Chapter 3: The Deadly Effects of Stigma

The health care system is so imposing and it is so daunting. It is not me looking in someone’s eyes and having them understand that I have a problem that they have the expertise to help me, but it is in fact me out here off to the side terrified that the first person that I see is going to do something to shame me or embarrass me or cause me to be ridiculed in front of other people.

Hussey (2006, p. 137)

In chapter 2, we introduced terms related to sexuality and gender. Why have variations in the development of sex and gender been considered as forms of deviance? The process has been called stigmatization. This chapter defines and critiques the terminology used to describe the effects of stigma. From the Greek, stigma is derived from the term tattoo, referring to marks placed on the body of a person labeled as criminal or deviant. Stigma operates through a process of separating oneself from people who are “not like me,” a practice often called othering. This process of rendering some people as “others” can lead to dehumanizing of the other group. We choose to stigmatize some human differences such as skin color or minority sexual identifications, whereas other differences are not stigmatized, such as left-handedness or eye color. As you will see, there are many terms and concepts used to describe stigma, leading to some confusion. Language is constantly evolving, and terms used in psychology may differ from terms used in the health sciences. We will try to include as many of the terms used for each concept as possible, but recognize that we will miss some of them, and define other terms differently from some other authors in this field. That is an occupational hazard of being in a newly emerging field of study. The first section of this chapter examines the concepts and terms related to stigma, and the second section addresses the effects of stigma.

Goffman (1963) first applied the term stigma to sexuality, likening minority sexual identification to a “spoiled identity,” leading to a sense of inferiority and isolation from the mainstream. We will explore the far-reaching effects of gender and sexual stigma on health and well-being in chapter 7, but it is becoming abundantly clear that the stress of being LGBTQ arises from stigma, not from the sexual or gender identities in and of themselves. Stigma is the umbrella concept under which the other terms in this chapter fall. Stigma results in inordinate stress that increases the chance of physical and mental health problems in LGBTQ people. The rest of this chapter explores the terminology used to describe the effects of stigma on the basis of minority sexual or gender identifications, but the concept of stigma is also useful when exploring health disparities for women, racial/ethnic minority individuals, and many other vulnerable populations.

Stigma-related terms pertaining to LGBTQ people include homophobia, biphobia, transphobia, AIDS-related stigma, heterosexism and heteronormativity, gender normativity, “lifestyle,” and internalized oppression. Similar processes underlie racism, sexism, classism, and other systems of oppression that intersect with gender and sexual identities for many LGBTQ people. Near the end of this chapter, we discuss some of the similarities and differences among the various forms of oppression that are common today. All forms of oppression involve privilege. In our use of the word, privilege refers to the unearned rewards that are granted solely on the basis of belonging to a certain class of people and is based on a belief that one class of people is superior to others. Men, regardless of other identities, have male privilege; White people have White privilege; heterosexual people have heterosexual privilege. These privileges are largely invisible and taken-for-granted by those who have them, but painfully obvious to those people who do not. People with privilege are the ones who get to set the “norms” of society, and those norms often exclude or marginalize those without privilege. The terms described in the next section help demonstrate how privilege is maintained.

TERMS/CONCEPTS RELATED TO STIGMA

Homophobia

Coined by a psychologist in the 1970s (Weinberg, 1972), homophobia was originally defined as an irrational fear of lesbian and gay persons. The term has
been widely criticized in the research literature, as often it is not irrational or based in fear and it is not similar to other phobias, but the term caught on despite its shortcomings. It is now understood to refer to any negative attitudes about LGBTQ persons. One good thing about the term is that it puts the blame for stigma on the person who holds the negative attitudes, not the gay or lesbian person. Some authors suggest that the term sexual prejudice (Herek, 2004) is more appropriate and more inclusive. Another term that is used in some of the literature is homonegativity.

Considerable research has examined the predictors or correlates of homophobia or sexual prejudice (Eliason, 1998; Eliason & Raheim, 2000; Herek, Chopp, & Strohl, 2007). In general, sexual prejudice is more common among

- men than women;
- youth and older adults than young and midlife adults;
- people from evangelical and fundamentalist religions than less conservative religions, or people without formal religious affiliations;
- people who are racist and sexist versus those who are not;
- people who have conservative views about sexuality, such as negative attitudes about masturbation and premarital sex;
- in the United States, people from the south and midwestern regions rather than other regions; and
- people with unacknowledged or unaccepted same-sex desires in themselves.

Homophobia or sexual prejudice is seldom an “all or none” phenomenon. It is best described as a continuum of attitudes that range from very mild discomfort to very negative reactions. The varieties of homophobia may also be qualitatively different from one another and require different interventions to address them. Table 3.1 shows one attempt to categorize some of the varieties of attitudes about LGBTQ people (Eliason & Raheim, 1996) and suggests what interventions might work best to move individuals with negative attitudes to more positive positions along the continuum.

### Biphobia

The term biphobia has similar conceptual problems to homophobia but is commonly used to refer to negative attitudes about bisexual persons. There is sufficient evidence that homophobia and biphobia have considerable overlap and many of the same factors (such as conservative religious affiliation and sexist beliefs) predict both, but there are also unique differences (Eliason, 1997). Some gay men and lesbians are biphobic, sometimes for different reasons than heterosexual people may be biphobic. These reasons have been reported anecdotally to be related to a sense of betrayal. Some gays and lesbians have been heard to wonder, “If there is a revolution, whose side will you take?” In reality, many people have dual or multiple identities that are experienced as part of their whole. We often have situations in which one part of our identity is in conflict with another, and we must choose. For example, when a child is sick or in trouble, many people choose to express their parental role over the expectations of their work role. LGBTQ people of color may experience racism more acutely than sexual prejudice and choose to belong to political organizations that combat racism rather than LGBTQ organizations. That does not mean that they reject their sexual identities, but prioritize where to put their energies at any given time.

For heterosexual as well as gay and lesbian persons, sexual orientation is defined by the sex/gender of the partner or the potential partner. Bisexuality challenges the centrality of sex/gender to a person’s core identity by proposing that characteristics other than sex/gender are more critical in sexual desire and relationships. In general, there is more stigma attached to male bisexuality whereas female bisexuality is sometimes glorified, particularly in heterosexual male-oriented pornography (Eliason, 1997; Mohr & Rochlen, 1999). Male bisexuals have been accused of spreading HIV and other sexually transmitted infections to their heterosexual female partners and have been labeled as deceitful and deviant. There is a big difference between cheating on one’s partner or spouse with a person of a different gender and adopting a bisexual identity. People of any gender or sexual identity can be deceitful and unfaithful—bisexual people are no more likely to cheat on their partners than anyone else. Anyone who is having unsafe sex behind a partner’s back is putting the partner at risk. Later in the book, we will discuss the phenomenon called “the down low.”

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A woman who had identified as lesbian unexpectedly fell in love with a male friend and reported, “Overall, people have been supportive, but I’ve definitely seen some nastiness because of it. One lesbian I know, she said it was just a phase, that I was misguided, that she didn’t want him in her house.

It made me angry, it made me cry, it made me question—I mean these were the same types of things I heard from straight people when I first came out about having relationships with women.” (Diamond, 2006, p. 82)

Biphobia arises from the stereotypes about bisexuality, such as

- it does not exist; people are either gay or straight;
- it is a phase;
- it is “trendy”;
- it means that monogamy is not possible;
- bisexuals are confused;
- bisexuals are fence-sitters (unable to commit to a gay or straight identity); and
The Deadly Effects of Stigma

Table 3.1. Continuum of Attitudes About LGBTQ People and Proposed Interventions

<table>
<thead>
<tr>
<th>Label</th>
<th>Description. A Person Who:</th>
<th>Possible Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celebration</td>
<td>Believes that having a variety of sexual and gender identities and expressions is good and benefits society.</td>
<td>None needed.</td>
</tr>
<tr>
<td>Acceptance</td>
<td>Believes that all people should be treated fairly and that no one should be discriminated against on the basis of personal characteristics such as race/ethnicity, religion, sexuality, gender, socioeconomic class, etc.</td>
<td>May intellectually believe in civil rights for all people but harbor some emotional baggage about LGBTQ people. Education to counteract stereotypes may be helpful.</td>
</tr>
<tr>
<td>Tolerance</td>
<td>Does not actively discriminate against LGBTQ people but believes that heterosexuals are superior, and that LGBTQ people should not “flaunt” their sexuality or be too visible in society. A “don’t ask, don’t tell” philosophy.</td>
<td>Point out the invisibility of heterosexual privilege and focus on the ways that LGBTQ people are similar to heterosexual people rather than focusing on the differences. Help the person to develop one-on-one relationships with LGBTQ people.</td>
</tr>
<tr>
<td>Disapproval</td>
<td>Disapproves of LGBTQ people and/or behaviors on the basis of religious or moral/ethical beliefs about the nature of gender and sexuality (that the only options are two sexes that are fixed and unchangeable; and that other-sex couples are the only normal option for relationships because they are the only ones who can reproduce). Carries a strong sense of superiority.</td>
<td>Religion: If amenable, have discussions about the context of passages in the Bible that are supposedly about same-sex conduct. Use Bible scholars such as Daniel Helminiak’s (2006) work to critique these passages. Unnaturalness: Discuss how sex and reproduction have become unlinked in the past 50 years, and that the majority of sexual encounters even among heterosexuals are not for reproduction but for intimacy. Discuss the diversity of sex/gender and sexuality throughout the world.</td>
</tr>
<tr>
<td>Disgust</td>
<td>Involves strong emotional reactions to LGBTQ people and/or behaviors, such as revulsion and disgust. May involve a physiological reaction such as other phobias that cause the person to avoid LGBTQ people or discussion of LGBTQ issues.</td>
<td>This type of reaction might be related to some deep-seated traumas or unacknowledged same-sex desires and may require psychotherapy.</td>
</tr>
<tr>
<td>Hatred</td>
<td>A strong disliking and belief that LGBTQ people should be punished for their behaviors or their very existence. Operates through an extreme form of dehumanizing of LGBTQ people.</td>
<td>Victim empathy approaches may be helpful with those who have perpetrated violence, but if they repeatedly show this behavior, they need to be prosecuted, fired, expelled, etc. Discrimination and violence cannot be tolerated.</td>
</tr>
</tbody>
</table>

- bisexuals are responsible for introducing HIV/AIDS to heterosexual communities.

Gay men and lesbians may hold these stereotypes about bisexual people, as well as believe that bisexuals can exercise heterosexual privilege. These stereotypes are addressed in chapter 4.

Transphobia

Negative attitudes about transgender people often stem from deeply ingrained cultural beliefs that there are two and only two sexes, therefore a person must be male or female, and that gender is derived from biological sex. For example, if you have a male body, you are a man (forever) and your gender expression must be stereotypically male and masculine. We are only recently beginning to comprehend that these are stereotypes, not as rooted in biology as we once thought. But gender stereotypes run deep and hate crimes against transgender individuals are often even more horrific and violent than those reported for other groups.

On the night of October 3, 2002, four young men found out that their friend, Gwen Araujo, was biologically male. They kneed her in the face, slapped, kicked, and choked her, beat her with a can and a metal skillet, wrestled her to the ground, tied her wrists and ankles, strangled her with a rope, and hit her over the head with a shovel. She begged for mercy, offered money in a desperate attempt to buy her freedom, and said her last words, “Please don’t. I have a family.” Her killers buried her in a shallow grave and went to McDonald’s for breakfast. (Steinberg, 2005, pp. 1–2)

Notably, although homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973, gender identity disorder, defined as a strong and persistent cross-gender identification
combined with discomfort with anatomical sex, as well as transsexualism, was added to the *DSM* in 1980. In the next version of the *DSM* in 1994, transsexualism was collapsed into the gender identity disorder category (Stryker, 2006). At the time when sexual orientation was depathologized, gender identity disorder became a psychiatric diagnosis. Even people with fairly positive attitudes about lesbians and gay men may have more negative attitudes about transgender people. For example, in one of the few studies that examined attitudes toward LGB and T people separately, there were more reports of feeling uncomfortable and carrying negative attitudes about transgender clients among a large sample of substance-abuse counselors from urban and rural communities (Eliason, 2000; Eliason & Hughes, 2004). Figure 3.1 shows these data.

**HIV/AIDS-related stigma**

HIV/AIDS is also a stigmatized condition, related to its “contagion,” the fact that it is often terminal, and the fact that it can be transmitted through sexual activities. HIV/AIDS-related stigma represents the intersections among homophobia/biphobia/transphobia, racism, and classism. Assigning a label of “diseased” or “contagious” has been one way that stigma has formed the boundaries between the acceptable and the unacceptable. HIV/AIDS is still considered by some people to be a “gay” disease and contributes to shunning LGBTQ people whether or not they are HIV positive (Padilla, Vasquez del Aguila, & Parker, 2007). The high prevalence of HIV/AIDS among intravenous drug users, poor people, people of color, as well as gay, bisexual, and MSMW, contributes to the idea of HIV-positive people as “throwaway” populations, who got what they deserved from engaging in deviant behavior. No one deserves death and disability, and HIV risk is associated with specific behaviors, not classes of people, yet the association of HIV with certain populations persists.

**Heterosexism/heteronormativity**

Homophobia, biphobia, and transphobia are generally used to refer to individual belief systems or attitudes (prejudice) and behaviors that stem from those attitudes. However, there are larger societal- and institutional-level influences that support and give power to the individual attitudes and behaviors. The terms *heterosexism* and *heteronormativity* are used more widely in the academic literature than in lay usage, and they refer to institutionalized belief systems found in most or all of the dominant discourses of a society, such as the media, education, medicine and health care literatures, legal systems, and religion (Morin, 1977). These are the systems that set laws and the unspoken “norms,” establish how people who deviate from the laws and customs will be dealt with, and often, how they will be punished. Heterosexual belief systems state that only heterosexual relationships between one man and one woman are “normal.” This belief system was solidified into federal law by the Defense of Marriage Act (1996), and is based on an assumption that all “normal” people are biologically heterosexual. In reality, no one knows what “causes” a person to be heterosexual—there is virtually no research on this. Freud was one of the first to challenge the belief that heterosexuality is biological, by proposing that family and environmental circumstances in early childhood determined sexual orientation. Most research takes for granted that people are born male or female and straight or gay, but as we have seen, there is considerable diversity within the categories of gender and sexuality.

**Reflection:** Think about your elementary school days. Did any of the storybooks that your teachers or parents read to you have children from households with two dads? Did the Dick and Jane readers or their equivalent have any transgender boys and girls? If your family went to church, synagogue, temple, or mosque, what did you hear about LGBTQ people there? In the media? From your family? Until fairly recently, LGBTQ people were absent from most discourses, or if present, were discussed in the most negative light. What effect does that have on adult attitudes about LGBTQ people?

One example of heteronormativity can be found in the forms that we are asked to fill out in health care settings. Most standardized forms are based on the
assumption that everyone is heterosexual and there are no options for same-sex identities or relationships. Some people consider heteronormativity to be the source of heterosexual privilege. People who are heterosexual in the United States can, among other things, take a date to the prom without raising an eyebrow; get engaged and married with family and community support and be legally recognized as a couple/family, profit from the multiple financial benefits given to legally married couples, not feel afraid that they may be beaten because of their sexual identity, not worry that their children will be discriminated against or taken away from them, and not feel they were passed over for promotion because of their sexual orientation. The power of heteronormativity can be seen when some LGBTQ people mimic heterosexual relationship patterns, because that is all they have been exposed to. This concept is sometimes called “heterorelational,” and it refers to thinking that relationships need to be seen when some LGBTQ people mimic heterosexual relationship patterns, because that is all they have been exposed to. This concept is sometimes called “heterorelational,” and it refers to thinking that relationships need to be fair, regardless of individual differences, is essential.”

(Transgender Law Center, October 2006)

**Internalized oppression**

When people are stigmatized by negative attitudes or institutionalized belief systems about sex/gender and sexuality, sometimes these negative attitudes are incorporated into their self-concepts, resulting in self-doubt, guilt, shame, depression, and/or self-hatred (Meyer, 2007). Internalized oppression appears to contribute to many of the health risk factors seen in LGBTQ people, such as suicide attempts, mental health disorders, unsafe sexual behaviors, and substance abuse. Other terms that appear in the literature to describe this concept include internalized homophobia (biphobia, transphobia), internalized homonegativity, and internalized heterosexism. Internalized oppression can result in a self-fulfilling prophecy. For example, if a young man is socialized to believe that bisexuals are “promiscuous,” and has internalized this view, when he comes out as bisexual, he may think that it is his destiny to engage in many casual sexual encounters. If a young woman who is attracted to women is raised within a conservative religion to believe that all LGBTQ people will go to hell, she may think that suicide is her only option. The internalization of the negative stereotypes begins very early in life and is rarely contradicted or counteracted by authority figures or role models in the child’s life. For example, children hear taunts of “fag,” and “lezzie” and “sissy,” in school every day. For a biological male to want to transition to a female gender identity in our society is considered “crazy.” Why would a man want to give up his male privilege for the inferior class status of a woman? And, how dare a woman try to deceive society and assume the power position of male? The documentary *The Brandon Teena Story* and the Hollywood version of that story, *Boys Don’t Cry*, illustrated how one community reacted to what they perceived as a monumental betrayal when Brandon attempted to pass as male. He was brutally raped and murdered when his biological sex was revealed.
day and teachers rarely challenge this on the playground when it occurs. Teachers rarely address issues of sexual and gender minorities in the classroom, sending a message that it is okay to make derogatory remarks about LGBTQ people, or use those words to try to control or hurt people. Sex education programs in today’s climate of abstinence only until marriage programs either do not mention LGBTQ people at all or discuss them as “abnormal.”

Reflection: “Sticks and stones may break my bones but names can never hurt me.” Do you believe this? Can you think of a time when someone called you a derogatory term? What was it? Notice what feelings come up for you when you remember the incident. What does it feel like to think about it now?

Lifestyle

Many opponents of LGBTQ civil rights refer to “the gay lifestyle.” This term has virtually no meaning, because it can refer to so many different things, such as the pace of our lives, where we live, our diet and exercise patterns, the amount of stress in our lives, whether we are single or partnered, and so on. LGBTQ people have diverse lives, not one universal lifestyle. Using the term lifestyle to refer to only one’s choice of sexual partners is a form of stigmatization. A similar notion to this idea of a gay lifestyle is the idea that LGBTQ people are asking for “special rights.” Most LGBTQ people merely want what heterosexual people can take for granted—lives free of discrimination, harassment, and violence based on their sexuality or gender—and the ability to form relationships and families that are recognized and respected.

Reflection: In recent years, there have been bills introduced to at least three state legislatures proposing that health care workers can refuse to treat certain individuals if they feel those individuals violate their moral, ethical, or religious beliefs. Most of these bills were primarily focused on addressing health care professionals such as pharmacists who did not want to administer emergency contraception, but the wording of these bills paints a broad stroke. Health care professionals of all sorts could refuse to treat LGBTQ people (as well as women who are seeking abortions, illegal immigrants, and people with HIV/AIDS or other sexually transmitted infections) on the basis of beliefs that LGBTQ people are unnatural or immoral. Do you think that health care professionals have an obligation to provide quality care to all people, or can they choose not to care for some patients?

OTHER FORMS OF STIGMA

Stigma stems from the stereotypes that pervade the institutional belief systems of a culture (the power structures) and affect individual attitudes (prejudice). Oppression results from the combination of power and prejudice. Look at the characteristics of the people with wealth and power in the United States and around the world—who are the senators, judges, CEOs of Fortune 500 companies, and presidents of the TV channels and newspapers? Who are the administrators at hospitals, the deans of medical schools, and the makers of health care policies? They are still overwhelmingly wealthy, White, (presumably) heterosexual men. Maintaining the status quo means not letting any other groups gain power and recognition. If the group in control is in charge of the legal system, medicine and health care systems, the media, and education, it can consciously or unconsciously maintain the stereotypes and reinforce the barriers to true equality. That is why stigma is so hard to address. It is not in the best interests of the people in power to share or give up their power. People who do not have the power of the “movers and shakers” of society try to hang on to whatever power (or privilege) they do have and often oppress people who are perceived to be lower than they are in the hierarchy. Even well-intentioned White people may stand quietly and not challenge racism for fear of the repercussions on their own lives, and some moral and ethical men do not question sexist jokes or behaviors for fear of being shunned by their peer group. White LGBTQ people may ignore racism in their communities, maintaining their White privilege. Finally, heterosexuals may not challenge sexual and gender prejudices for fear of being labeled as LGBTQ or “too sensitive.” It takes great courage to be an ally to LGBTQ communities and other stigmatized groups.

Stigma operates through stereotypes, the topic of chapter 4. Eliason (1996c) proposed a model for understanding how oppression works. Dominant discourses (controlled by those people in power) bestow privilege on people who are White, male, heterosexual, with some degree of wealth. These are the primary privileges in the U.S. society, as in most of the world, and those who do not have these privileges are marked by stigma. We call the various forms of stigma or oppression racism, sexism, heterosexism, and classism. The dominant discourses create and maintain stereotypes for each of these forms of stigma. This is where racism, sexism, and heterosexism diverge somewhat, because the stereotypes differ in many ways, although they do overlap as well. The common basis of stereotypes is that they render the “other” group as inferior to the dominant groups. Stereotypes lead to attitudes, ranging from positive to negative, and when they are negative, we call them homophobia/transphobia, biphobia, or sexual prejudice. These attitudes also influence behavior. It is possible to have a negative attitude about some group of people or some behaviors and not express it in one’s outward behavior, but in general, the more negative the
attitude, the more likely that it will be expressed in behavior.

Figure 3.2 shows a simplified model of oppression, based on two common forms of oppression in contemporary society: race and sexuality. In the United States, society certainly privileges other statuses as well, such as male gender, upper and middle class, Christian, able-bodied, U.S.-born, and English-speaking. Stereotypes about most stigmatized groups involve some element of sexual deviance (such as myths that African American men are oversexed, Latina women are “hot,” Asian women are sexual slaves, working-class women are “sluts,” Asian men are “asexual,” and so on). Labeling someone as a “sexual deviant” is one of the major ways of stigmatizing or dehumanizing another person. For many people, these stereotypes are compounded because the person has multiple stigmatizing identities. How might an American Indian bisexual man be perceived? An Asian American transgender woman with disability? People often respond to others first on the basis of their visible cues—race/ethnicity signifiers such as skin color and facial characteristics or gender markers, not seeing the whole person.

Returning to the model, individual stereotypes and discriminatory and even violent behavior toward people in the oppressed minority classes are encouraged by those who create the dominant discourses that establish the laws, enforce laws, and police the unspoken norms. For example, if the state or country in which you live does not include gender identity in its human rights codes, transgender people could be fired for their gender expression and have no legal recourse. If a bisexual person of color is denied medical care, there are few legal organizations that will take on the case.

The next section outlines the consequences of stigma on the lives and livelihoods of LGBTQ persons. The effects can be far-reaching, particularly for LGBTQ people with multiple stigmatized identities. Table 3.2 shows some examples of how LGBTQ people perceive the effects of stigma on their lives. Imagine how you would feel

<table>
<thead>
<tr>
<th>Lifetime experiences</th>
<th>Lesbians</th>
<th>Heterosexual women</th>
<th>Gay men</th>
<th>Heterosexual men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not hired for a job</td>
<td>39</td>
<td>17</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>Denied or given poor medical care</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Hassled by the police</td>
<td>5</td>
<td>3</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Poor service at restaurants or stores</td>
<td>27</td>
<td>11</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Called names or insulted</td>
<td>20</td>
<td>6</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Threatened or harassed</td>
<td>15</td>
<td>3</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Any experience of discrimination</td>
<td>58</td>
<td>36</td>
<td>51</td>
<td>34</td>
</tr>
</tbody>
</table>

if you experienced these events just by being who you really are. The next section reviews some of the more common non–health-related effects of stigma on LGBTQ individuals, families, and communities, and chapter 7 deals with the health-related effects.

SOCIAL EFFECTS OF STIGMA

The rest of this chapter deals with the effects of stigma on the lives of LGBTQ people, their families, and communities. These effects set the stage for a potentially stressful life, and that stress can affect one’s health and well-being.

Lack of recognition of relationships and family

The most apparent social and legal discrimination against same-sex couples is the fact that they are not afforded the same rights to marriage as those who are in heterosexual relationships. Although many countries, provinces, and states have recently passed legislation to allow either marriage equality or a form of civil union or domestic partnership, the issue remains deeply divisive with highly charged negative feelings toward same-sex couples who seek the right to marry. This lack of legal recognition of relationships can have significant impact on access to more than a thousand federal rights and benefits, and hundreds of state benefits, including health care coverage (National Center for Lesbian Rights, 2005). The lack of access to health care benefits can be especially devastating as the cost of health care soars in the United States. Transgender individuals have a more complicated relationship with marriage. If those in same-sex relationships legally change their sex, they are now allowed to marry. If they are in heterosexual marriages/relationships prior to a legal sex change, their relationships stand to lose any legal authority. Chapter 8 covers these issues in more detail.

Reflection: As soon as the California Supreme Court ruled that same-sex couples could marry (June of 2008), opponents organized a petition that put an initiative to ban same-sex marriage on the November ballot. The initiative passed in November of 2008, and put the 11,000 same-sex marriages that had already been performed into legal limbo, which was not yet resolved at the time this book was completed. Why do you think there is so much opposition to same-sex marriage?

The right to adopt

A related legal right that is denied LGBT people is that of the adoption of children. Adoption is sometimes the best option for LGBTQ people who wish to have children, and denial of this right can be a severe and painful form of discrimination. LGBTQ people are often denied the right to second-parent adoptions as well, which can significantly impair the ability of the nonlegal parent if a child becomes ill or injured in their presence. See chapter 8 for more detail on family law issues.

Hate crimes and violence

Another devastating consequence of stigma is expressed in hate crimes against LGBTQ people. Lombardi, Wilchins, Priesing, and Malouf (2001) found that 27% of transgender individuals in their survey had been victims of violence in their lifetimes; studies of gays and lesbians find similar rates (20%–25%; Herek, 2007). All too often, these crimes result in death, with inadequate law enforce- ment to apprehend or justly prosecute the perpetrators. Hate crime legislation is beginning to be enacted to protect LGBTQ people, but the fact remains that people of minority sexual and gender identities experience great danger and fear that is simply nonexistent for people who are not LGBTQ. Non-LGBTQ people also do not have to worry about being retraumatized by the people who are supposed to help them after a violent attack—police, hospital ED staff, social workers, ambulance attendants, etc. The Fenway Community Health Center (2001) suggests these common reactions to hate crimes based on sexual identity:

1. Even if the event was random, the victim may feel personally targeted.
2. Victims may question their own identity and self-worth.
3. Victims may feel shame, guilt, and self-blame.
4. They may lose trust in law enforcement and service providers.
5. They may have an increased perception that the world is a dangerous place.
6. They may experience an increase in mental health symptoms.

Historically, perpetrators of violence against LGBTQ people have received light sentences, or no legal punishments, for their crimes. Since the national publicity about the murder of gay college student Matthew Shepard, this has begun to change, as noted in the news release below.

September 27, 2007

Washington, September 27—The National Gay and Lesbian Task Force, Inc., hails today’s landmark passage of a gay and transgender-inclusive federal hate crimes measure, included as an amendment to the Department of Defense reauthorization bill. The amendment, introduced by Sens. Edward Kennedy (D-Mass.) and Gordon Smith (R-Ore.), passed by a 60–39 cloture vote, which ended debate and sent the bill to the floor where it was approved by a voice vote.

Statement by Matt Foreman, Executive Director
National Gay and Lesbian Task Force, Inc.

At long last, Congress is putting a bill on the president’s desk to condemn and respond to violent crimes based on hatred of a person’s sexual orientation, gender, gender
identity or disability. Laws ultimately reflect a nation’s values and today's vote says that America rejects all forms of hate violence, including bias-motivated crimes against lesbian, gay, bisexual and transgender people. This victory is all the more sweet given the right wing's hysterical, defamatory and lying campaign against it.

We are deeply disappointed by President Bush's past statements that he would veto hate crimes legislation. The president has also threatened to veto the larger Department of Defense reauthorization bill to which this measure is attached. We call upon the president to work with—rather than oppose—the Congress, the overwhelming majority of the public and national and local law enforcement leaders in enacting this important legislation.

Violence against lesbian, gay, bisexual and transgender people has escalated over the past 25 years. Since establishing our groundbreaking Anti-Violence Project in 1982, we have been working to get the federal government to take a stand against this epidemic. Until today, sadly, little progress has been made in the 17 years since Congress passed the Hate Crimes Statistics Act, because right-wing forces would rather see hate crimes against lesbian, gay, bisexual and transgender people ignored than have the words "sexual orientation" or "gender identity" appear alongside other protected classes in federal law.

Background

The Local Law Enforcement Hate Crimes Prevention Act of 2007 (LLEHCPA) extends federal authority for investigation and prosecution of hate violence to crimes based on the victim's actual or perceived sexual orientation, gender, gender identity, or disability. Current federal hate crimes law covers crimes motivated by race, religion, and national origin. LLEHCPA also removes the existing limitation on federal involvement that a victim of a bias-motivated crime must have been attacked because the victim was engaged in a specific federally protected activity such as serving on a jury or attending public school. The Department of Justice will now have the authority to provide assistance to local law enforcement agencies in addressing all forms of hate violence.

Lesbian, gay, bisexual, and transgender people are disproportionately affected by hate violence. In fact, lesbian, gay, and bisexual people are more likely to be victims of hate-motivated physical assaults than other minorities, including African Americans, Jews, and Muslims. According to the FBI, 14% of hate crime victims in 2005 were victims of crimes motivated by hatred of lesbian, gay, or bisexual people. Moreover, reports produced by the National Gay and Lesbian Task Force (NGLTF, 1984–1993) and the National Coalition of Anti-Violence Programs (1994–present) have documented more than 35,000 anti-LGBT crimes over the last 22 years. It is important to note that these statistics are based on reports from only a handful of local LGBT crime victim assistance agencies.

Social rejection

On a personal and emotional level, a very damaging consequence of stigma is rejection by the family and friends. Many families and friends are not prepared and do not know how to react when they learn one of their loved ones is lesbian, gay, bisexual, or transgender, and they sometimes react in hurtful ways. These reactions can range from mildly harmful to extremely harmful. Some LGBTQ youth have been ejected from their homes; some LGBTQ adults have been treated as if they never existed. Some find support and a path toward ultimate acceptance, but the hurt and damage is devastating for everyone involved, especially when initial negative responses cannot be overcome or healed. Many LGBTQ people remain closeted to their families and friends because of the fear, and the probable reality, of rejection. Rejection can occur in any setting, including schools, religious institutions, neighborhoods, and workplaces. Issues of social rejection in the workplace are discussed in chapter 9. People who are visibly identifiable as LGBTQ are also likely to experience social rejection from strangers in public places as the example below highlights.

The version of the hate crimes bill passed today includes crimes based on a victim's actual or perceived gender identity. The clear inclusion of transgender people in hate crimes laws is especially important because violence against transgender people is widespread, largely underreported, and disproportionately greater than the number of transgender people in society. In 2005, the National Coalition of Anti-Violence Programs reported that 11% of the 2,306 victims of reported hate crimes identified as transgender. (NGLTF, 2007)

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Discrimination in employment and education

Many LGBTQ people remain in the closet in their public lives because of the fear or the reality of stigma and discrimination that they would face if they revealed their sexual or gender identity. They fear job discrimination, and loss or lack of access to educational opportunities. In schools, many LGBTQ children and teens are often afraid to come out to peers, and if they do, often suffer extreme bullying in school, with negative consequences on their grades, mental health, and intentions to continue their education (Harris Interactive & Gay, Lesbian, Straight Education Network [GLSEN] 2005).

There is a stereotype that lesbian and gay people have higher incomes than heterosexuals—an argument often used by the religious right to deny any legal protections to LGBTQ people. The reality is much more complicated. Badgett (1997) found that between one fourth and two thirds of LGB people reported that they had lost a job or promotion because of their sexuality, even in “tolerant” professions such as academics, law, and medicine. When she studied LGB and heterosexual workers with the same qualifications, the LGB workers earned less. Transgender individuals are at even higher risk for employment discrimination. One survey in San Francisco found nearly half had experienced employment discrimination (National Coalition for Lesbian Rights & Transgender Law Center, 2003), and the rates of unemployment are much higher among transgender individuals than any other group. Even those who are postoperative and employed may not be able to get health benefits, or they stand to lose their benefits if their gender identity is revealed to insurers (National Coalition for LGBT Health Eliminating Disparities Workgroup, 2004).

The U.S. military epitomizes the sentiment of contemporary culture, with their “don’t ask, don’t tell” policy. Under this policy, military recruiters cannot ask about a person’s sexuality; and LGBTQ people can enlist in the service if they do not reveal their sexuality. What constitutes the “don’t tell” part of the policy once a person has enlisted has never been clear. LGBTQ people have been dismissed for belonging to an LGBTQ chat room on the Internet or receiving LGBTQ literature in the mail. Instituted in 1993, the policy was intended to be an improvement over the former armed services view that “homosexuality is incompatible with military service,” and it was supposed to reduce the rates of harassment and expulsion from the service. However, the policy’s implementation has actually resulted in an increase in the number of discharges based on sexual orientation. According to the Servicemembers Legal Defense Network (SLDN, 2004), more than 9,000 service members have been discharged under the “don’t ask, don’t tell” policy at a cost of more than a quarter billion U.S. dollars to taxpayers. A Defense Department inspector general survey (Department of Defense, 2000) showed that

- 80% of service members had heard offensive speech, derogatory names, jokes, or remarks about gays in the previous year;
- 85% believed such comments were tolerated by authorities; and
- 57% reported that they had witnessed or experienced direct, targeted forms of harassment, including verbal and physical assaults and property damage. Overwhelmingly, service members did not report the harassment for fear of retaliation.

In July 1999, Pfc. Barry Winchell was brutally beaten with a baseball bat in his barracks at Fort Campbell, KY, and died as a result of the attack. Fellow soldiers testified that the death came after months of antigay name-calling, harassment, rumors, and inquiries into his private life. An army inspector general report in July 2000 found that before and after the murder, Maj. Gen. Robert Clark, the commanding general at Fort Campbell, had not provided required training on the “don’t ask, don’t tell” policy. Following the report, President George W. Bush twice nominated Clark for a promotion to lieutenant general, the army’s second highest rank. Owing to controversy surrounding Clark’s previous command at Fort Campbell, the Senate Armed Services Committee did not act on his promotion in 2002. (The Human Rights Campaign, 2008)

According to SLDN, women are disproportionately affected by the policy. Whereas women made up 15% of the armed forces in 2002, they accounted for 31% of those discharged under the law. Women are affected in part because of a phenomenon known as “lesbian baiting.” Lesbian baiting occurs, for example, when a woman superior is accused of being a lesbian in retaliation for receiving a poor performance review, after refusing a man’s sexual advances, or after reporting a man for sexual harassment. Many heterosexual women have been discharged, or left the military, because of lesbian baiting as well.

Discrimination in housing

A study done in 30 cities and suburbs in the state of Michigan, sending out same-sex and other-sex pairs of testers posing as life partners, revealed discrimination in 27% of the cases involving the same-sex testers. In Detroit, one landlord handed the testers a list of “forbidden” activities that included homosexuality along with drug use, prostitution, and one-night stands. A real estate agent in a small town told a lesbian couple that he “kind of liked it” that they were lesbians and told them to call him anytime (Michigan Fair Housing Center, 2007). Other LGBTQ people have reported harassment from neighbors.
Effects of living in the “closet”

The consequences of living the inauthentic existence of the closet are far-reaching. When LGBTQ people are closeted to their families, they are never able to share openly in family events such as holiday and family celebrations, often having to choose between their lover/partner and their family of origin for these important occasions. On the job, LGBTQ people sometimes are not able to bring their lover or partner to social events where heterosexual partners are welcome. In casual conversations with coworkers who frequently and casually mention “my wife” or “my husband,” LGBTQ people remain silent. Pictures of loved ones are displayed prominently on desks of heterosexual people; closeted LGBTQ people refrain from such displays. To add to the stress, closeted LGBTQ people also experience fear and dread of being “discovered,” and to avoid this, they carefully monitor their language, where they go, and with whom. Imagine, or better yet, try going to work one day without mentioning your significant other, chosen family, or best friends, or talking about what you did on the weekend or evenings. How would this affect your relationship with coworkers?

Unfortunately, the closet may be a place of necessity for some people where the threat of loss of job, custody of children, or of safety may feel like too high a risk. It is important to keep in mind that most LGBTQ people are on a continuum of being “out”—few people are completely out or completely closeted—and that the closet has a revolving door.

Stigma has a great impact on the LGBTQ person’s ability to lead the “normal” life that is taken for granted by heterosexual couples and individuals. The rights that LGBTQ people are requesting are the ability to marry (and receive the financial and legal benefits and protections for their families), adopt and raise children, and live free of discrimination, harassment, and violence. In short, LGBTQ people just want to be themselves and be accepted.

CONCLUSIONS

This chapter has tackled the difficult concept of stigma, showing how the invisible privileges conferred in our culture set up the boundaries of what is designated as normal/abnormal and natural/unnatural. Stigma works through the dominant discourses and societal-level power structures that facilitate individual prejudice and allow for discriminatory behaviors, even violence. The negative attitudes toward LGBTQ people can become internalized and result in shame, doubt, and guilt, which are risk factors for unhealthy coping mechanisms. The effects of stigma are potentially profound, from the inability to have “legitimate” relationships and families to employment discrimination and violence. The everyday effects of social rejection and invalidation are pervasive. Chapter 7 deals with the consequences of stigma on individual physical and mental health.

REFLECTION QUESTIONS

Awareness

1. Were you aware of these terms or concepts before reading this chapter? How have you observed stigma at work in your own community?
2. Who is “in” and who is not in your workplace or family? How does stigma affect people in your own workplace?

Sensitivity

1. Can words contribute to discrimination and violence? If so, how?
2. What are some examples of subtle or overt discrimination against LGBTQ people that you have witnessed?
3. Think of a time when you were treated badly in some setting. How did you feel and behave the next time you were in that setting?
4. Think of someone in your circle of friends or family whose sexual identity is different from your own. Is this person treated differently than you are? How?

Knowledge

1. In 1996, the Defense of Marriage Act was passed. This federal law defined marriage as a legal union between one man and one woman. What kind of stigma does this represent? How does allowing same-sex couples to marry potentially “damage” heterosexual marriage? In other words, why does heterosexual marriage need defending?
2. List all the things you “know” about LGBTQ people. How do you know if these things are accurate?