination efforts are on-going.

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[Haworth co-indexing entry note]: "Being Heard on Sexual Orientation: An Analysis of Testimonies at Public Hearings on an Anti-Discrimination Bill." Greif, Geoffrey L., and Daphne L. McClellan. Co-published simultaneously in *Journal of Human Behavior in the Social Environment* (The Haworth Social Work Practice Press, an imprint of The Haworth Press, Inc.) Vol. 8, No. 2/3, 2003, pp. 15-27; and: *Sexual Minorities: Discrimination, Challenges, and Development in America* (ed: Michael K. Sullivan) The Haworth Social Work Practice Press, an imprint of The Haworth Press, Inc., 2003, pp. 15-27. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST)]. E-mail address: docdelivery@haworthpress.com].

Journal of Human Behavior in the Social Environment, Vol. 8(2/3) 2003

<http://www.haworthpress.com/web/JHBSE>

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Digital Object Identifier: 10.1300/J137v8n02_02

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KEYWORDS. Sexual orientation discrimination, gays, lesbians, bi-sexuals, sexual orientation legislation

When public hearings are held on possible legislation that would ban sexual orientation discrimination in state law, what is the content of the testimony provided by proponents and opponents? What does the testimony tell us about the situation of lesbians, gay men, bi-sexuals, and trans-gendered people (LGBT) and what they encounter in their daily lives? In the fall of 2000, Governor Parris Glendening issued an Executive Order establishing the Special Commission to Study Sexual Orientation Discrimination in Maryland (Executive Order, 2000). The purpose of the Commission was, in part, to examine laws in relation to employment, housing, and public accommodations, gather information, and develop recommendations to eliminate discrimination in those three areas. Five public hearings were held throughout Maryland as part of the information gathering process. The purpose of this article is to describe and analyze the nature of the oral testimony that was received.

The content of these hearings is instructive to social workers for a number of reasons. As other states consider the process of changing anti-discrimination laws, this information may be helpful in anticipating the kind of testimony that will be heard. Social workers and social work students are often key advocates in such civil rights advocacy and legislation. Public testimonies describe both the experiences of the LGBT population as well as the reactions of people who are opposed to legislation and, often by association, are opposed to a homosexual lifestyle. For practitioners working with LGBT clients, knowing the types of experiences these clients may have had may be helpful in understanding the context of their situations. In addition, for those working with people opposed to such legislation, some of whom may be homophobic, having a clearer understanding of their beliefs can be helpful with any issues for which they are seeking assistance.

THE CONTEXT OF ANTI-DISCRIMINATION LAWS AND PUBLIC HEARINGS

No federal law exists that protects citizens from being discriminated against on the basis of sexual orientation. At the time of the initial Executive Order, eleven states (California, Connecticut, Hawaii, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, Rhode Island, Vermont, and Wisconsin)

sin) and the District of Columbia had passed state laws forbidding discrimination. In Maryland (and as is true in some other states) four local jurisdictions had passed laws prohibiting sexual orientation discrimination. Within these four jurisdictions, 48.5% of the population of Maryland reside. Thus there is protection in some parts of Maryland, but not in all of Maryland.

Attempts to pass a state law had met with partial success in the past. A bill was passed by the House of Delegates in Maryland in 1999 but was held in the Senate's Judicial Proceedings Committee and never came to the floor of the Senate for a vote. A majority of the members of the Committee were opposed to the bill. In 2000, the bill was held again in that Committee. By the fall of 2000, the Governor, working in tandem with activist groups, committed himself once again to passing an anti-discrimination bill and established the Commission. His brother, who was gay, had died of AIDS after serving in the armed forces and living in "the closet" his whole life. The Governor publicly declared that passage of the bill was a top legislative and personal priority.

When the Governor established the Commission, he appointed 23 members that included the Secretary of Health and Mental Hygiene, the Secretary of Housing, the Director of the Human Relations Commission, and a representative from the Attorney General's Office. He asked the Speaker of the House and the President of the Senate to appoint two legislators each who would serve. He also enlisted the aid of 15 private citizens drawn from the business, religious, and educational communities, and the gay and lesbian community. Attempts to get members of those communities (business and religious in particular) who were opposed to the bill to serve so that there would be balance on the Commission failed.

Hearings were advertised in local newspapers, libraries, community centers, and on the Governor's web-site. Newspaper articles appeared after each hearing occurred which alerted Marylanders to the public hearings as well as future hearings. Those who attended hearings could testify for three to four minutes and submit written testimony and any other supporting material they wished. As time allowed, Commissioners asked questions following individual testimonies. Those who could not attend a hearing were also invited to submit written testimony. As there was no limit on written testimony, some citizens submitted reams of information. This information often focused on providing the Commissioners with research from public interest groups and lobbying interests both for and against passage of a gay rights bill, national opinion polls about feelings towards gay men and lesbians, and religious treatises with biblical references concerning the immorality of homosexuality. Anonymous testimony was accepted as it was recognized some people who were the potential targets of discrimination might feel unsafe revealing their identity in public if they were "in the closet."

Activist groups both for and against the potential legislation organized their constituents to attend and speak at the public hearings. To a large extent, these activists were fulfilling a role often played by the social worker—as community organizer and builder (Itzhaky & York, 2002). Several individuals spoke at more than one hearing. Public hearings held by standing committees or ad hoc commissions have long been a method of gauging public sentiment on pressing issues from civil rights, to gun laws, to highway construction. As Hardcastle, Wenocur, and Powers wrote, “A public hearing epitomizes a situation where we typically face myriad desires, preferences, and perceived needs . . . After allowing interest groups to speak and make proposals at the hearing, a social worker must integrate this oral input with studies” (1997, p. 185).

Shortly after the hearings were completed, the Commission presented the Governor with an interim report which was to be used to guide legislation in the Spring 2001 legislative sessions. That interim report summarized the testimony and included quotes from both the proponents and opponents. It also contained attachments that were germane to the anti-discrimination bill. This included a report from the Government Accounting Office (GAO, 2000) that studied the impact on employers in other states where anti-discrimination bills have been passed. The Commission’s Interim Report made one recommendation—that the same bill that passed the House in 1999 be resubmitted. This would amend Law 49B and add the words “sexual orientation” to race, religion, creed, sex, age, color, familial status, national origin, marital status, and physical or mental disability as protected classes.

In 2001, the resubmitted bill came to the Senate Committee a third time. The composition of the Committee had changed since the previous year and, after public testimony and lengthy debate, the bill passed and was ultimately approved by the legislature. Maryland became the twelfth state to pass an anti-discrimination bill that included protection for lesbians, gay men, and bi-sexuals (trans-sexuals were not mentioned in the bill).

Discrimination

The discrimination experienced by lesbian, gay, bi-sexual, and transgendered adults and youth in society is well-documented. Not only is it encountered in employment, housing, and public accommodations (the foci of the legislation in Maryland), it is also encountered in education, partnership benefits, court, prisons, and other areas where society and individuals intersect (see, e.g., Kulkin, Chauvin, & Percle, 2000, for an example of the toll discrimination can exact on youth, and Bepko & Johnson, 2000, for the toll on adult relationships). Some level of discrimination against homosexuals can exist even in a state that is considered one of the most liberal in the nation. A 2000 survey of Maryland resi-