CHAPTER 10 Diversity—LGBTQIA

It still strikes me as strange that anyone could have any moral objection to someone else's sexuality. It's like telling someone else how to clean their house.

River Phoenix

Chapter Outline

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Objectives

1. Differentiate the terms *sexual orientation* and *sexual preference*
2. Identify the meaning of LGBTQIA and review three conceptual models of sexual orientation
3. Know the prevalence of heterosexuality, being gay, and bisexuality
4. Review the theories of sexual orientation
5. Know the data on the lack of effectiveness of conversion therapy
6. Understand the process of coming out, including risks and benefits
7. Review gay/lesbian, bisexual, and pansexual relationships
8. Differentiate between heterosexism, homonegativity, and homophobia
9. Review how heterosexuals are affected by homophobia

(Maria Trull McDonald / Mia Bella Expressions)

Truth OR Fiction?

T / F 1. The college/university context is a positive/affirmative context in which to "come out."

T / F 2. Same-sex undergraduates report higher sexual satisfaction than heterosexual undergraduates.

T / F 3. The older the individual the more open (out of the closet) the individual.

T / F 4. Relationship quality in bisexual relationships is higher than same-sex and other-sex relationships.

T / F 5. Physical appearance is less important for gay men looking for a partner online than whether the partner is "out of the closet."

Answers: 1. T 2. F 3. T 4. F 5. F

Same-sex relationships and issues have become very much a part of US society and culture—Pete Buttigieg as a contender in the 2020 Democratic primary, the legalization of same-sex marriage, and the "coming out" of celebrities. Of 12,841 undergraduates, 89% reported that they were "comfortable around a person" they knew to be gay (Hall & Knox, 2019). While prejudice and discrimination still exist, they are waning.

I'm not a lesbian, but my girlfriend is.

Gina Gershon, actress

10.1 LGBTQIA Terminology

Sexual orientation refers to the classification of individuals as heterosexual, gay, lesbian, bisexual, pansexual, or asexual, based on their emotional and sexual attractions, relationships, self-identity, and lifestyle. With the exception of pansexuality, all of these classifications are based on a gender binary system of male and female. **Heterosexuality** refers to the predominance of emotional and sexual attraction to people of the other sex. The term **homosexuality** (an offensive term for some) refers to the predominance of emotional and sexual attractions to people of the same sex. Gay men and lesbians are the preferred terms. Within the gay community, there are further variations, such as "butch" and "femme" for lesbians. There is also a gay male subculture known as "bear," which is someone who is big, thick, and oftentimes hairy (Quidley-Rodriguez & De Santis, 2019). **Bisexuality** is the emotional and sexual attraction to members of both sexes (for a historical review of bisexuality, see Taylor, 2018). The *T* in LGBTQIA stands for transgender. **Queer** is a blanket term that many gender nonconforming individuals prefer. Hammack et al. (2019) emphasized a queer paradigm, which states that "intimacy may occur among individuals of any gender identity, may change across the life course, need not be restricted to a dyadic form, etc." (p. 583). Intersexed are those who have physical characteristics of both sexes. **LGBTQIA** is a term that has emerged to refer collectively to lesbians, gays, bisexuals, transgender people, those questioning their sexual orientation/sexual identity, intersexed, and those who are asexual and agender. It also refers to allies and friends of the cause.

Sexual orientation
Classification of individuals as heterosexual, bisexual, or homosexual based on their emotional, cognitive, and sexual attractions, as well as their self-identity and lifestyle

Heterosexuality
Sexual orientation in which the predominance of emotional and sexual attraction is to people of the other sex

Homosexuality
Sexual orientation in which the predominance of emotional and sexual attraction is to people of the same sex

Bisexuality
Emotional and sexual attraction to members of both sexes

Queer
A blanket term that many gender nonconforming individuals prefer

Intersexed
Individuals who have characteristics of both sexes

LGBTQIA
Lesbian, gay, bisexual, transgender, questioning/queer, intersex, asexual, or ally

Asexual
Refers to people who do not experience sexual attraction/arousal to a partner; however, they may form emotional attachments, masturbate, and experience sexual pleasure

Pansexuality
The state in which someone is attracted to people, regardless of their gender identity

The term **asexual** describes an absence of sexual attraction/arousal to a partner. However, people who identify as asexual may form emotional attachments, masturbate, and experience sexual pleasure (Hille, 2014) and orgasm (Van Houdenhove et al., 2015). Mitchell and Hunnicutt (2019) noted that those who are asexual often discover their lack of sexual interest/attraction after they have had sex. They also feel that telling others about their asexuality is a form of "coming out" for which they feel pathologized and disapproved of.

Gupta (2017) interviewed 30 asexuals and identified ways they saw themselves as affected by compulsory sexuality: pathologization (i.e. they were told something was wrong with them but that they would get over it), unwanted sex (i.e., having sex just to keep the partner), relationship conflict (i.e., the expectation of sex kept coming up), and the denial of epistemic authority (not being believed—saying that the asexual was a "late bloomer" and would get over having no interest in sex).

Some of the interviewees made clear that they never felt anything was wrong with them.

> *So I never felt like I needed to talk to someone about it, you know? I never felt like I needed to seek out mental health professionals or anything like that. You know, it wasn't bothering me. I wasn't feeling depressed or suicidal or anything like that, so I didn't feel like I needed a counselor. It's not something that I wanted to cure or anything like that.* Furthermore, the asexual *challenged contemporary Western society's tendency to privilege sexual relationships over nonsexual relationships.*

Asexuality may be regarded as a sexual orientation. The Asexual Visibility and Education Network (AVEN) facilitates awareness of asexuality as an explicit identity category.

The term *LGBTQIA* does not take into account other sexual identities, including pansexual. **Pansexuality** is not based on a gender binary system. It is defined as sexual attraction to other people regardless of their biological sex, gender, or gender identity (Parks & Moore, 2016). Identifying as being pansexual or bisexual are sometimes

viewed as the same. But Greaves et al. (2019) noted that pansexuals are more likely to be younger, gender diverse (transgender or nonbinary), and report higher psychological distress than bisexual individuals.

Longitudinal data on Korean perspectives on gay/lesbians of five cohorts, including 3,299 Korean men and women between 18 and 59 years of age, from 1994 through 2014, revealed greater acceptance of being gay and civil rights for gays. However, changes have been slow and Korean gays/lesbians remain subjects of social stigma and discrimination primarily due to increased Christian activism (Youn, 2018).

THINK ABOUT IT

Take a moment to answer the following question. Although the terms *sexual preference and sexual orientation* are often used interchangeably, many sexuality researchers and academicians (including the authors of this text) prefer to use the latter term. Sexual preference implies that the individual is consciously choosing to whom they are attracted, whereas sexual orientation suggests that it is innate (as is handedness) or may be influenced by multiple factors. The term *sexual identity* may also be used rather than *sexual preference.* What is your feeling about using the respective terms, and what meaning does each have for you?

10.2 Conceptual Models of Sexual Orientation

Researchers have noted the difficulty of measuring sexual orientation (Wolff et al., 2017). There are three models of sexual orientation: the *dichotomous* model, in which people are either heterosexual or gay; the *unidimensional continuum* model, in which sexual orientation is viewed on a continuum; and the *multidimensional* model, in which sexuality is seen as a function of degrees of various components, such as emotions, behaviors, and cognitions.

10.2a Dichotomous Model

The **dichotomous model** (also referred to as the *either-or model of sexuality*) takes the position that a person is either gay or not. The major criticisms of the dichotomous model of sexual orientation are that it ignores the existence of bisexuality, asexuality, and pansexuality and that it does not allow for any gradations of sexual orientation as a continuum.

10.2b Unidimensional Continuum Model

In early research on sexual behavior, Kinsey and his colleagues (Kinsey et al., 1948, 1953) found that a substantial proportion of respondents reported having had same-sex sexual experiences, yet very few reported exclusive gay behavior. These data led Kinsey to conclude that, contrary to the commonly held dichotomous model of sexual orientation, most people are not exclusively heterosexual or gay. Thus, Kinsey suggested the **unidimensional continuum model** of sexual orientation and developed the Heterosexual-Homosexual Rating Scale to assess where on the continuum of sexual

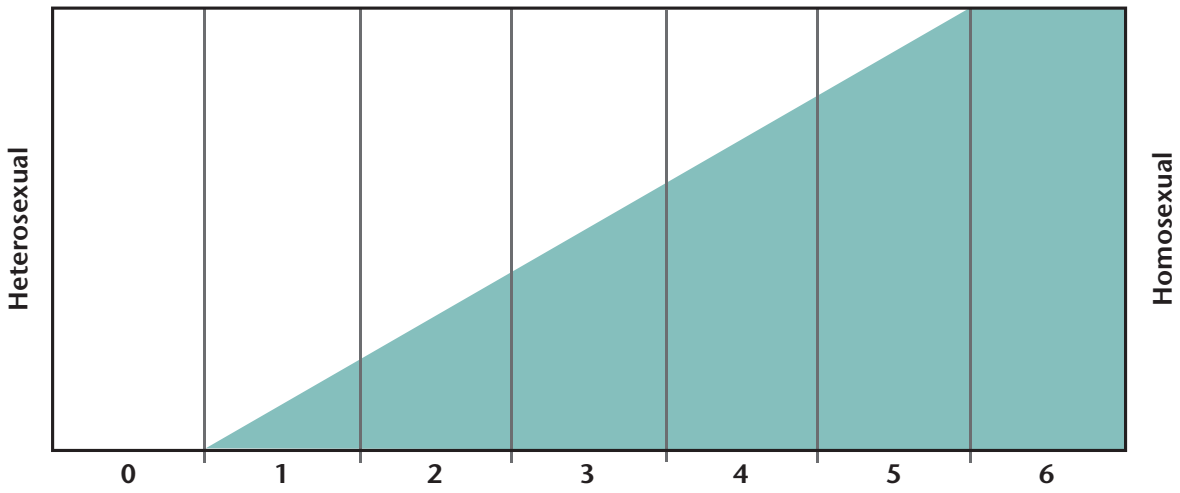
Dichotomous model
(Also referred to as the *either-or model of sexuality)* Way of conceptualizing sexual orientation that prevails not only in views on sexual orientation but also in cultural understandings of biological sex (male versus female) and gender (masculine versus feminine)

Unidimensional continuum model
Identification of sexual orientation on a scale from 0 (exclusively heterosexual) to 6 (exclusively gay), suggesting that most people are not on the extremes but somewhere in between

orientation an individual is located (see Figure 10-1). Given that one's sexual orientation exists on a continuum, Savin-Williams (2018) sought greater clarity/differentiation of exclusively heterosexual, primarily heterosexual, and mostly heterosexual using sexual indicators of attraction, fantasy, genital contact, and romantic indicators of infatuation and romantic relationship. Findings revealed greater endorsement of same-sex sexuality as one identified with mostly heterosexual compared to exclusively or primarily heterosexual. Silva and Bridges Whaley (2018) estimated that about 7% of straight men have occasional sex with men.

The unidimensional continuum model recognizes that heterosexual and homosexual orientations are not mutually exclusive and that an individual's sexual orientation may have both heterosexual and homosexual elements. The criticism of the Kinsey scale is that it does not account for some important aspects of sexuality, such as self-identity, lifestyle, and social group preference. You could place yourself on the continuum, but the criteria for doing so are not clear.

FIGURE 10-1 || The Heterosexual-Homosexual Rating Scale



Based on both psychological reactions and overt experience, individuals rate as follows:

0 Exclusively heterosexual with no homosexual factors
1 Predominantly heterosexual, only incidentally homosexual
2 Predominantly heterosexual, but more than incidentally homosexual
3 Equally heterosexual and homosexual
4 Predominantly homosexual, but more than incidentally heterosexual
5 Predominantly homosexual, but incidentally heterosexual
6 Exclusively homosexual factors

Source: Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. H. (1953). *Sexual behavior in the human female* (p. 470, Figure 93). Philadelphia, PA: W. B. Saunders.

10.2c Multidimensional Model

The **multidimensional model** of sexual orientation suggests that orientation consists of various independent components—including emotional and social preferences, behavior, self-identification, sexual attraction, fantasy, and lifestyle—and that these components may change over time. The most important contribution of the multidimensional model is its incorporation of self-identity as a central element of sexual orientation. Thus, individuals can engage in same-sex sexual behavior but can self-identify as heterosexual and vice versa.

Sexual fluidity, the capacity for variation in erotic response depending on the situation, is another way to characterize sexual orientation. In this view, orientation is not fixed, but is subject to context, experiences, age, and so on. Gill (2014) noted the use of apps such as Manhunt® and Grindr® by individuals exploring the fluidity of their sexuality.

We're both the girl in the relationship. That's kinda the point.

Anonymous

Emotional expression also differs by gender and sexual orientation, with gay men reporting the highest expression of "soft" emotions (more subordinate and conciliatory) and heterosexual men (more dominant and controlling) reporting the lowest level of such expression (Zeigler & Muscarella, 2019).

Multidimensional model
Way of conceptualizing sexual orientation that suggests that a person's orientation consists of various independent components—including emotions, lifestyle, self-identification, sexual attraction, fantasy, and behavior—and that these components may change over time

Sexual fluidity
Capacity for variation in erotic responses depending on the situation

10.3 Prevalence by Sexual Orientation

It is difficult to determine how many people identify as a specific orientation. Due to embarrassment, a desire for privacy, or fear of social disapproval, many individuals do not identify themselves as anything other than heterosexual. Self-identified sexual orientation is often incongruent with preference and behavior.

Estimates of the prevalence of various sexual orientations also vary due to differences in the way researchers define and measure orientation. For example gay, straight, and bisexual alternatives on questionnaires do not give a respondent the ability to choose something else, such as pansexual or asexual. Dimisexual is another term. Dimisexuality is the phenomenon of a person who cannot experience sexual attraction without first having a significant emotional attachment. Dimisexuality is recognized as a sexual orientation and on a continuum from allosexuals (sexually active individuals) to asexuals (no interest). Dimisexuals are midway (Fiorini, 2019).

National DATA

Longitudinal data on 6,864 individuals from age 16 to the late 20s revealed for males: 87.4% straight males, 6.5% minimal sexual expression males, 3.8% mostly straight and bimales, and 2.4% emerging gay males. For females: 73.8% straight females, 7% minimal sexual expression females, 10.2% mostly straight discontinuous females, 7.5% emerging bifemales, and 1.5% emerging lesbian females (Kaestle, 2019). Bisexual women represent the largest demographic of sexual minority people in the United States with 5.5% of women between the ages of 18–44 reporting a bisexual identity (Flanders et al. 2019a).

10.4 Theories of Sexual Orientation

One of the prevailing questions raised regarding one's orientation centers on its origin or cause. Gay people are often irritated by the fact that heterosexual people seem overly concerned about finding the cause of homosexuality. The same question is rarely asked about heterosexuality because it is assumed that this sexual orientation is normal and needs no explanation. Questions about causation can imply that something is wrong with homosexuality.

Nevertheless, considerable research has been conducted on the origin of homosexuality and whether its basis is derived from nature (genetic, hormonal, innate) or nurture (learned through social experiences and cultural influences). Most researchers agree that an interaction of biological (nature) and social/cultural (environmental) forces is involved in the development of sexual orientation. It should be noted that little research has been conducted on the origins of bisexuality, pansexuality, and asexuality.

10.4a Biological Explanations

Biological explanations of the development of sexual orientation usually focus on genetic, neuroanatomical, or hormonal differences between heterosexuals and homosexuals. Fausto-Sterling (2019) notes that "the body tells the brain about how it is feeling" (p. 549). Several lines of evidence suggest that biological factors play a role (Breedlove, 2017; DuPree et al., 2004). A discussion of three biological explorations of sexual orientation follows.

Homosexuality is immutable, irreversible and nonpathological.
Abhijit Naskar, *Either Civilized or Phobic: A Treatise on Homosexuality*

Genetic Theories

Is sexual orientation an inborn trait that is transmitted genetically, like eye color? There does seem to be a genetic influence, although, unlike with the case of eye color, a single gene has not been confirmed. In the United States, a study of a national probability sample of twin and nontwin siblings concluded that "familial factors, which are at least partly genetic, influence sexual orientation" (Kendler et al., 2000). In this sample, 3.1% of the men and 1.5% of the women reported nonheterosexual sexual orientation. The concordance rate in monozygotic twins was 31.6% for nonheterosexual sexual orientation; so, if one identical twin was gay or lesbian, the co-twin was also gay or lesbian in 31.6% of the pairs.

Further support for a genetic influence on homosexuality has been provided by Cantor and colleagues (2002), who noted that men with older homosexual brothers are more likely to be homosexual themselves: "[R]oughly one gay man in seven owes his sexual orientation to the fraternal birth order effect" (p. 63).

How much of the link in sexual orientation between twins is accounted for by genetic inheritance? One large population-based twin study used the Australian National Health and Medical Research Council Twin Registry (Kirk et al., 2000) and measured behavioral and psychological aspects of sexual orientation. Of the 4,901 respondents, 2.6% of the women rated themselves as bisexual and 0.7% as homosexual; 3.2% of the men rated themselves as bisexual and 3.1% as homosexual. The researchers concluded that genetic influences were linked to homosexuality in both women and men, with estimates of 50%–60% heritability for women, about twice the men's rate of 30%.

Prenatal Hormonal Theories

In his discussion of prenatal influences on sexual orientation, Diamond (1995) discussed the effects of the maturation of the testes or ovaries and their release (or lack) of hormones. These hormones affect the structural development of the genitalia and other structures. At the gross and microscopic levels, they also organize the developing nervous system and influence sex-linked behaviors (biasing the individual toward male- or female-typical behaviors).

Hormonal and neurological factors operating prior to birth, between the second and fifth month of gestation, are the "main determinants of sexual orientation" (Ellis & Ames, 1987, p. 235). Fetal exposure to hormones such as testosterone is believed to impact the developing neural pathways of the brain. Sexual orientation is programmed into the brain during critical prenatal periods and early childhood (Money, 1987). Breedlove (2017) emphasized that lesbians, on average, show evidence of greater prenatal androgen exposure than groups of straight women. Hence there is some evidence to suggest the early biochemical lean toward one sexual orientation over another.

Postpubertal Hormonal Theories

Endocrinology (the study of hormones) research to determine whether the levels of sex hormones of gay men and lesbians resemble those of the other sex has yielded mixed results (Ellis, 1996). Ellis concluded that the connection between postpubertal sex hormone levels and homosexuality is complex and is probably applicable only to some subgroups of gay men and lesbians.

I think being gay is a blessing, and it's something I am thankful for every single day.

Anderson Cooper, television news celebrity

The belief in biological determinism of sexual orientation among homosexuals themselves is strong. In a national study of homosexual men, 90% believe that they were born with their homosexual orientation, while only 4% believe that environmental factors were the sole cause (Lever, 1994). Viewing sexual orientation as biologically based or essential is associated with less prejudice by heterosexuals and less internalized homonegativity by gays (Blaszcznski & Morandini, 2014). Although there are those who still believe that homosexuality is more of a choice, acceptance of a biological explanation is increasing.

10.4b Is There a Social/Cultural Influence?

Adrenal androgens provide the fuel for the sex drive (around age 10), but they do not provide the direction or sexual orientation. According to social/cultural theories of sexual orientation, sexual orientation is determined by forces such as peer group, parents, and the mass media. Because many of these forces encourage heterosexuality, proponents of these explanations posit that unique environmental influences account for homosexuality.

My sexual preference is often.

Bumper sticker

10.5 Dangers of Conversion Therapy

Individuals who believe that homosexual people choose their sexual orientation tend to think that they can and should change it. **Conversion therapy** (also called *reparative therapy*) is focused on this process. Articles published in *American Psychologist* and other journals in 2011–2012 reviewed 50 years of research and confirmed there

Conversion therapy
Therapy designed to change a person's sexual orientation, usually gay to heterosexual

is no evidence that sexual arousal in response to same-sex individuals can be changed to those of the other sex. In fact, per the Human Rights Campaign (2016), conversion therapy has been associated with depression, anxiety, drug use, homelessness, and suicide. The American Psychological Association (APA), American Academy of Pediatrics, and The American Counseling Association have recommended legislation to ban conversion therapy. Fifteen states have such a ban and 20 other states have similar legislation in progress (Miller, 2018). In 2015, the Obama administration called for a ban on conversion therapies for minors (Shear, 2015).

10.6 Coming Out or Concealment?

Nonheterosexual identity development may occur through the process of **coming out**. The term, a shortened form of "coming out of the closet," refers to the process of defining one's sexual orientation and disclosing one's self-identification to others. Villar et al. (2019) noted the unique issues of coming out in a retirement community. While most were supportive of such disclosures, one was never sure what the reaction would be. Brumbaugh-Johnson and Hull (2019) interviewed trans individuals and found another layer of coming out. One of the respondents noted that after he got his mother used to his being a bisexual, another disclosure was that he was a she. Schmitz and Tyler (2018) interviewed LGBTQ+ individuals, including undergraduates, and found that their educational contexts were conducive to helping them develop their identities, or "undo" rigid norms of gender and sexuality. Coming out may be also be a matter of degree. In interviews with gay men about how they dressed, the overriding theme was that they were not "hiding or shouting" but were just presenting their authentic selves (Clarke & Smith, 2015).

I consider being gay among the greatest gifts God has given me.

Tim Cook, Apple CEO

Coming out is also not a linear, one-time event, but a complicated, over-time experience to different people in different contexts (Klein et al., 2015). Coming out to yourself also necessitates identifying who you are. Individuals must merge their own experiences with the labels available in society, such as gay, cross-dresser, butch lesbian, and so on (Levitt & Ippolito, 2014). Coming out may occur in person or online. In one study, 63% of 61 LGB individuals reported that they were out online (referred to as *e-visibility*), most frequently on Facebook. About half (49%) did not care if their partners were also out online (Blumer & Bergdall, 2014). Wilson et al. (2018) found that being open about one's sexual orientation became particularly important for older LGBT adults. One reason is that they may be less concerned about what other people think.

In 2014, a team of researchers noted the difference between concealment and nondisclosure: With concealment, people deliberately attempt to keep their sexual orientation a secret; with nondisclosure, they are open to disclose their sexual orientation in various contexts. Interviews with 203 bisexual men who did not disclose their bisexuality to family, friends, and female partners stated that their reasons for nondisclosure, including their same-sex behaviors, were their own business and nobody else's; that others had no reason to know; that the topic of sexual behavior was too personal; that they were private people in general; and that it was inappropriate to discuss same-sex behavior in many contexts (Schrimshaw et al., 2014).

Coming out
(Shortened form of "coming out of the closet") Process of defining yourself as gay in sexual orientation and disclosing your self-identification to others

Closets are for clothes.

Bumper sticker

Previous research has documented the negative effects of being gay in a heterosexist society and discussed the differences in measuring concealment versus nondisclosure in various contexts. The researchers studied the concealment and nondisclosure patterns of lesbians and found that concealment was a stronger predictor of stress than nondisclosure (Hope & Meidlinger, 2014). Compared to heterosexual youth, sexual minority youth report drinking more alcohol during the week to eliminate personal worries (coping) and to avoid being excluded by peers (conformity) (DiPlacidio, 1998). Hence, being out seems to be associated with positive outcomes for the individual (particularly older individuals).

There are about half a million gay dads in the United States. One provided several suggestions for coming out to one's children, including becoming comfortable with one's own gayness, discussing it with them when they're young before they find out from someone outside the family, assuring one's child that they won't be gay just because their dad is gay, and helping them decide what they tell their friends.

Coming out as a bisexual is different from coming out as gay or lesbian. In a qualitative study of the coming-out experiences of 45 bisexuals, Scherrer and colleagues (2015) noted that bisexuals may come out to resolve their parents' confusion—for example, explaining why they spend a lot of time with and are moving in with a same-sex person. Others feel that use of the term *gay* is easier for parents/family than *bisexual*. One respondent said that her parents knew what *gay* meant but thought bisexuals were "weird," so the term *gay* was used. Regardless of the strategy or use of term, the predominant reaction of parents to coming out as a bisexual was to label the new identity as a phase ("You're just trying this out, but you will come to your senses"). Zivony and Saguy (2018) noted that bisexuals are stereotyped as being more confused and promiscuous than nonbisexual women. Bisexual women report bisexual stigma (from heterosexuals, gay men, and lesbians) which is associated with being victims of higher rates of sexual violence (Flanders et al. 2019).

There is little research to understand the coming-out process for those who are pansexual or asexual. A study by Belous and Bauman (2017) indicates that coming out as pansexual may be a distinctive process from coming out as either bisexual or gay.

In a study of the coming-out experiences of 130 women ages 18–72 from countries throughout the world, the various categories of coming out included the following: (1) preplanned conversation (over half of the respondents deliberately selected a time to come out, as in "I have something to tell you."); (2) emergent conversation (in talking with someone who brings up hate crimes or someone who is gay, the individual said, "I'm gay too."); (3) coaxed conversations (the receiver asked the LGB person if they were gay or bisexual); (4) confrontational conversations (a parent stumbled across a child's nonheterosexual orientation and confronted the child in a negative/accusatory way); (5) romantic/sexual conversation ("I kind of like guys" or "I kind of like girls" or "Would you like to kiss?"); (6) educational/activist conversation (being on a panel of LGB individuals and coming out to the group); and (7) mediated conversation (coming out on Facebook) (Manning, 2015a). Positive reactions to coming out included openness to the disclosure, direct affirming statements, laughing, and joking. Negative reactions included denial, religious talk, criticism, and shaming statements (Manning, 2015b).

10.6a Coming Out to Yourself and Others

Defining yourself and coming out to yourself can be a frightening and confusing experience. Personal Decisions 10-1 examines the benefits and risks of coming out.

PERSONAL DECISIONS 10-1

Benefits and Risks of Coming Out

In a society in which heterosexuality is expected and considered the norm, heterosexuals rarely have to choose whether to tell others that they are heterosexual. However, decisions about coming out and being open and honest about your sexual orientation and identity (particularly to your parents) may create anxiety for individuals who are gay, bisexual, asexual, or pansexual. In a study of coming-out experiences of 53 young adults, the people to whom the individuals came out, in order, were friends, mothers, and fathers (Rossi, 2010).

Benefits of Coming Out

Coming out to parents is associated with decided benefits. In a comparison of 111 gay, lesbian, and bisexual youth who disclosed their sexual orientation to their parents with 53 individuals who had not come out, results showed that the former reported higher levels of acceptance from their parents, lower levels of alcohol and drug consumption, and fewer identity and adjustment problems (D'Amico & Julien, 2012). In another study, lesbians and bisexual females who did not come out to parents reported higher levels of illicit drug use, poorer self-reported health status, and being more depressed (Rothman et al., 2012). Individuals who join LGB groups also report less depression. In effect, these individuals have come out both to themselves and to others (McLaren et al., 2013).

Risks of Coming Out

The greatest risk of coming out is an increased suicide risk. Puckett et al. (2017) reported that LGB youth who lost friends when they came out were 29 times more likely to report suicide attempts. Whether or not LGB individuals come out is influenced by the degree to which they are tired of hiding their sexual orientation, the degree to which they feel more honest about being open, their assessment of the risks of coming out, and their prediction of how others will respond. Some of the overall risks involved in coming out include:

1. *Parental and family members:* Responses by family to an emerging adult who comes out to them include a range: supportive, denial, confused, or unsupportive (Gkyamerah et al., 2019). Researchers Mena and Vaccaro (2013) interviewed 24 gay and lesbian youth about their coming-out experience to their parents and reported a less than 100% affirmative ("We love you," "Being gay is irrelevant") reaction that resulted in varying degrees of sadness and depression (three became suicidal). Because parents are heavily invested in their children, most find a way to not make an issue of their son or daughter being gay. "We just don't talk about it," said one parent. Parents and other family members can learn more about orientation from the local chapter of Parents, Families, and Friends of Lesbians and Gays (PFLAG) and from books and online resources, such as those found at the Human Rights Campaign's National Coming Out Project. Education is important, as parental rejection of LGB individuals is related to suicide ideation and attempts (van Bergen et al., 2013). Because black individuals are more likely than white ones to view gay relations as always wrong, black lesbians and gay men are more likely to face disapproval from their families and straight friends than are white lesbians and gay men (Loiacano, 1993). The Resource Guide to Coming Out for African Americans (Human Rights Campaign, 2014) is a useful guide.
2. *Harassment and discrimination at school*: LGB students are more vulnerable to being bullied, harassed, and discriminated against both in school and online (Joshi et al., 2016). The negative effects are predictable and include a wide range of health and mental health concerns, including sexual health risk, substance abuse, and suicide, compared with their heterosexual peers (Russell et al., 2011).

3. *Discrimination and harassment in the workplace:* The workplace continues to be an environment in which the 8 million LGB individuals in the United States experience discrimination and harassment. While bills banning discrimination against gays in the workplace, such as the Employment Non-Discrimination Act (ENDA), have been submitted in Congress for 20 years, they have been voted down.
4. *Hate crime victimization:* Another risk of coming out is that of being a victim of antigay hate crimes against individuals or their property that are based on bias against the victims because of their perceived sexual orientation. Such crimes include verbal threats and intimidation, vandalism, sexual assault and rape, physical assault, and murder. Ramirez and Kim (2018) also found that lesbian and bisexual women were over two times more likely to experience lifetime sexual victimization as heterosexuals. Aside from transgender individuals, they may be the most victimized sexual minority.

   Alonzo and Buttitta (2019) noted that the coming out process is more complex than simply having a conversation with one's peers or parents. They observe that the discussion must change from an individual, developmental perspective focused on stages to perspectives that are flexible, health focused, context driven, and inclusive (i.e., including perspectives for bisexuality and nonbinary sexualities). Because LGB individuals and their families must continue to resist the internalization of stigma, because the intersection of multiple identities has the potential to add stress to the family system, and because LGB individuals and their families must finesse their way through the reality of minority stress, LGB individuals must come into their identities in ways that fit best for them.

Technology and Sexuality 10-1: Online LGBTQIA Support Groups

There are several reasons someone might turn to the internet for support and information. One reason is the constant availability—an online connection provides continuous access to the online world. Anonymity is another reason—the internet enables people to seek resources and support from others with similar experiences without having to reveal their own identity. Being anonymous provides a safe way to explore fantasies that a person would never discuss with a partner. In addition, anonymity allows people to take on another persona, which provides an escape from everyday life. Finally, sexual and gender minorities fear lack of acceptance from health-care professionals so they turn to the internet for answers (Hoskins et al., 2016). For LGBTQIA individuals, being online may provide a source of support and help alleviate feelings of isolation and depression (Levine & Kantor, 2016; Varjas et al., 2013). Online interaction can also help people improve their offline lives. In a study of LGBT youth, researchers found that individuals were using the internet as a way of finding offline resources, including where to go for STI testing and finding physicians who were LGBTQ friendly (DeHaan et al., 2013). LGBTQ youth also went online to find parties and activities (DeHaan et al., 2013). Finally, the internet—and more specifically, social media—can be used as a forum to come out to others (Varjas et al., 2013).

For those who identify as LGBTQIA, there are a number of websites for resources and support. One of the more well-known sites is the It Gets Better Project®, started by columnist Dan Savage in response to LGBTQIA youth who died by suicide as a result of being bullied. The website http://www.itgetsbetter.org provides a place for people to share their stories and videos about their experiences, with the theme that no matter how difficult things may seem, circumstances get better. The website includes a "get help" page that lists both national and local resources.

One of the links is the Trevor Project® (https://www.thetrevorproject.org/). This project is specifically designed to help LGBTQIA youth who are in crises, including being suicidal.

Princeton University's Lesbian, Gay, Bisexual, and Transgender Center (http://lgbt.princeton.edu/resources/) is a general page that provides a multitude of links to online resources for the LGBTQIA community and their allies.

While the online world can feel like a safe place, there are still concerns about safety, and youth may be victims of cyberbullying (Varjas et al., 2013). For those who are using the internet and social media as a way of meeting romantic partners, it is important to keep in mind that people sometimes misrepresent themselves online.

For people of all orientations and genders, the real world can be a confusing, lonely, and challenging place. Seeking information and support online can help you connect with others, feel less isolated, and find resources that can help you lead a happier, healthier life.

10.6b Mixed-Orientation Relationships

Gay and bisexual people marry heterosexuals for some of the same reasons heterosexuals marry each other—deep love for their partner, desire for children in a socially approved heterosexual context, family pressure to marry, the desire to live a socially approved lifestyle, and belief that marriage is the only way to achieve a happy adult life. It is estimated that 20% of gay men are married to a woman (Strommen, 1989). A gay father (his daughter was in the first author's class) who married a heterosexual woman revealed his experience:

> *I had always known I was gay, but I knew coming out to my family was not an option. I had three older brothers, one who was in the ministry, my father was a minister, and so were his two brothers. My family had always been church fixtures, and a gay son would have ruined their reputation. I dated women in an attempt to turn myself and ended up getting my girlfriend at the time pregnant. I decided to marry her, even though I knew it wasn't going to work in the long run, because I wanted to give my child as normal of a childhood as possible.*
>
> *After 5 years of marriage, we separated, and it felt like I could maybe stop hiding who I was. My family was pressuring me to get back out there, and after holding them off, I met a woman who I believed would be my saving grace. I learned that she had been with other women during college and felt like she could be my cover-up. However, after we married, it was apparent that would not be the case. I began drinking because I was ashamed of who I was and what my life had become because of it. I made the decision to end my second marriage and come out to my family. My parents and grandparents had passed away at this point, so I didn't feel like I had to worry about rejection from them. Coming out to the older members of our family led to a few interesting conversations, but they all assured me that they still loved me, and their opinion of me as a person and as a father to my children had not changed. Once I was honest with everyone, I felt like a huge weight had been lifted off my shoulders.*

The immediate and long-term consequences for an LGBTQIA person coming out to a partner varies from couple to couple. Some who disclose are able to work though the revelation with their partner. In a study of 56 self-identified bisexual husbands and 51 heterosexual wives of bisexual men who maintained their marriage after disclosure, honest communication, peer support, therapy, and "taking time" were identified as factors associated with positive coping (Buxton, 2001). Eight heterosexual women in a relationship with a gay or bisexual partner emphasized that they were able to reframe the disclosure by their partner so as to maximize the positives of the relationship (Adler & Ben-Ari, 2018).

10.7 Relationships

Interviews with 36 LGB couples, in regard to their relationship histories, revealed that they noted more stress in coming out as individuals and as a couple (if and when), greater hesitancy to commit, and less family/institutional support for their relationship (hence, more vulnerability to breaking up) (Macapagal et al., 2015). Otherwise, gay and heterosexual couples are strikingly similar in regard to having equal power and control, being emotionally expressive, perceiving many attractions and few alternatives to the relationship, placing a high value on attachment, and sharing decision-making (Kurdek, 1994). In a comparison of relationship quality of cohabitants over a 10-year period involving both partners from 95 lesbian, 92 gay male, and

226 heterosexual couples living without children and both partners from 312 heterosexual couples living with children, the researcher found that lesbian couples showed the highest level of relationship quality (Kurdek, 2008). Gay and lesbian couples in general are particularly resilient to stress/difficulties in their relationship since they have been confronted with the need to cope with prejudice or discrimination throughout their relationship (Lyne, 2014).

Perales and Baxter (2018) analyzed data on 25,348 individuals in the United Kingdom, comparing same-sex couples with heterosexuals and found similar levels of relationship quality. Data analysis of 9,206 individuals in Australia revealed higher relationship quality among same-sex couples. The lowest relationship quality was reported by bisexual couples.

(Photo provided by Justin & Brandon)

This married couple enjoy the delights of Montana.

10.7a Gay Male Relationships

Research by Leickly et al. (2017) on what gay men look for in a partner online revealed "unreasonably high physical appearance expectations." And, a common stereotype about gay men is that they prefer casual sexual relationships with multiple partners (indeed, the term "dogging" refers to anonymous sex between males) versus monogamous, long-term relationships (Haywood, 2018). However, De Santis et al. (2017) surveyed a sample of 103 Hispanic men (50 heterosexual, 43 gay, and 10 bisexual) and found that one-third reported sex outside the primary relationship, and there were no differences between gay/bisexual and heterosexual men. In interviews with 36 gay men committed to monogamy in their relationships, respondents spoke of the benefits of emotional/sexual satisfaction, trust, security, and so forth (Duncan et al., 2015). National data confirm that gay males are increasingly preferring monogamous relationships (Ram & Devillers, 2016). Adeagbo (2018) interviewed 20 interracial gay men between the ages of 23 and 58 involved in an intimate relationship and found that their stable relationships reflected the same variables of stable heterosexual couples—effective communication, trust, and equality. The data from these interviews contradicted "the general stereotype that gay men are anti-family and averse to monogamy" (p. 17).

The degree to which gay men engage in casual sexual relationships is better explained by the fact that they are male than by the fact that they are gay. In this regard, gay and straight men have a lot in common, including that they both tend to have fewer barriers to engaging in casual sex than do women (heterosexual or lesbian). One way that gay men meet partners is through the internet (sites such as Grindr). A study of men who seek men online for sex revealed that these sites promote higher-risk sexual activities (Blackwell & Dziegielewski, 2012). *Party and play* (PNP), one such activity, involves using crystal methamphetamine and having unprotected anal sex. While the extent of this phenomenon is not known, Grindr is known for being a site where individuals seek drugs with T (for Tina = meth's street name) as in "ParTy and Play" and emojis such as snowflakes for cocaine.

Some men who don't identify as gay, but want to engage in same-sex gender sexual activities, may have "bud sex," which is between masculine, heterosexual males who choose other masculine, white, and straight or secretly bisexual men as partners for secretive sex without romantic involvement (Silva, 2017).

If male homosexuals are called "gay," then female homosexuals should be called "ecstatic."

Shelly Roberts

The wedding day—a joyous occasion.

(Amberlynn Bishop)

This woman reports she is equally attracted emotionally and sexually to both women and men.

10.7b Lesbian Relationships

Like many heterosexual women, most lesbian women value stable, monogamous relationships that are emotionally and sexually satisfying (Potarca et al., 2015). Lesbian and heterosexual women in US society are taught that sexual expression should occur in the context of emotional or romantic involvement. In a comparison of lesbian/bisexual women and heterosexual women, the former had higher sexual skill/efficacy scores (James, 2014). Lesbians and their partners also do more *emotion work* (caring about how the other is feeling and keeping the emotional relationship stable) than do heterosexual or gay males (Umberson et al., 2015).

Stereotypes and assumptions about what sexual behaviors various categories of lesbians engage in are unfounded. A sample of 214 women who self-identified as lesbian were surveyed regarding the relationship between lesbian labels (butch, soft butch, butch/femme, femme, and high femme) and attraction to sexual behavior (being on top, etc.). Researchers found no relationship between the label and the sexual behavior and emphasized that sexual behaviors in the lesbian community are fluid across labels (Walker et al., 2012).

Of 94 lesbian women in one study, 93% said their first lesbian experience was emotional—physical expression came later (Corbett & Morgan, 1983). Hence, for gay women, the formula is love first; for gay men, sex first—just as for their straight counterparts. Indeed, a joke in the lesbian community is that a lesbian couple's second date involves renting a U-Haul so they can move in and nest together. In a comparison of 52 lesbian couples with 50 gay male couples and 218 heterosexual married couples, Green and colleagues (1996) found that the lesbian couples were the closest, the most flexible in terms of their roles, and the most satisfied in their relationships.

Previous researchers have referred to *lesbian bed death*, the idea that since males typically drive the sexual frequency of a relationship, a relationship of two females would be devoid of regular sexual behavior. Research suggests that this is not an accurate portrayal of what occurs in lesbian relationships. Data on the sexual behavior of 586 women in a same-sex relationship (1–36 years) revealed that the majority of the women reported both genital and nongenital sexual behavior once a week or more. Moreover, the women reported satisfaction in their sexual behavior and sexual desire (Cohen & Byers, 2014).

10.7c Bisexual Relationships

Perales and Baxter (2018) found that relationship quality of bisexuals was lower than same-sex or other-sex couples. Heterosexuals and lesbian/gay men are less willing than bisexuals to engage in romantic/sexual activities with bisexual partners. Bisexuals reveal worse mental health profiles than their heterosexual and gay/lesbian counterparts. Minority stress and lifetime adversity contribute to this outcome (Persson & Pfaus,

2015). However, Jones et al. (2018) found that bisexuals may create/nurture close supportive networks, which contribute to their well-being.

Bisexuality immediately doubles your chances for a date on Saturday night.
Woody Allen

10.7d Pansexual Relationships

Pansexuals are individuals who are attracted to all people, regardless of their gender or orientation. In a study of the sexual satisfaction and sexual functioning of 403 pansexuals, both men and women reported very high sexual satisfaction; however, 26% of the female participants met the criteria for sexual dysfunctions (Watson & Pericak, 2014). But this study is about individuals who identify as pansexuals. An area in need of systematic research is on pansexuals.

(Amberlynn Bishop)

This woman reports that she is attracted to virtually everyone—men, women, gay/lesbian/bi, transgender.

10.7e Trans Partner Relationships

This section is based on the research of Platt and Bolland (2017). Trans* as used here, is a comprehensive term that encompasses all those within the diverse gender nonconforming population. Existing research reveals that trans* individuals are among the most discriminated, marginalized, and stigmatized, with high levels of mental and financial difficulties.

While this study is about trans relationships, not all of the respondents were in a relationship at the time of the interview. Data for this study came from interviews with 38 trans* individuals who self-identified as either (a) having transitioned or (b) having gender expression fluidity. As for sexual orientation, participants identified as lesbian, bisexual, demisexual, pansexual, straight, queer, and no label. Most were white, Euro-American and the remainder African American, Hispanic, or biracial. The respondents were recruited through widely placed advertisements on trans-oriented public pages on Facebook.

The participants completed a one-hour interview via Skype during which they responded to 13 prompt questions about their lives and relationships (e.g., Overall, what would you say are the pros and cons of being trans in regard to romantic relationships?). Five themes were identified in the answers from the respondents.

1. **The oppressive gender binary system**

   Thirty-three of the 38 participants (87%) noted the relentless stress of living within the oppressive and narrowly defined male or female gender role system. Examples of issues trans* individuals had to confront included the complexity of determining their own gender identity and how to present themselves (i.e., did they want to present as a male, female, or gender queer person?) and what type partner did the other person want? Jennifer, a 49-year-old trans* woman said:

   > *"My parents are going to be there" or "There will be people who I work with at this party." And I'm like, "So really? So yeah, I have to like hide?. … We've had screaming matches on the way to a New Year's Eve party because I'm wearing stockings, heels, and a dress. And she doesn't want me to do that.*

2. **Coming out and disclosure decisions**

   Dealing with the complexity of disclosure of one's trans* identity to one's current and/or future partners was another major issue. Along with struggling with the disclosure was the problem of finding a partner who would truly accept them as trans*. Getting rejected is common.

   > *The heterosexual men protect their sexuality. So when I date a man I tell them initially, right away that I'm transgender. It's almost a guarantee that a relationship is going to stop at this point.* (Amy, age 40–55)

   Another concern is that some individuals seek a trans* person to have sex with them … as a fetish.

   > *The biggest obstacle that I've found is … a lot of guys see me as transgender, see me as … I don't know, a toy. They don't consider me to be a person.* (Taylor, age 27)

3. **Emotional and physical sexuality concerns**

   Participants talked about the challenges of sexual relations. Some comments included:

   > *It's hard for a partner to react to a body that they're not familiar with.* (Cris, age 25)

   Another issue is how one feels about one's body

   > *There's times when I feel like "Oh, I look okay, I look pretty good." And then a lot of other times where it's like "Oooh, look at that" and "Ooh, my God" and "Oh, he's going to look at this and I'm going to feel horrible."* (Quinn, age 60)

   Nikkelen & Kreukels (2018) emphasized that gender dysphoric individuals who completed GCT (gender confirming treatment including hormonal and genital surgery) reported significant body satisfaction compared to those who had not completed GCT.

4. **Healthy relationships are work**

   Trans* individuals must navigate all the issues that other couples do—where to live (is the city transgender friendly?), work priority/schedule issues and in-laws/extended family.

   > *We see them [extended family] in the summers and at Christmas time. So when we showed up—in the summer—nobody had told those three anything. So a year ago they met me as one person and now here I am and I'm not the same person. I mean, I'm the same person, but I don't look the same, I don't have the same name, I don't even sound the same, so … they were quite confused.* (Jake, age 37)

Another participant shared:

> *[My dad] was kind of an uphill battle and I actually had to pull weekends away with my kids from [my dad and his wife]. So I was really worried because they started to make my daughter feel ashamed of us. And I was like no, we're not playing that game.* (Cameron, age 27)

5. **Living an authentic life**

   In spite of the difficulty trans* people face there is joy in moving out of the shadows and being true to one's self. Some examples are:

> *So the pros are that you're being completely authentic and I think that in a loving relationship … that is absolutely critical.* (Aubrey, age 59)

Another participant shared:

> *I feel more alive than I ever have felt. I feel, like … more complete and less anxious and less … just … completely lost. My anxiety has done a complete 180.* (Michael, age 34)

Researchers Platt and Bolland (2017) summarized their research by noting the important issues trans individuals face in their relationships (their fears and rejections) but also their joy of authenticity.

10.8 Health, Health Behavior, HIV, and Sexual Orientation

Regarding the health (fair/poor/chronic conditions) and health behavior (exercise, moderate drinker), when same-sex spouses are compared with different-sex spouses, there is greater similarity between gay and lesbian couples than between heterosexual couples. Hence, if one gay spouse exercises, the other is more likely to do so than would be true in a heterosexual marriage. These findings were revealed when both spouses in 121 gay, 168 lesbian, and 122 heterosexual married couples were compared (Holway et al., 2018).

Most worldwide HIV infection occurs through heterosexual transmission. However, in the United States, HIV infection remains the most threatening STI for gay males and bisexuals. Men who have sex with men account for more new cases of AIDS in the United States than do persons in any other transmission category. While the exchange of semen in men who have unprotected anal intercourse ("bareback") may meet emotional needs for the men, it remains a dangerous health practice. The frequency of unprotected anal intercourse among men who have sex with men is under 5% (Kerr et al., 2015). These men typically meet in a variety of contexts—online/apps, cruising, and bathhouses.

Women who have sex exclusively with other women have a much lower rate of HIV infection than men (both gay and straight) and women who have sex with men. However, since female-to-female transmission of HIV is theoretically possible through exposure to the cervical and vaginal secretions of an HIV-infected woman, following safer sex guidelines is recommended. Lesbians and bisexual women are most at risk for HIV if they have sex with men who have been exposed to HIV or if they share needles to inject drugs.

10.9 Heterosexism, Homonegativity, and Homophobia

I am just becoming aware of how guilty I feel by being queer.

Susan Sontag, writer/feminist

Attitudes toward same-sex sexual behavior and relationships vary across cultures and historical time periods. Today, most countries throughout the world, including the United States, are predominantly heterosexist. **Heterosexism** is the belief, stated or implied, that heterosexuality is superior (morally, socially, emotionally, and behaviorally) to being gay. It involves the systematic degradation and stigmatization of any nonheterosexual form of behavior, identity, or relationship. Heterosexism results in prejudice and discrimination against nonheterosexuals. Buck et al. (2019) reviewed three studies on public displays of affection (PDA) and found that all studies of participants' reactions to videotaped heterosexual, homosexual, and transgender PDA revealed that participants were generally comfortable with viewing all PDA scenarios, but participants were most comfortable viewing heterosexual PDA and least comfortable viewing transgender PDA.

Costello et al. (2019) analyzed data on a sample of 968 internet users aged 15–36 and found that individuals living in the southern region of the United States were nearly three times as likely to be targeted by hate related to sexual orientation. Heterosexism assumes that all people are or should be heterosexual. Heterosexism is pervasive. For example, even the dating games or newlywed games on cruise ships are limited to heterosexual couples. Gay individuals going on vacation often look for specific gay-friendly tourist spots, bed-and-breakfast establishments, and cities such as Key West and San Francisco. Such marginalization may have unforeseen effects. Ritter et al. (2018) compared self-reported sexual satisfaction of 87 sexual minority undergraduates with 193 heterosexual undergraduates and found that the former reported lower sexual satisfaction. The researchers suggested that the culprit may be that sexual minority relationships exist in a context of heterosexism, suppression, stigmatization, prejudice, discrimination, and violence, which may lower both relationship quality and sexual satisfaction.

Prejudice begins early and by one's peers. Farr et al. (2019) reported on 131 elementary school students (M_{age} = 7.79 years; 61 girls) who viewed images of same-sex (female and male) and other-sex couples with a child and then were asked about their perceptions of these families, particularly the children. Results indicated participants' preferences toward children with other-sex versus same-sex parents.

With the legalization of same-sex marriage, the heterosexist norms will eventually change, albeit slowly. Before reading further, you may wish to complete *Self-Assessment 10-1: Sexual Prejudice Scale*.

There are various dimensions to attitudes about homosexuality (Adolfsen et al., 2010):

1. *General attitude:* Is being gay considered to be normal or abnormal? Do people think that gay/lesbians should be allowed to live their lives just as freely as heterosexuals? According to a nationwide poll, 30% of Americans agreed that they would be "very" or "somewhat" uncomfortable if they learned that a family member was LGBTQ (Harris Poll/GLAAD, 2018).
2. *Equal rights:* Should gay individuals be granted the same rights as heterosexuals in regard to marriage and adoption?
3. *Close quarters:* What are the feelings in regard to having a gay neighbor or a lesbian colleague? According to a nationwide poll, 31% of Americans agreed that they would be "very" or "somewhat" uncomfortable to learn that their doctor was LGBTQ (Harris Poll, 2018).

Heterosexism
Belief, stated or implied, that heterosexuality is superior (morally, socially, emotionally, and behaviorally) to homosexuality

4. *Public display*: What are the reactions to a gay couple holding hands in public? According to a nationwide poll, 31% of Americans agreed that they were "very" or "somewhat" uncomfortable seeing a gay couple hold hands (Harris Poll, 2018).
5. *Modern homonegativity*: Feeling that being gay is accepted in society and that various special attentions are unnecessary.

In regard to reducing homonegativity, interacting with LGBT members either in person on online (the contact hypothesis) are alternatives (White et al. 2019).

Self-Assessment 10-1: Sexual Prejudice Scale

Directions

The items below provide a way to assess your level of prejudice against gay men and lesbians. For each item, identify a number from 1 to 6 that reflects your level of agreement, and write the number in the space provided.

1 (Strongly disagree), 2 (Disagree), 3 (Mildly disagree), 4 (Mildly agree), 5 (Agree), 6 (Strongly agree)

Gay Men Scale

1. __ You can tell a man is gay by the way he walks.
2. __ I think it's gross when I see two men who are clearly "together."
3.* __ Retirement benefits should include the partners of gay men.
4. __ Most gay men are flamboyant.
5. __ It's wrong for men to have sex with men.
6.* __ Family medical leave rules should include the domestic partners of gay men.
7. __ Most gay men are promiscuous.
8. __ Marriage between two men should be kept illegal.
9.* __ Health-care benefits should include partners of gay male employees.
10. __ Most gay men have HIV/AIDS.
11. __ Gay men are immoral.
12.* __ Hospitals should allow gay men to be involved in their partners' medical care.
13. __ A sexual relationship between two men is unnatural.
14. __ Most gay men like to have anonymous sex with men in public places.
15.* __ There's nothing wrong with being a gay man.

Scoring

*Reverse score items 3, 6, 9, 12, and 15. For example, if you selected a 6, replace the 6 with a 1. If you selected a 1, replace it with a 6. Add each score of the 15 items. The lowest possible score is 15, suggesting a very low level of prejudice against gay men; the highest possible score is 90, suggesting a very high level of prejudice against gay men. The midpoint between 15 and 90 is 52. Scores lower than 52 reflect less prejudice against gay men, while scores higher than this reflect more prejudice against gay men.

Participants

Both undergraduate and graduate students enrolled in social work courses made up a convenience sample (N = 851). The sample was predominantly women (83.1%), white (65.9%), heterosexual (89.8%), single (81.3%), nonparenting (81.1%), 25 years of age or under (69.3%), and majoring in social work (80.8%).

Results

The range of scores for the gay men scale was 15 to 84. (M = 31.53, SD = 15.30). The sample had relatively low levels of prejudice against gay men.

Lesbian Scale

1. __ Most lesbians don't wear makeup.
2. __ Lesbians are harming the traditional family.
3.* __ Lesbians should have the same civil rights as straight women.
4. __ Most lesbians prefer to dress like men.
5.* __ Being a lesbian is a normal expression of sexuality.
6. __ Lesbians want too many rights.
7. __ Most lesbians are more masculine than straight women.
8. __ It's morally wrong to be a lesbian.
9.* __ Employers should provide retirement benefits for lesbian partners.
10. __ Most lesbians look like men.
11. __ I disapprove of lesbians.
12.* __ Marriage between two women should be legal.
13. __ Lesbians are confused about their sexuality.
14. __ Most lesbians don't like men.
15.* __ Employers should provide health-care benefits to the partners of their lesbian employees.

Scoring

*Reverse score items 3, 5, 9, 12 and 15. For example, if you selected a 6, replace the 6 with a 1. If you selected a 1, replace it with a 6. Add each score of the 15 items. The lowest possible score is 15, suggesting a very low level of prejudice against lesbians; the highest possible score is 90, suggesting a very high level of prejudice against lesbians. The midpoint between 15 and 90 is 52. Scores lower than 52 would reflect less prejudice against lesbians, while scores higher than this would reflect more prejudice against lesbians.

Participants

Both undergraduate and graduate students enrolled in social work courses made up a convenience sample (N = 851). The sample was predominantly women (83.1%), white (65.9%), heterosexual (89.8%), single (81.3%), nonparenting (81.1%), 25 years of age or under (69.3%), and majoring in social work (80.8%).

Results

The range of scores for the lesbian scale was 15 to 86 (M = 30.41, SD = 15.60). The sample had relatively low levels of prejudice against lesbians.

10.9a Homonegativity and Homophobia

The term **homophobia** is commonly used to refer to negative attitudes and emotions toward being gay and those who engage in same-sex behavior. Even photographs of two males kissing elicit a negative emotional reaction in some heterosexual males (Bishop, 2015). Persons who have had little contact with gays, who are male, and who believe that being gay is a choice are most likely to have negative attitudes toward gay individuals (Chonody, 2013). Other factors of college students associated with intolerance toward lesbians and gays include Christian religious values, being a first-year college student, and selecting a major other than the arts and sciences (Holland et al., 2012). Gay and lesbian college students looking to find support might assess the existence of an LGB student organization on campus (Kane, 2013).

Homophobia is not necessarily a clinical phobia (that is, one involving a compelling desire to avoid the feared object despite recognizing that the fear is unreasonable). Other terms that refer to negative attitudes and emotions toward gay individuals include **homonegativity** (attaching negative connotations to being gay) and *antigay bias*. Transgender people are targets of similar negativity. Puckett et al. (2018) revealed the difficulties transgender individuals experience when they engage the medical community to transition. Barriers can be significant, from lack of information provided by the health-care professionals to outright rejection.

The radical right is so homophobic that they're blaming global warming on the AIDS quilt.

Dennis Miller, comedian

There are several sources for homonegativity and homophobia in the United States:

1. *Religion:* Although the Presbyterian Church formally sanctions same-sex marriage and some others are tolerant (Episcopal), still other forms of organized religion prohibit such unions (United Methodists, Mormons, and American and Southern Baptists). Reform Judaism has a history of supporting the LGBT cause, while the far more conservative Orthodox Judaism takes a stand against it. Worldwide, there is considerable homonegativity from most religions of the world. A survey of attitudes toward homosexuality held by religions in 79 countries revealed negative attitudes toward homosexuality, with Islam being the most negative (Jäckle & Wenzelburger, 2015).

   Religious attitudes toward homosexuality vary and include: (1) "God hates fags" (loveless judgmentalism); (2) "God loves the sinner, hates the sin" (condemns homosexual behavior, not the individual); (3) "We don't talk about that" (homosexuals allowed to be invisible without judgment); (4) "They can't help it" (tolerant acceptance); (5) "God's good gift" (created by God and good); and (6) "Godly calling" (views homosexuality as a righteous choice) (Moon, 2014). Lomash and Galupo (2016) observed microinsults to gay individuals by religious individuals. One of the respondents noted: "She told me that even if I was gay, that 'God forgives you and you can change.' It made the process of finding a spiritual home in college very difficult." Finally, Rodriguez et al. (2019) found an association with one's gay identity struggle and negative mental health. And, when religion and spirituality influences (typically negative) were considered, the identity struggle was ongoing and active rather than a passive cognitive conflict.

Homophobia
Negative emotional responses toward, and aversion to, gay individuals

Homonegativity
Term that refers to antigay responses, including negative feelings (fear, disgust, anger), thoughts, and behavior

Twenty-six countries have legalized same-sex marriage, including Argentina, Belgium, Brazil, Canada, Denmark, France, Iceland, the Netherlands, New Zealand, Norway, Portugal, South Africa, Spain, Sweden, and Uruguay (Pew Research Center, 2019c). Seventy-nine countries have laws against being gay. In Gambia, homosexuality is regarded like rape or incest—a lifetime prison sentence may result. Under Sharia law, as practiced in Yemen, Iran, Mauritania, Nigeria, Qatar, Somalia, Sudan, Afghanistan, Saudi Arabia, and the United Arab Emirates, being gay is punishable by death (International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2016). In 2017, the US voted against a resolution condemning the death penalty for LGBT individuals. The vote occurred October 4 at the Human Rights Council in Geneva, Switzerland, and was 27 in favor of condemning abuse of the death penalty, 13 against, and seven abstentions. The US vote was a complete reversal of President Donald Trump's earlier stated support for the LGBT community.

Aware that religion often has a more negative than positive view of homosexuality, SIECUS (2015) recommends, "Religious groups and spiritual leaders can helpfully involve themselves in sexuality education and in promoting the sexual health of their constituents, including those who are gay, lesbian, bisexual."

Scheitle and Wolf (2017) analyzed General Social Survey data to confirm that heterosexual and sexual minority individuals do not differ in terms of the religious traditions in which they were reared but do differ in whether they remain in conservative religions. Sexual minorities are "more likely than heterosexuals to move away from Christian traditions and towards disaffiliation or reaffiliation with 'other' traditions that include Judaism, Buddhism, and liberal nontraditional religions such as Unitarian Universalism."

2. *Marital and procreative bias:* Many societies have traditionally condoned sex only when it occurs in a marital context that provides for the possibility of reproducing and rearing children. Not until 2015 was same-sex marriage legal in every state in the United States (see *Social Policy 10-1* for a review of the pros and cons of same-sex marriage).
3. *Concern about HIV and AIDS:* Although most cases of HIV and AIDS worldwide are attributed to heterosexual transmission, the rates of HIV and AIDS in the United States are much higher among gay and bisexual men than among other groups. Because of this, many people in the United States associate HIV and AIDS with homosexuality and bisexuality. Lesbians, incidentally, have a very low risk for sexually transmitted HIV—a lower risk than heterosexual women.
4. *Rigid gender roles:* Antigay sentiments also stem from rigid gender roles. Lesbians are perceived as stepping out of line by relinquishing traditional female sexual and economic dependence on men. In the traditional patriarchal view, both gay men and lesbians are often viewed as betrayers of their gender who must be punished.

5. *Psychiatric labeling:* Prior to 1973, the American Psychiatric Association defined homosexuality as a mental disorder. When the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* was published in 1980, homosexuality was no longer included as a disorder. Homosexuality itself is not regarded as a psychiatric disorder, but persistent and marked distress over being homosexual is a concern.
6. *Myths and negative stereotypes:* Homonegativity may also stem from some of the unsupported beliefs and negative stereotypes regarding homosexuality. For example, many people believe that gays are child molesters, even though the ratio of heterosexual to homosexual child molesters is approximately 11:1 (Moser, 1992). Further, lesbians are stereotyped as women who want to be (or at least look and act like) men, whereas gay men are stereotyped as men who want to be (or at least look and act like) women. In reality, the gay and lesbian population is as diverse as the heterosexual population, not only in appearance, but also in social class, educational achievement, occupational status, race, ethnicity, and personality.

Up Close 10-1

APA Removal of Homosexuality as a Mental Disorder

Prior to 1973, the American Psychiatric Association listed homosexuality as a mental disorder with treatments including chemical castration, electric shock therapy, mental institutionalization, and lobotomies. The catalyst for the change was a presentation in 1972 by psychiatrist and member of the organization, John E. Fryer. He appeared as Dr. H. Anonymous at the Annual Convention in Dallas in 1972 wearing a mask and a big curly wig, and he used a voice-altering microphone.

"I am a homosexual. I am a psychiatrist," he said, and noted that he had to remain anonymous for fear of losing his job as an untenured professor at a major university. Earlier, he had been terminated from his psychiatry residency program at the University of Pennsylvania's School of Medicine when it was discovered he was gay.

A year after Dr. Fryer's presentation, the American Psychiatric Association removed homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders*. Dr. Saul Levin (also gay) was the CEO/medical director in 2017 and gave a keynote presentation giving a tribute to Dr. Fryer (De Groot, 2017).

I know what it feels like to try to blend in so that everybody else will think that you're okay and they won't hurt you.

Ellen DeGeneres, American comedian

Social Policy 10-1

Same-Sex Marriage

Masci et al. (2017) identified several key facts about same-sex marriage:

1. Greater societal support. Every year since 2007 there has been an increase in public support for same-sex marriage. In 2017, 62% supported same-sex marriage, 32% opposed. Hoy (2018) confirmed that same-sex marriage increased the belongingness and inclusion of gays into mainstream society. Kennedy et al. (2018) confirmed emotional support same-sex spouses experienced from family, friends, and coworkers for their marriage.
2. Demographic differences in support. There is a demographic divide in support of same-sex marriage with religiously unaffiliated more supportive than the religiously affiliated. Younger individuals are also more supportive: 74% of millennials (now ages 18–36), 65% of Generation Xers (ages 37–52), 56% of baby boomers (ages 53–71), 41% of those in the Silent Generation (ages 72–89).
3. More same-sex marriages. Before legalization 38% of cohabiting same-sex couples were married. After the Supreme Court ruling, 61% of cohabiting same-sex couples are married.
4. Reasons for marriage. While both LGBT individuals and the general public cite love as the primary reason for marriage (84% and 88%), the LGBT individuals are more likely to cite rights and benefits as a reason for marriage (46% and 23%).

Defense of Marriage Act
Legislative act that denied federal recognition of same-sex marriage and allowed states to ignore same-sex marriages licensed elsewhere

In 2013, in a five-to-four ruling, the U.S. Supreme Court struck down the **Defense of Marriage Act** (DOMA), which had been passed in 1996 and which defined marriage as a "legal union between one man and one woman." DOMA was ruled unconstitutional on equal protection grounds, thus confirming that the almost 1 million legally married same-sex couples throughout the country would no longer be denied access to federal recognition and marriage benefits (Weise & Strauss, 2013).

This decision paved the way to another five-to-four decision, this time in June 2015, in which the Court ruled that state bans on same-sex marriage were unconstitutional, thereby legalizing same-sex marriage in all 50 states.

But even though same-sex marriage is the law of the land, debate for and against it continues.

Arguments in Favor of Same-Sex Marriage

Aside from the basic issue of equal protection under the law, the primary argument for same-sex marriage is that it will promote relationship stability among gay and lesbian couples. In a study of the long-term dating intentions and monogamy beliefs of gay and lesbian online daters across 53 regions in eight European countries (N = 24,598), the presence of pro-same-sex relationship legislation was found to also be associated with higher long-term dating intentions and stronger belief in monogamy (Potarca et al., 2015).

Positive outcomes for gay marriage have been documented (Setzer, 2015). In a sample of 225 lesbian married couples, the respondents reported physical, psychological, and financial well-being in their relationships. The researchers noted that these data support the finding in the heterosexual marriage literature that healthy marriage is associated with distinct well-being benefits (Ducharme & Kollar, 2012). Other researchers have found that same-sex married lesbian, gay, and bisexual people were significantly less distressed than lesbian, gay, and bisexual people who are not in a legally recognized relationship (Wright et al., 2013).

Children of same-sex parents also benefit from the legal recognition of same-sex marriage. These benefits include the right to health insurance coverage and Social Security survivor benefits from a nonbiological parent. It also provides the right to assist and represent the spouse in major health and end-of-life care and decisions.

While critics suggest that children reared by same-sex parents are disadvantaged (Kirby & Michaelson, 2015), there are no data to support this fear. Indeed, over a quarter of a million children being reared by same-sex couples (20%–25% of same-sex couples raise children) benefit from the legal recognition of the marriage of their parents (Van Willigen, 2015). Fedewa and colleagues (2015) reviewed 33 research articles representing 5,272 children from same-gender and different-gender parents. Few significant differences from children of heterosexuals were found, none of them deleterious to the child.

Children flourish in attentive, loving, nurturing contexts—and parents of same-sex and different-sex orientations can both provide this context. In a longitudinal study comparing children of lesbian mothers with a normative sample, there were no significant between-group differences with respect to adaptive functioning (family, friends, spouse or partner relationships, and educational or job performance), behavioral or emotional problems, scores on mental health diagnostic scales, or the percentage of participants with a score in the borderline or clinical range (Gartrell et al., 2018).

Arguments Against Same-Sex Marriage

The primary reason for disapproval of same-sex marriage is conservative morality. Gay marriage is viewed by some as "immoral, a sin, against the Bible." Opponents of same-sex marriage who view homosexuality as unnatural, sick, or immoral do not want their children to view homosexuality as socially acceptable. There is also a belief on the part of about half of Americans that same-sex parents cannot parent as well as male-female parents (Whithead, 2018).

10.9b Discrimination against Homosexuals

Behavioral homonegativity involves **discrimination**, behavior that involves treating categories of individuals unequally. Discrimination against lesbians and gays can occur at the individual level. The most severe form of behavioral homonegativity is antigay violence, in which gay men, lesbians, and anyone perceived to be gay are physically attacked, injured, tortured, and even killed.

The consequences of homophobia may not be death, but poor mental health instead. Platt et al. (2018) examined national health data, which confirmed that sexual minority individuals utilize mental health-care professionals at higher rates than heterosexual individuals. In a study of the mental health characteristics of lesbians and bisexual undergraduate college women compared with heterosexual college women, results revealed that the bisexual women reported the worst mental health in terms of anxiety, anger, depressive symptoms, self-injury, and suicidal ideation/suicide attempts. Both bisexual women and lesbians had a far greater likelihood of having these mental health issues when compared with heterosexual women (Kerr et al., 2013). A higher risk of depression, suicide ideation, and suicide attempts also occurs in adolescents who report same-sex attraction (Taylor et al., 2015).

Further evidence was found by Hequembourg and Dearing (2013), who analyzed data on 389 gays, lesbians, and bisexuals and found a tendency toward feelings of shame and guilt, as well as abuse of drugs, as a function of internalizing heterosexism. Hence, because a relentless sea of disapproval surrounds gays and lesbians for who they are and what they do, it is not unexpected that there would be negative psychological outcomes. Lyyerzapf et al. (2018) emphasized that discrimination and exclusion continue into elder-care settings where LGBT respondents reported the need to keep their sexual minority status a secret out of fear of social exclusion.

To counter the report of negative experiences of LGBT individuals, Flanders et al. (2017) revealed 278 positive experiences of 91 individuals about their sexual identity via daily diaries. An example recorded by one respondent follows:

Discrimination
Behavior that involves treating categories of individuals unequally

I talked more with my coworker who came out to me and he ended up saying he was poly[amorous] and pan[sexual], and I admitted I was bi rather than totally gay and he was like "rock on man, I hear you." We talked a bit about the semantics of bi vs pansexual because he's dating a transman, but all together it was a great and affirming experience. I did not expect to make a friend at work who got this stuff.

10.9c Biphobia

Just as the term *homophobia* is used to refer to negative attitudes and emotional responses and discriminatory behavior toward gay men and lesbians, **biphobia** refers to similar reactions and discrimination toward bisexuals. Bisexual men are viewed more negatively than bisexual women, gay men, or lesbians (Eliason, 2000). Bisexuals are thought to be homosexuals afraid to acknowledge their real identity or homosexuals maintaining heterosexual relationships to avoid rejection by the heterosexual mainstream. In addition, bisexual individuals are sometimes viewed as heterosexuals who are looking for exotic sexual experiences. Bisexuals may experience double discrimination in that neither the heterosexual nor the homosexual community fully accepts them. Ross et al. (2018) reviewed 52 studies comparing depression/anxiety rates by sexual orientation and found the lowest rates of depression and anxiety among heterosexuals and highest rates among bisexuals with in-between rates for lesbian or gay individuals. Lack of positive affirmative support for one's bisexual status was the context for high rates among bisexuals.

Gay women seem to exhibit greater levels of biphobia than do gay men. The reason may be that many lesbian women associate their identity with a political stance against sexism and patriarchy.

10.10 How Heterosexuals Are Affected by Homophobia

The antigay and heterosexist social climate of our society is often viewed in terms of how it victimizes the gay population. However, heterosexuals are also victimized by heterosexism and antigay prejudice and discrimination. Some of these effects follow:

Biphobia
Fearful, negative, discriminatory reactions toward bisexuals

Hate crimes
Bringing harm to an individual because they are viewed as belonging to a group you don't approve of

1. *Heterosexual victims of hate crimes:* Extreme homophobia contributes to instances of violence against homosexuals—acts known as **hate crimes**. Such crimes include verbal harassment (the most frequent form of hate crime experienced by victims), vandalism, sexual assault and rape, physical assault, and murder.

   Because hate crimes are crimes of perception, victims may not be homosexual; they may just be perceived as being homosexual. The National Coalition of Anti-Violence Programs (2014) reported that in 2013, heterosexual individuals in the United States were victims of antigay hate crimes, representing 14% of all antigay hate crime victims.

2. *Concern, fear, and grief over the well-being of gay, lesbian, or trans family members and friends:* Many heterosexual family members and friends of homosexual people experience concern, fear, and grief over the mistreatment of their gay or lesbian friends or family members; transsexual people are also at risk of abuse. In 2016, there were 77 murders of lesbian, gay, bisexual, transgender, queer or HIV-infected individuals in the United States (National Coalition of Anti-Violence Programs, 2016). Heterosexual parents who have a gay or lesbian teenager often worry about how the harassment, ridicule, rejection, and violence experienced at school might affect their child. Will their child be traumatized, make bad grades, or drop out of school to escape the harassment, violence, and alienation they endure there? Will the gay or lesbian child respond to antigay victimization by turning to drugs or alcohol or by dying by suicide, as there is an increased risk in this population (van Bergen et al., 2013)? Higher rates of anxiety, depression, and panic attacks are also associated with being gay (Oswalt & Wyatt, 2011). In 2010, four gay teens (Billy Lucas, Tyler Clementi, Asher Brown, and Seth Walsh) died by suicide in response to being bullied about their sexuality. Their suicides generated media attention and inspired the aforementioned "It Gets Better Project" (http://www.itgetsbetter.org/).
3. *Restriction of intimacy and self-expression:* Because of the antigay social climate, heterosexual individuals—especially males—are hindered in their own self-expression and intimacy in same-sex relationships. Males must be careful about how they hug each other so as not to appear gay. Homophobic scripts also frighten youth who do not conform to gender role expectations, leading some youth to avoid activities, such as arts for boys or athletics for girls, and professions, such as elementary education for males.
4. *Rape/sexual assault:* Men who participate in gang rape may entice each other into the act "by implying that those who do not participate are unmanly or homosexual" (Sanday, 1995, p. 399). Homonegativity also encourages early sexual activity among adolescent men. Adolescent male virgins are often teased by their male peers: "You mean you don't do it with girls yet? What are you, a fag or something?" Not wanting to be labeled and stigmatized as a "fag," some adolescent boys "prove" their heterosexuality by having sex with girls or even committing rape.
5. *School shootings:* Antigay harassment has also been a factor in many of the school shootings of recent years. For example, in 2001, 15-year-old Charles Andrew Williams fired more than 30 rounds in a San Diego, California, suburban high school, killing 2 and injuring 13 others. A woman who knew Williams reported that the students had teased him and called him gay.

10.11 What to Do About Anti-LGBTQIA Prejudice and Discrimination

Discrimination against LGBTQIA individuals continues. Pomeranz (2018) noted that several states and the federal government have proposed or enacted laws that permit residents to discriminate against LGBTQ individuals. In 2018, the Supreme Court ruled that baker Jake Phillips could refuse to bake a wedding cake for Charlie Craig and David Mullins on the grounds that it was "against his faith."

An **ally development model** has been suggested as a means of providing a new learning context for homophobic heterosexist students in grades K–12 (Zammitt et al., 2015). Such a model is multilayered and involves school counselors, school social workers, and school psychologists providing programs to expose K–12 children to the nature of prejudice and discrimination toward LGBTQIA individuals. In addition, LGBTQIA individuals should be provided with a framework for how to react to or perceive prejudice and discrimination. In some schools, the whole culture is LGBTQIA aware and supportive.

College is another context where acceptance of LGBTQIA individuals can increase. Research has demonstrated that interaction with gays and lesbians and taking courses related to these issues are associated with more accepting attitudes regarding same-sex relationships, voting for a gay presidential candidate, and comfort with a gay/lesbian roommate (Sevecke et al., 2015).

Medical school also serves as a context in which to socialize a new generation. However, Murphy (2016) emphasized how medical students at the top 20 medical schools are routinely exposed to a hidden curriculum of heteronormativity that repeatedly suggests some orientations are normal, natural, and obvious, while others are quietly excluded.

Ally development model
Combating homophobia by exposing children in K–12 grades to the nature of prejudice and discrimination toward LGBTQIA individuals

In 2017, the United States Army began compulsory transgender sensitivity training for soldiers to reflect Pentagon policies that accept transgender individuals. Previously, transgender individuals had been barred from military service. In April 2019, the policy was changed again; with this change, the armed services were instructed to begin discharging transgender service members.

Chapter Summary

GAY, LESBIAN, BISEXUAL, AND TRANSGENDER individuals are receiving increased visibility in our society, though challenges remain.

LGBTQIA Terminology

SEXUAL ORIENTATION refers to the classification of individuals as heterosexual, bisexual, homosexual, pansexual, or asexual based on their emotional and sexual attractions, relationships, self-identity, and lifestyle. *Heterosexuality* refers to the predominance of emotional and sexual attraction to persons of the other sex; homosexuality, to persons of the same sex; bisexuality, to both sexes. *LGBTQIA* is a term that has emerged to refer collectively to lesbians, gays, bisexuals, and transgender individuals; those questioning their sexual orientations/sexual identity those who are intersexed; those who are asexual; or those who are an ally/friend of the cause.

Conceptual Models of Sexual Orientation

THE THREE MODELS OF SEXUAL ORIENTATION are the dichotomous model (people are either heterosexual or homosexual), the unidimensional continuum model (sexual orientation is viewed on a continuum from heterosexuality to homosexuality), and the multidimensional model (orientation consists of various independent components).

Prevalence by Sexual Orientation

THE PREVALENCE OF VARIOUS orientations is difficult to determine due to fear of social disapproval and changing sexual attractions, behaviors, and identities over time. About 10 million individuals (4% of the population) in the United States are self-identified as LGBTQ, though the actual number may be higher.

Theories of Sexual Orientation

BASIC THEORIES OF SEXUAL ORIENTATION are biological (genetic, prenatal, and postpubertal hormonal) and social/cultural (parent-child interactions, peer groups, mass media). Most researchers agree that an interaction of biological and social/cultural forces is involved in the development of sexual orientation. *Conversion therapy is a forced attempt* to change the sexual orientation of homosexuals. There is no evidence that such therapy works; in fact, not only does it fail to change its subjects, but it has been associated with attempted suicide, depression, and anxiety.

Coming Out or Concealment?

COMING OUT is not a linear, one-time event, but a complicated, over-time experience to different people in different contexts. The reactions are unpredictable. Coming out is different for those who are bisexual, asexual or pansexual. Benefits of coming out to parents include higher levels of acceptance from their parents, lower levels of alcohol and drug consumption, and fewer identity and adjustment problems.

Relationships

HOMOSEXUAL, BISEXUAL, AND HETEROSEXUAL RELATIONSHIPS may be more similar than different, although those in nonheterosexual relationships are often more resilient to stress and difficulties in their relationships.

Gay male relationships are stereotyped as short-term and lacking closeness and intimacy. In reality, most gay men prefer long-term, close relationships. Many lesbians value monogamous, emotionally and sexually satisfying relationships. People who are pansexual report high sexual satisfaction. Those who are trans* face many challenges in society, and some of these may impact relationships.

Health, Health Behavior, HIV, and Sexual Orientation

WORLDWIDE, MOST HIV INFECTION occurs through heterosexual transmission. HIV infection remains the most threatening STI for male homosexuals and bisexuals. Women who have sex exclusively with other women have a much lower rate of HIV infection than men (both gay and straight) and women who have sex with men. However, lesbians and bisexual women may also be at risk for HIV if they have sex with men who have been exposed to HIV and/or inject drugs.

Heterosexism, Homonegativity, and Homophobia

HETEROSEXISM is the belief that heterosexuality is superior (morally, socially, emotionally, and behaviorally) to homosexuality and involves the systematic degradation and stigmatization of any nonheterosexual form of behavior, identity, or relationship. Homophobia refers to negative attitudes and emotions toward homosexuality and those who engage in homosexual behavior. Homonegativity includes negative feelings (fear, disgust, anger), thoughts, and behaviors.

How Heterosexuals Are Affected by Homophobia

HETEROSEXUALS are affected by how homosexuals are treated. For example, hate crimes directed toward gays may hurt heterosexuals because homophobes who beat up gays may also target heterosexuals whom they perceive as gay. The National Coalition of Anti-Violence Programs reported that heterosexual individuals in the United States were victims of antigay hate crimes, representing 14% of all antigay hate crime victims. Also, heterosexuals who have gay and lesbian friends and family members are subject to emotional stress and anxiety about their well-being in a hostile culture.

What to Do About Anti-LGBTQIA Prejudice and Discrimination

One of the ways to address the discrimination against LGBTQIA people is to create learning environments that are more supportive. These programs can be implemented in grades K–12. Research has shown that for college students, interacting with people who are LGBTQIA, and taking courses that address LGBTQIA issues can lead to more accepting attitudes.

Web Links

Advocate (Online Newspaper for LGBTQIA News)

http://www.advocate.com/

Bisexual Resource Center

http://www.biresource.net/

COLAGE: People with a Lesbian, Gay, Transgender, or Queer Parent

http://www.colage.org

Gay Parent Magazine

http://www.gayparentmag.com/

Out

http://www.out.com/

Parents, Families, Friends of Lesbians and Gays (PFLAG)

http://www.pflag.org

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