

*Health Concerns of the
Gay, Lesbian, Bisexual, and Transgender
Community*

2nd Edition

Funded by the
Massachusetts Department of Public Health

**Produced by:
The Medical Foundation
June, 1997**

In an effort to better respond to the public health concerns of the gay, lesbian, bisexual and transgender (GLBT) communities, the Massachusetts Department of Public Health funded The Medical Foundation of Boston to identify key issues that affect the physical and mental health, as well as the personal and social well-being of gay, lesbian, bisexual, and transgendered persons. This report is the result of a partnership between The Medical Foundation, the John Snow Institute, the Justice Resource Institute and the GLBTSA Health Access Group, which is composed of GLBT staff members and straight allies at the Department of Public Health who meet to discuss public health issues affecting the GLBT communities. The Group's mission is to strengthen the health care system's ability to promote health among GLBT people through awareness, education, public policy, advocacy and direct service strategies.

First issued in June, 1996, the report is a beginning investigation of the state of health in the GLBT communities and a summary of current research pertaining to GLBT public health issues. It looks at the general environment in which GLBT people seek and receive health care, and at the particular areas of substance abuse, mental health, violence and the situation of youth. The report's purpose is to provide a digest of this information, serving both as an overview of the general situation and a point of departure for further study.

This second edition contains additional information about recent research on GLBT health concerns in Massachusetts, a new section on transgender issues and a partial listing of web sites that contain information on GLBT health.

Within the text of this document, the term "GLBT community" will be used to refer to the target population -- the lesbian, gay, bisexual, and transgender community. However, due to the fact that the majority of research only addresses lesbian and gay concerns specifically, "lesbians and gay men" will frequently be used. Whenever generalizations to the whole community are possible, or when specific information on bisexual and transgendered individuals is available, it will be included. The term "general population" refers to populations in which information on sexual orientation was not requested and heterosexuality is assumed. "Traditional" health care is used to refer to mainstream biomedical services which, in intent and action, primarily cater to heterosexual clients.

The information contained within this report is by no means exhaustive. Additional references to resources that may be of particular additional interest to the reader, but are not developed in depth in the text, are specifically noted within the report. All literature cited may be found in a publicly accessible file system in the AIDS Bureau of the Massachusetts Department of Public Health; files also include added literature not referenced in the bibliography.

Acknowledgment for contributions to this report is made to Jen Shykula, graduate intern working in the Policy and Planning Unit of the AIDS Bureau of the Massachusetts Department of Public Health, who is the report's principal writer; also to Rebecca Durkee, Ralph Fuccillo, Gillian Haney, Stewart Landers, Ginny Mercure, Marian Milbauer, Tony Palomba, Bradley Seeman, Sterling Stowell and Peter Twyman; and to

David Mulligan, Commissioner of the Massachusetts Department of Public Health for his support of this project.

Introduction

Health Concerns of the GLBT Community

Overview

If the health concerns of gay, lesbian, bisexual and transgender people were the same as those of the general population, and if being gay or lesbian had no impact on the kind of treatment one received in the health care system, an inquiry into the health concerns of the GLBT community would have, at best, only academic interest. But from experience, from anecdote and, increasingly, from an ever-growing body of research, it is evident that in several key areas the GLBT community faces real and significant health care challenges.

This report surveys the substantial research literature on gay and lesbian health concerns. It looks at the general environment in which GLBT people seek and receive health care, and at the particular areas of substance abuse, mental health, violence and the issues facing youth.

Because the report is a literature survey rather than a literature evaluation, its purpose is not to verify or endorse any particular study, but rather to provide a digest of information that can point the direction for further inquiry. Its larger purpose is to provoke discussion, inquiry and action.

Methodology

Several comments are in order about the methodology and character of the report. First, because so much has been written about AIDS and HIV, and because, for many people, the epidemic is viewed as the *only* specific health concern of GLBT people, AIDS and HIV are not a major focus of this report. (Though the subject frequently and inevitably arises in the context of the substantive areas that are this report's focus.)

Second, because this report focuses on the health care challenges facing the GLBT community, it tends to emphasize the community's deficits rather than its assets. A broader inquiry into the status of the GLBT community's health must reckon as well with the community's sources of strength.

Third, research involving GLBT people confronts basic problems of sampling bias. It is, almost by definition, difficult or impossible to identify and survey the substantial portion of the gay and lesbian population that is not out; nor is it wise to suppose that the portion that can be sampled represents the portion that cannot. It is clear that certain underserved communities -- bisexuals, transgenders, people of color, people living outside urban centers -- are under-represented in many of the studies discussed below. Nevertheless, for

all the sampling difficulties, the cumulative effect of the research surveyed here is to help paint a picture of the health concerns of the GLBT community.

Fourth, while this report touches only indirectly on GLBT family and parenting issues, it is important to note that these issues play an increasingly significant role in GLBT health concerns and are an important area for further study.

And finally, it should be emphasized that the research studies discussed here were carried out across a considerable span of time and in a wide variety of locations. The results may or may not be directly applicable to Massachusetts. Much remains to be done in investigating the particular concerns of GLBT people in communities across the state. Towards these ends, a section highlighting research conducted in Massachusetts has been added to this report.

Overall Concerns and Barriers to Care

Perhaps the most striking and fundamental fact about the relation of gays and lesbians to their health care providers is that, for many, their sexual orientation remains undisclosed. A 1988 study (cited in Cochran and Mays) indicates that between half and three-quarters of gays and lesbians do not disclose this information. A recently released study from the Justice Resource Institute indicates that 60% of GLBT young adults do not disclose their sexual orientation to health care providers. The lack of disclosure can have detrimental effects, not only in specific areas such as the treatment of STDs but, more broadly, in limiting the practitioner's ability to understand the factors affecting the patient's health and to treat the whole person.

An important corollary to the relative invisibility of GLBT people as health care consumers is their status as health care providers. Surveys both of gay and lesbian health care professionals and of the general population of health care professionals indicate significant and continuing barriers to acceptance. In a 1991 University of California at San Francisco survey, over a third of physician respondents said that they “believe homosexuality is a threat to many of our most basic social institutions” and that they would be “nervous among a group of homosexuals.” Openly gay and lesbian health professionals continue to report anti-gay bias in their professional environment. For example, in a survey of gay and lesbian emergency room physicians, over half said that they had experienced high levels of harassment or ostracism (“Gays in EMS”).

This report also discusses a variety of studies which look at how gays and lesbians utilize health care services, ways in which their usage may differ from the general population and the implications for the health of the community. For example, a point of access to the health care system for women is frequently in the context of obtaining birth control and family planning services. It is not surprising therefore that lesbians may be less likely than the general population of women to take important early intervention and preventative measures such as regular PAP smears or breast examinations (see, for example The National Lesbian Survey, 1988; and the Dallas Women's Healthy Survey, 1988).

Mental Health

Until 1973, homosexuality was officially listed as a psychological pathology. Many mental health professionals practicing today were trained in a time when the mental health profession was still seeking to cure its gay and lesbian clients. There are indications that the relationship of gays and lesbians to the mental health system is still affected by this history. In a 1991 survey of 2,500 members of the American Psychological Association, over half of respondents reported knowing of negative incidents regarding treatment of lesbian or gay clients, including instances in which lesbians practitioners defined gays or lesbians as “sick,” or when the client's sexual orientation distracted the practitioner from addressing the client's central problem. Interestingly, the GLBT community is far from invisible in the mental health system. An overwhelming majority of providers reported at least one gay or lesbian client.

The literature on GLBT mental health also provides some examples of the community's strength. For example, lesbians are less likely than heterosexual women to have eating disorders. In one study, lesbians were found to be consistently more satisfied with their bodies than heterosexual women, and many reported that their body image had improved significantly since coming out (Michael Siever, 1988). A study of gay men indicated that those who were more out demonstrated lower levels of anxiety and depression, and had higher self-images than gay men who were less out. And there is interesting evidence that the collective social experience of the GLBT community may sometimes allow for a stronger support network than exists in the general population (Bradford, et al., 1994).

Substance Abuse

Rates of alcohol and drug abuse are significantly higher among gays and lesbians than among the general population. The report discusses a wide variety of studies on the topic, and provides information about the alcohol and drug use patterns in the community. For gay men, there is also a clear link between substance abuse and unsafe sex. For example, in one survey, a third of gay men said that in the past year they had had unprotected sex while drunk or high (San Francisco Substance Abuse Needs Assessment, 1991). Another survey found a strong association between unprotected anal sex and being drunk or high (Justice Resource Institute, 1995). The report also looks at substance abuse treatment, and at the ways in which much of the currently available treatment may fail to adequately address the particular needs of gays and lesbians. It also considers some encouraging evidence about the value of programs explicitly targeted toward gay and lesbians.

Violence

According to the U.S. Department of Justice, violence directed against individuals who are, or are perceived to be, gay or lesbian is one of the most prevalent forms of hate crime in this country (National Institute of Justice, 1987). Also striking is that incidents of anti-gay and lesbian violence fail to conform to the popular myths that it is by going to bars or cruising areas that gays and lesbians make themselves vulnerable. Most anti-gay or lesbian violence occurs in or near the home, on the street or in the workplace. Only 4% of incidents take place in or near a bar or cruising area (Fenway Community Health Center Victim Recovery Program, 1994). It is not so much where they go as who they are, or seem to be, that makes people objects of anti-gay and lesbian harassment and attack.

Domestic violence appears to be roughly as prevalent in the GLBT community as among the general population, even if significant institutional and legal barriers to reporting and dealing with this violence continue to exist (see, for example, The New York City Gay and Lesbian Anti-Violence Project, 1994). The support system for GLBT victims of domestic abuse is thin. Only a few women's shelters in Massachusetts have programs specifically tailored to lesbians, and for gay men, there are no shelters available and scarcely support services.

Youth

GLBT youth are increasingly the subject of study and attention, in part because so much of the news about their situation is dire. A few examples from the literature:

- It has been reported that a quarter of gay and lesbian youth drop out of school due to discomfort in the school environment (for this and the next two citations, see U.S. Department of Health and Human Services, 1989).
- Gay and lesbian youth account for 30% of all youth suicides
- Gay and lesbian young people are two or three times more likely to try to kill themselves than heterosexual youth.
- A substantial number of gay and lesbian youth are forced to leave home because of their sexual orientation (for this and the next citation see Paul Gibson, U.S. Department of Health and Human Services).
- A quarter of all of youth living on the street may be lesbian and gay; many of these street youth engage in prostitution to support themselves.

Implications for Massachusetts

If an ideal health care environment is one in which GLBT people feel comfortable disclosing their sexual identity and seeking the care they need, then the gap between today's reality and that ideal may seem nearly unbridgeable. Too many powerful social forces, not the least of which is homophobia, have gone into creating that gap. And only powerful social change can truly erase it.

Yet much can be done -- much *is* being done -- to concretely address the health concerns of gays and lesbians. This report, after all, documents not only a set of challenges but a growing response to those challenges. And while it is beyond the scope of this report to make detailed policy recommendations or outline a plan of action, there are significant implications for health care services here in Massachusetts.

Tolerance is not enough

Though in many health care settings it is likely that simple tolerance of GLBT people would represent a tremendous improvement, tolerance is too little to ask. Nor does tolerance by itself provide an effective tool for addressing the specific and increasingly well-documented health concerns of GLBT people. Health care providers should take action to foster a much wider degree of knowledge about gay and lesbian health concerns among health care practitioners, and encourage practitioners to act in ways which directly

address these concerns. There is an important and helpful parallel to be drawn between the actions that have been taken by health service providers to better serve certain traditionally underserved cultural and ethnic minorities and those actions that can be taken to better address the health concerns of the GLBT community.

Needs Assessment and Evaluation

Further systematic study of the concerns of GLBT people in Massachusetts in some of the key areas spotlighted in this report could significantly improve the effectiveness and quality of health services. GLBT people should be included in community planning processes to help assess how programs are being planned and implemented in a particular service area.

Training, Staffing and Standards

In any health care setting where practitioners are likely to serve gays and lesbians -- which is to say, *all* settings -- training should be provided that addresses the particular health concerns of the GLBT community. It is important that this training not be limited to the general subject of sensitivity or awareness but that it focus as well on the specific concerns of the GLBT population that each agency serves.

The recruitment and retention of openly gay and lesbian people in health care settings can be a vital part of any effort to provide access for health care to the GLBT population. It is a way both to provide expertise about GLBT health concerns and to provide encouragement for an agency's GLBT clients to be open about their sexual orientation.

Sensitivity to the concerns of GLBT people can be made more concrete through the development and adoption of standards for practitioners. Standards could address such topics as physical safety, the handling of incidents of harassment, and how transgender people are dealt with in residential settings.

Institutionalization of GLBT concerns

In other parts of the country and here in Massachusetts important steps have been taken to institutionalize GLBT health concerns. The Governor's Commission on GLBT Youth, for example, has had a significant impact by focusing knowledge, resources and public attention on the difficulties facing gay and lesbian young people. Likewise, the Department of Public Health has launched a GLBT Health Access Project to address the health care needs of the GLBT community.

The community is a source of strength

One of the great assets of the gay and lesbian community is the rich network of organizations involved in GLBT health issues. The AIDS movement has helped develop within the community an extraordinary -- perhaps unprecedented -- capacity to develop and implement effective models of service delivery. The skills, knowledge and activism of the GLBT community on matters of health is a source of strength that should continue to be tapped by public health officials and health care practitioners as they move to address GLBT health concerns.

GLBT Health Concerns in Massachusetts: Highlights of Recent Research

Over the past several years, a growing body of research has been helping to shed new light on the health concerns of gay, lesbian, bisexual and transgender people in Massachusetts. Some of this research has focused specifically on the GLBT community; other work, moving beyond a presumption of heterosexuality to ask about sexual orientation or sexual behavior in the course of surveying a broader population, has provided important new insights on key GLBT health issues.

Summarized below are some highlights from this recent work dealing with lesbian health, youth, substance abuse and violence. Some of the studies cited are still in draft form and as yet unpublished. A fuller listing and description follows this section in the form of an annotated bibliography.

Lesbian Health

Many health care providers underestimate the extent to which lesbians may be at risk for sexually transmitted diseases and other gynecological infections. A study of more than 400 self-identified lesbians and bisexual women by Fenway Community Health Center (Carroll, et. al, 1997) turns up a variety of gynecological infections even among women who report having no prior male sexual partners.

The study finds that, “STDs were commonly diagnosed during the time periods when the women reported no recent male sexual partners. Either these STDs were acquired by prior heterosexual encounters and remained latent for several years prior to diagnosis or they were due to woman-to-woman transmission.” It goes on to conclude that, “Woman-to-woman STD transmission occurs, although very little is known about the mechanisms,” and urges more research “to define risky sexual practices and inform clinicians when to offer their lesbian and bisexual patients screenings for STDs and other gynecological infections.”

Youth

Recent studies bear out earlier research in painting a troubling picture of the challenges facing GLBT youth. The Massachusetts Youth Risk Behavior Survey (Massachusetts Department of Education, 1996), which surveyed over 4,000 high-school students, finds that 4.4% of all high school students report having had sexual contact with a member of the same sex and/or describe themselves as gay, lesbian or bisexual. Compared to the respondents who did not fit this description, this group was:

- more than four times as likely to have used cocaine
- more than four times as likely to have stayed away from school during the previous thirty days because they felt unsafe
- almost twice as likely to have been in a physical fight during the previous year
- more than twice as likely to have planned a suicide and four times as likely to have attempted suicide

A study of HIV risk behavior among young men who have had sex with men (Abt Associates, draft final report, 1997) indicates that over half of the young men surveyed

engaged in unprotected sex during the previous year. Almost 25% reported that at some time in their lives they had accepted, “money, drugs or a place to sleep in trade for sex.” The study also includes an analysis of Department of Education data indicating that 33% of the young men reported that they had had sexual contact against their will at some time in their lives.

Substance Abuse

A study of clients in Massachusetts substance abuse treatment programs (John Snow Institute, 1996) has turned up striking evidence of disproportionately high substance abuse rates among GLBT people. Among the men surveyed, 18% reported having had sex with other men during the previous year. The proportion was higher among African-Americans (31%) and Latinos (23%) than among whites (15%).

Among females in the survey, 23% reported having sex with other females during the previous year. The proportion was higher among Latinas (38%) than among African-Americans or whites (22%).

Violence

The most recent annual report of the Fenway Community Health Center's Victim Recovery Program (Fenway Community Health Center, 1997) indicates that during 1996, 218 people were victims of reported anti-GLBT incidents in Massachusetts. This is a 7% decline from the previous year. However the intensity of violence in these incidents increased, resulting in forty-one injuries and three deaths.

One significant trend in the 1996 figures is the emergence of schools and colleges as the leading site of anti-GLBT incidents. One fourth of all incidents were reported to have occurred in schools, colleges and universities. According to the report, this change may be attributable to increased reporting result from special outreach to young victims of anti-GLBT harassment.

Another study that looked at childhood sexual abuse among gay men participating in a study at a Massachusetts community health center (Lenderking, et. al., 1997) found that men who reported having been sexually abused as children were much more likely to be engaging in unprotected sex. According to the study, these men were twice as likely to have had unprotected sex during the previous six months as the other men in the sample. The findings also suggest that sexual abuse histories may be more common in the gay or bisexual male population than the estimates usually made for men in general.

Massachusetts Research: An Annotated Bibliography

These nearly two dozen Massachusetts research studies, many unpublished, focus on a various aspects of GLBT health concerns. It is hoped that this annotated bibliography will become a working resource for future researchers and help provide a foundation for a growing body of Massachusetts-based literature.

GLBT Health: Specific Concerns and Barriers to Care

Gay and Bisexual Men

Childhood Sexual Abuse Among Homosexual Men: Prevalence and Association With Unsafe Sex. (April 1997, Lenderking, William R. et al. in *Journal of General Internal Medicine* vol 12 pp 250-253).

Fenway Community Health Center, Boston

Homosexual and bisexual men, already participating in two cohort studies examining risk factors for HIV infection, were administered a questionnaire regarding childhood sexual abuse. Researchers found that past sexual abuse led to higher rates of unsafe sexual practices, higher numbers of male partners and an increase in likelihood of having lied to have sex, than among participants who were not sexually abused. (n=359)

HIV Vaccine Preparedness Study-Project ACHIEVE

Fenway Community Health Center, Boston, sponsored by NIH (NIAID/Abt Associates) Project ACHIEVE (HIV Network for Prevention Trials) recently completed an HIV Vaccine Preparedness Study with over 300 MSMs and will begin preventive vaccine study in July 1997. Project ACHIEVE will begin recruitment of over 600 MSMs in September 1997 for the first effectiveness study of a behavioral intervention to reduce HIV infection.

Longitudinal HIV Prevention Project

Fenway Community Health Center, Boston, sponsored by the Massachusetts Department of Public Health

Examines the natural history of HIV infection within a cohort of gay and bisexual men in the Greater Boston area. Studies risk-taking behavior (i.e. sexual behavior, alcohol and substance use, etc.), health attitudes and beliefs about HIV/AIDS, psycho-social measures, all by self-report.

Lesbian Health

Boston Lesbian Health

Dr. Susan Jo Roberts with Fenway Community Health Center, Boston, 1987

A comprehensive lesbian health questionnaire was mailed out to 5,000 women nationwide, with 1,633 respondents. Information collected included health history, sexual practices, mental health and substance abuse issues. Researchers are in the process of creating a data-bank, and will be updating the questionnaire and re-administering within the next year.

A Comparison of Alternative Insemination Methods Used by Lesbians and Single Women

Fenway Community Health Center, Boston, Dr. N. Carroll, Dr. Julie Palmer

This study began in January 1994, and is an ongoing assessment of issues pertaining to alternative insemination methods. Specifically, researchers are judging the efficacy of two methods, - intrauterine and intracervical - insemination and collecting retrospective and prospective data on the experiences of women doing home-based inseminations.

Gynecological Infections and Sexual Practices of Massachusetts Lesbian and Bisexual Women. (1997, Carroll, Nina et al., in *Journal of the Gay and Lesbian Medical Association* 1(1)).

A self-administered survey examining the possible transmission of STDs from woman to woman, conducted in eastern Massachusetts on 421 lesbian and bisexual women. This survey tool was an addenda to the Lesbian Health Needs Assessment (see below). Results indicate that woman-to-woman transmission of STDs and vaginitis is possible, but that little is known about their incidence due to a lack of testing by health care providers and knowledge regarding lesbian sexual behaviors that could transmit infection. Routine gynecological screening for STDs should be a part of the standard care offered to sexually active lesbian and bisexual women. Further research is necessary to address these concerns.

Lesbian Health Needs Assessment

Family Planning Council of Western Massachusetts and Fenway Community Health Center, Boston, sponsored by the Massachusetts Department of Public Health
In 1995, a comprehensive self-administered survey was completed by 1010 lesbians across Massachusetts. Approximately 60% of the surveys were collected in Western Massachusetts, with the remainder from Boston and eastern Massachusetts. Researchers assessed issues pertaining to the mental and physical health of respondents to better understand their particular health access needs.

Lesbian Health Survey

Fenway Community Health Center, Boston, Denise Bentley
The study is due to begin in September 1997 on the sexual health of lesbian women in the Boston area. Particular attention will be paid to sexual behaviors, practices and beliefs. In addition, substance abuse issues and access to mental health services will also be examined. Researchers plan to have women of color be a sizable percentage of the study population.

Outcomes of Home-Based Alternative Insemination for Lesbians and Single Heterosexual Women

Fenway Community Health Center, Boston, Marian Milbauer, MPH and Susan Barkan, PhD
The study sample included 124 women between the ages of 27 and 43 years old who were inseminated with frozen semen obtained at Fenway Community Health Center over a three year period of time. Of the women who did become pregnant, 50% did so with three attempts or less; suggesting that fertility intervention might benefit women after just 3 or 4 attempts. Presented at the 1992 APHA conference and published in *Sojourner* in 1993.

Women's Sex Survey

Fenway Community Health Center, Boston
Administered in June 1993 at Gay/Lesbian Pride in Boston to 1100 lesbian, bisexual and heterosexual women. Lesbian respondents self-reported a comparable incidence of

chlamydia as that reported by heterosexual women. Abstract presented at the October 1993 APHA conference.

Elder Health

Elder Needs Assessment Survey

Fenway Community Health Center, Boston in collaboration with the Beth Israel Deaconess Medical Center

Conducted 15 months ago, surveyed 164 gay and lesbian elders over the age of 50, regarding their medical, mental health and social service needs. Information, including basic demographics, was collected to future understand the barriers and obstacles of health care access of gay and lesbian elders in the Greater Boston area.

Mental Health

Coparenting in Lesbian Couples

1987, Betsy Smith

This doctoral dissertation studied the transition to parenthood among lesbian coparents of biological children. The study found many similarities between expectant lesbian and heterosexual parents, such as stress factors, sleeping patterns and feelings of excitement. In addition, a common feeling shared by lesbian couples was self consciousness around coming out again and having their personal lives exposed at the work place.

Substance Abuse

1996 Health Risk Survey

Massachusetts Department of Public Health Bureau of Substance Abuse and John Snow Inc.

The survey was administered through substance abuse programs across Massachusetts. Participants were asked questions about drug use, accessing providers, domestic violence and sexual behavior. Questions about sexual behavior included whether the respondents had engaged in same sex intercourse, safe sex, and about HIV.

Violence

Abuse that Dare not Speak its Name: Assisting Victims of Lesbian and Gay Domestic Violence in Massachusetts. (1994. Lundy, Sara E., in *New England Law Review* 28(2).

Examination of the circumstances involved in domestic violence within same sex relationships. Lundy argues that it is as prevalent as among heterosexual couples, but that gay and lesbian victims are further isolated from support networks due to homophobia. Offers analysis of the psycho-social and legal obstacles involved in prevention efforts and suggestions for improvements.

Anti-Gay/Lesbian Violence in 1996: Massachusetts and the United States; Local and National Trends, Analysis and Incident Summaries.

Fenway Community Health Center, Victim Recovery Program, Boston, 1997

Annual report summarizing local and national trends, analysis and incidents of anti-gay/lesbian violence in 1996. Report stated that 218 people were victims of reported anti-GLBT incidents in Massachusetts, a 7% decline from the previous year. The intensity of

the violence in these incidents increased, resulting in forty-one injuries and three deaths. Schools, colleges and universities are the site of 25% of all reported incidences.

Youth

Young MSM Serosurveillance Survey

Fenway Community Health Center, Boston, sponsored by the Massachusetts Department of Public Health

Measuring the prevalence of HIV infection of young men who have sex with men, aged 16 - 24, in the Boston area. Outreach workers at agencies, bars, clubs and public sex environments, May - June 1997. An emphasis on reaching young men of color.

Study of the HIV Risk Behavior of Young Men Who Have Sex with Men

Sponsored by the Massachusetts Department of Public Health with Abt Associates, Inc, 1997

Self-administered questionnaires were distributed in Boston and Worcester through various sites and means (including health clinics and outreach workers). Researchers examined sexual identity, behavior and history, substance abuse issues and related demographic information and then assessed HIV risk-related behaviors. The cohort consisted of young men who have sex with men, aged 13 - 24.

Lesbian Gay Bisexual Young Adult Survey

Justice Resource Institute, Boston, 1995

A self-administered, anonymous questionnaire distributed to LGB young adults aged 17-25 (n=218) in the greater Boston area. Examined health care, housing, and employment needs. Health issues included provider concerns and access, HIV risk and sexual behaviors. mental health status, and substance abuse.

1995 Massachusetts Youth Risk Behavior Study

Massachusetts Department of Education, 1996

A CDC designed survey administered in Massachusetts schools to over 4,100 students. Students who identified as GLBN (gay, lesbian, bisexual, or questioning) indicated higher rates of tobacco, alcohol and illegal drug use, suicide attempts, risky sexual behaviors and violence related incidents.

Transgender Issues

Transgenderers and HIV Risks: Needs Assessment

Mason, Theresa Hope et al., Gender Identity Support Services for Transgenderers, August 1995

A needs assessment of the transgender population in Boston, providing a description of the various individuals who make up this population and community. The report specifically addresses the community's health needs and risks, such as HIV and substance abuse, and offers recommendations for improvements in availing services for this population.

GLBT Health: Specific Concerns and Barriers to Care

Members of the lesbian, gay, bisexual and transgender community face a unique set of health concerns that are often exacerbated by health care providers who are poorly equipped to sensitively respond to GLBT health care needs. A thorough examination of GLBT medical problems, a recognition of the effects of homophobia and social stress on their development, and a health care provider response that exceeds “tolerance” and specifically addresses lesbian and gay health care issues, would all contribute to an ideal health care environment for the GLBT community: one in which lesbian, gay, bisexual and transgendered persons feel comfortable disclosing their sexual orientation and seeking the preventative and urgent health care that they need.

Gay and Bisexual Men: Specific Health Concerns and Barriers to Care

In addition to HIV/AIDS-related concerns, gay men face a disproportionately high rate of sexually transmitted diseases, including gonorrhea, syphilis, hepatitis A and B, and anorectal venereal warts, as well as an increased risk of exposure to enteric pathogens and cytomegalovirus infection (Owens, 1985; Ernst & Houts, 1984). The significant prevalence of alcohol abuse in the gay male community (see Substance Abuse) has been associated with high rates of STD infection (Ernst & Houts, 1984), and poses a potential health risk for cirrhosis, colon and stomach cancer, and gastrointestinal hemorrhage (Report on Lesbian Health, 1995). Likewise, high levels of tobacco usage may put the gay male community at increased risk for lung cancer, obstructive pulmonary disease, and heart disease (Report on Lesbian Health, 1995). Higher rates of anal cancer among gay men have also been suggested, but have yet to be fully explored (Human Rights Campaign Fund, 1994).

A fundamental fact about the relation of gays and lesbians to their health care providers is that, for many, their sexual orientation remains undisclosed.

- Recent surveys indicate that 51-82% of lesbians and gay men do not disclose their sexual orientation to health care providers (cited in Cochran & Mays, 1988)
- According to a 1995 Justice Resource Institute (JRI) survey of GLBT young adults, 60% of respondents had not disclosed their sexual orientation to their health care provider
- Over half of the respondents were not “out” because of fear or embarrassment
- 40% did not consider their sexual orientation to be related to their health problems
- 30% thought that their sexual orientation was none of their health care provider's business
- 27.2% felt embarrassed or uncomfortable about disclosing their sexual orientation
- 15.2% were afraid of their friends or family learning of their sexual orientation
- 11.2% were afraid of receiving substandard care

Gay and bisexual men may on occasion be refused treatment, usually because of fears about AIDS. In a 1991 Los Angeles area survey, seronegative gay and bisexual men rarely reported treatment refusals; however, when refused treatment, more respondents reported refusal of dental care than of medical care. Men living with AIDS were 18% more likely to be refused treatment by a doctor than seronegative men.

The majority of literature on gay male health issues draws upon a research population of younger, white, upper class, “out” urban gay men. Barriers to care are significantly increased for gay and bisexual men who are low income, of color, older, or reside in a non-urban environment (see also “Lesbian and Bisexual Women: Specific Health Concerns and Barriers to Care”). High levels of income, urban residence and “outness” have been found to be the key indicators of access to and utilization of health care services (Ernst & Houts, 1984): gay men residing in major metropolitan areas are more likely to have frequent medical exams and to be satisfied with their health care (Darrow et al., 1981). Conversely, delayed treatment and lack of regular checkups are more common in older, lower income, non-urban gay men (Ernst & Houts, 1984). Men who wish to keep their sexual orientation a secret have been found to have lower frequencies of medical exams and to be less satisfied overall with their health care (Darrow, et al., 1981).

Lesbian and Bisexual Women: Specific Health Concerns and Barriers to Care

Lesbian and bisexual women face the added challenge of existing as an “invisible minority” within health care services. The common perception that lesbians do not face the same health risks as heterosexual women may influence the low rates of preventative health care and routine gynecological care in the lesbian community. Another factor that may make utilization rates lower for lesbians than for heterosexual women is the fact that most women access health care within the context of obtaining birth control and other family planning services. Furthermore, lesbians are less likely to have access to a male's income or resources and as women, have generally lower earning potential than men (National Lesbian Survey, 1988). As is the situation with gay men, a lesbian's partner or her partner's children can not usually be placed on her health insurance policy (NLS, 1988), causing greater financial constraints. When coupled with fears of sexual assault, patronizing treatment, intimidation, ignorance, and discrimination, which have all been found to result from lesbian self-disclosure to health care providers (NLS, 1988), it is easy to see why lesbians often fail to seek traditional health care.

Despite low utilization of services, and in part because of it, lesbians face unique health risks. Although a relatively low risk level for HIV transmission and a generally low STD rate for the lesbian community are widely accepted, woman-to-woman transmission of bacterial vaginosis, trichomonas, herpes, genital warts, gonorrhea and chlamydia are consistently documented. (NLS, 1988) HPV lesions in the oral cavity (Pancini, et al, 1991) recurrent tonsillitis associated with chlamydia (Ogawa, et al., 1993), and orally transmitted vaginal infections all may be of specific concern to the lesbian or bisexual woman. In the area of breast cancer, while lesbians are not obviously at a higher level of risk physiologically than heterosexual women, combined risk factors of nulliparity, low parity, delayed childbearing and higher than average levels of alcohol intake may place lesbians at greater overall risk for developing the disease. Furthermore, disease may be detected later due to underutilization or delayed utilization of breast cancer screening tools such as clinical breast exams and mammography. Like the gay male community, high rates of alcohol abuse in the lesbian community (see *Substance Abuse*) may contribute to the risk of cirrhosis, colon and stomach cancer, gastrointestinal hemorrhage,

endometriosis, and menstrual and reproductive irregularities (Report on Lesbian Health, 1995). High rates of tobacco usage may correspond with greater risk for lung cancer, chronic obstructive pulmonary disease, heart disease, and osteoporosis (Report on Lesbian Health, 1995). Lack of routine gynecological care, PAP smears, and delays in treating gynecological problems may raise lesbian and bisexual women's risk of cervical cancer, pelvic inflammatory disease, and cervical dysplasia as well (Report on Lesbian Health, 1995). Some findings as to lesbian and bisexual women's perceptions and experiences with traditional health care services include:

- In a 1985 survey of 2,348 lesbian and bisexual women, 40% of respondents felt that if their physicians knew their sexual orientation, it would negatively affect their health care
- 60% of respondents would disclose their sexual orientation if they were ensured of confidentiality
- According to a 1981 survey of 117 lesbians, 40% of respondents felt self-disclosure would hinder their health care
- 64% of respondents would disclose if they did not anticipate a negative reaction
- 27% of respondents to the 1988 National Lesbian Survey reported that their physicians believed they were heterosexual
- 10% felt that their quality of care had been compromised because of disclosure of their sexual orientation
- A small 1992 study of 79 lesbian and heterosexual women found that lesbians were more likely to practice alternative medicine, use meditation and relaxation techniques, and use recreational drugs than were heterosexual women; heterosexual women, on the other hand, were more likely to fulfill family obligations, get regular PAP smears, and take prescription drugs than were lesbians
- According to a 1990 study, lesbians' primary reasons for avoiding traditional health care include:
 - A lack of low-cost, alternative, or holistic treatment in the traditional health care setting
 - Little preventative care or health education
 - Minimal communication and respect from health care providers
 - Too few women-managed and staffed clinics
- Of respondents to a 1985 survey of the lesbian community, 90% would prefer to see a female doctor, although 83.8% said they could discuss problems with a male doctor provided they felt comfortable
- According to the same survey, clients of non-private sources were more likely to report unsatisfactory experiences with their physicians than clients of private services
- Respondents who had disclosed their sexual orientation were more likely to be in a non-traditional health care environment

Available research indicates that lesbians are more likely to forego routine gynecological care, and receive fewer PAP smears, breast exams, and mammograms than heterosexual women. A general life trend for lesbians of a declining utilization of traditional OB/Gyn

services supports the theory that past negative experiences deter lesbian participation in gynecological care (Buenting, 1992). Some examples include:

- A 1992 survey by the Washington Blade found that 56% of lesbians surveyed had never had a mammogram
- According to a 1985 study of the lesbian community, 58% of respondents sought gynecological care only when a problem arose
- The 1990 Dallas Women's Health Survey found that on average it had been 4.6 years since a lesbian woman's last PAP smear; for heterosexual women, it had been 1.4 years
- According to the 1988 National Lesbian Survey, 23% of respondents had not had a PAP smear in the past two years
- The National Lesbian Survey also reported that 21% of lesbians perform monthly breast self-examinations
- In comparison, the 1985 National Health Interview Survey found that 50% of single heterosexual women and 63% of married women perform breast self-exams monthly
- Of the respondents to the National Lesbian Survey, 11% reported having contraception “forced” on them: available research shows that assumptions of heterosexuality regarding birth control is a key negative factor for lesbians in traditional health care settings

As is the case with gay men, research on lesbian health overwhelmingly focuses on younger, white, educated, urban, “out” lesbians. Populations largely absent from research (primarily from lack of access) encounter additional health concerns:

- In a 1985 study of lesbian and bisexual women, twice as many bisexual women as lesbian women preferred not to disclose their sexual orientation
- Bisexual women were less likely to see lesbian doctors and more likely to seek traditional health care services
- According to an anecdotal report by a rural OB/Gyn in the American Association of Physicians for Human Rights (AAPHR) 1994 study *Anti-Gay Discrimination in Medicine*, rural OB/Gyns often forego PAP smears on their openly lesbian clients, and are more likely to dismiss their pain or gynecological complaints
- According to the 1995 *Report on Lesbian Health*, bisexual women and lesbians who have sex with men are at increased risk for HIV and other STDs: low levels of OB/Gyn utilization by lesbian and bisexual women, for both woman-to-woman STDs and STDs transmitted through heterosexual sex, increases risk for pelvic infections, tubal infertility, and chronic pain syndrome
- Alternative insemination techniques with unscreened private donor semen may increase lesbians' HIV risk

As African American lesbian women may be more likely to have had previous marriages and to have children than are white lesbians (Bell & Weisenberg, 1978), and may overall have had more heterosexual experiences than white lesbians (Cochran & Mays, 1988), a clinical picture of African American lesbian and bisexual women's health risks differs

from that of the white lesbian population. Specific preventative health education is necessary to target formerly or currently heterosexually active self-identified lesbians and bisexual women of color:

- In a 1988 study of 594 African American lesbian and bisexual women, 90% of lesbians and almost 100% of bisexual women had engaged in heterosexual sex at least once
- Of those surveyed, 33% of lesbians had disclosed their sexual orientation to their doctors; 18% of bisexual women had self-disclosed

Homophobia and Health Care Professionals

Unfortunately, the concerns about discrimination and homophobia that may alienate many GLBT clients from the health care system do not seem to be unwarranted:

- In a 1991 University of California at San Francisco survey, 35% of physician respondents said they would be “nervous among a group of homosexuals” and that they “believe homosexuality is a threat to many of our most basic social institutions”
- A 1994 *Anti-Gay Discrimination in Medicine* report by the American Association of Physicians for Human Rights, a national lesbian and gay physicians association, found:
 - 91% of respondents reported knowledge of anti-gay bias in their professional medical environment
 - 67% of respondents knew of a specific situation in which a lesbian or gay man received substandard care because of his or her sexual orientation
 - 52% had actually observed such a situation
 - 88% had heard colleagues make disparaging remarks about lesbian, gay, or bisexual clients
- Recognizing the paradox that disclosure of sexual orientation is necessary for adequate treatment, yet may result in discrimination, 98% of respondents felt that it was necessary for clients to “come out” to their health care providers, but 64% felt self-disclosure would lead to substandard care

A frequent recommendation for the improvement of health care services to the GLBT community is the hiring of an openly lesbian or gay health care provider. Yet in order to provide a safer and more supportive atmosphere for the lesbian or gay client, the health care provider faces risks of his or her own in self-disclosure of sexual orientation. The AAPHR study found that:

- 59% of gay, lesbian, and bisexual medical students have suffered personal discrimination
- The four factors most likely to influence discrimination against lesbian, gay, or bisexual physicians are:
 - being “out”
 - treating a large number of lesbian or gay patients

- being a medical student
- practicing within certain specialties
 - Gay or lesbian OB/Gyns were 29% more likely to be denied referrals; surgeons were 27% more likely to be denied referrals
 - Over 50% of gay or lesbian emergency physicians said they had experienced high levels of harassment or ostracism (For additional information, see *References: GLBT Health Concerns*, “Gays in EMS”)

Recommendations for Change

Currently, the health care market is expanding to accommodate the lesbian and gay community, with an increasing number of gay- and lesbian-specific addiction treatment centers, psychiatric hospitals, and inpatient and outpatient services (Taravella, 1992). The increase in services is probably due to both increased recognition and interest in lesbian and gay health concerns, coupled with a newfound awareness of gay men as a profitable marketing niche, as the upscale, private nature of most services and their predominantly gay male focus attests (Taravella, 1992). The fact that gay men have the highest disposable income of any minority group in the country (the average annual household income for a gay male is \$51,624, vs. \$42,755 for lesbians, and \$30,126 for the median family household income nationally (Overlooked Opinions, 1992, U.S. Census figures, 1991)) may contribute to their recent emergence as a prime advertising targeting (see also *Substance Abuse*, “Tobacco Use”).

The GLBT community itself has been enormously active in working to research, recognize, and respond to lesbian and gay health concerns. Since 1983, New York City has operated the Office of Lesbian and Gay Health Concerns, and San Francisco employs a full-time Lesbian and Gay Health Services Coordinator. Nationally, the National Lesbian Health Foundation (an offshoot of AAPHR), the National Gay and Lesbian Health Foundation, the National Network of Gay and Lesbian Nurses, and the Mautner Project for lesbians with breast cancer are just a few of the organizations working to bring lesbian and gay health issues to public attention. In the labor movement, gay and lesbian health issues are beginning to emerge within the context of benefits negotiation: in 1992 the Service Employees International Union created a gay and lesbian caucus to pursue recognition of same-sex relationships in health care benefits and bereavement leave stipulations.

As lesbian and gay health concerns begin to be acknowledged in broader, more structural forms, a comparable revision of the one-on-one relationship between providers and consumers should occur as well. Subtle, yet meaningful, changes, such as including GLBT-specific materials and welcoming cues in the office or clinic, refraining from making heterosexist assumptions when taking sexual histories (for instance, a provider might ask, “Do you have sex with men, women, or both?”), and being prepared to adequately respond to lesbian- and gay- specific health care needs, or equipped to make appropriate referrals, would enable health care providers to create an atmosphere in which the GLBT client feels comfortable “coming out.” Additionally, hiring an openly

lesbian or gay staff member may also be appropriate. A combination of micro- and macro-level changes may help to create a health care environment where GLBT health concerns are no longer marginalized and where clients receive competent health care that is relevant to their lives as lesbian, gay, bisexual, and transgendered persons.

Mental Health

Living as a socially stigmatized community has impacted the mental health of the GLBT community in both negative and positive ways. Although research generally indicates that lesbian, gay, bisexual, and transgendered persons show frequent instances of depression, anxiety, and suicidal ideation (Bradford et al., 1994, Justice Resource Institute, 1994), the experience of living as a member of an oppressed group may aid the development of psychological coping skills (Rothblum, 1994). At the same time, the collective social experience of the GLBT community may have allowed for the development of a stronger support network than exists among members of the “general population” (Rothblum, 1994). A limited body of research reveals the following:

- More than half of the 1,925 respondents to the 1985 National Lesbian Health Care Survey had thought about suicide at one time; 18% had attempted it
- 68% of respondents reported having had a range of mental health problems in the past, including long-term depression, sadness, constant anxiety, and fear
- Of respondents to the 1988 National Lesbian Survey, 37% had experienced periods of depression and sadness (the high rate of depression in the lesbian population, however, is not inconsistent with that of women in the general population)
- In a recently released Justice Resource Institute of Boston survey of lesbian, gay, and bisexual young adults, 48.8% of male respondents and 45.2% of female respondents had experienced depression in the past year
- 75% of respondents to the National Lesbian Health Care Survey had sought counseling at some point for sadness or depression
- Women in the youngest (17-24) and oldest (55+) age groups were the least likely to seek counseling
- The predominant issues for respondents to address in treatment were relationship issues, family issues, and loneliness

Homophobia Within Mental Health Services

Many psychiatrists and psychotherapists practicing today were trained in a time when the mental health profession was still seeking to “cure” its lesbian and gay clients. Only in 1973 was homosexuality removed from the pathologies listed in the DSM-II. The extent to which anti-gay/lesbian sentiment still resonates in mental health services was assessed by the American Psychological Association's Task Force on Heterosexual Bias. Some findings from their 1991 survey of 2,500 members of the American Psychological Association:

- 99% of providers had at least one lesbian or gay client
- 58% of respondents reported knowing of negative incidents regarding treatment of a lesbian or gay client, including instances in which practitioners defined

- lesbians or gay men as “sick,” or when the client's sexual orientation distracted the practitioner from addressing the client's central problem
- Overall, the report concluded that “biased, inappropriate, and inadequate practice [was] found in understanding, assessment, and intervention of topics such as identity development, lesbian and gay relationships, and parenting”

Childhood Abuse and Sexual Assault (see also Violence)

Coinciding with the pathological depiction of homosexuality are often allegations of a link between childhood abuse and same-sex attraction. The National Lesbian Health Care Survey sought to explore the extent of abuse in respondents' lives, in both childhood and as adults:

- 37% of respondents had been physically abused as a child or adult
- 19% of respondents had been involved in an incestuous relationship while growing up: the comparable rate of 16% in the general population effectively debunks the myth that lesbianism is a reaction to prior sexual abuse
- 32% of lesbians had been sexually attacked or raped, the same percentage found in the general population
- Of those respondents sexually attacked or raped, 35% had sought assistance afterwards, but only 10% sought help from a counselor
- Of the 35% that sought assistance, women reported the highest degree of satisfaction with women's groups and women-directed support services; they reported the lowest degree of satisfaction with private doctors, emergency room staff, and clergy.

Eating Disorders

A frequently ignored mental health concern of the GLBT community is the presence of eating disorders in the gay male community. Although no large scale empirical research has verified that eating disorders occur at a disproportionately high rate among gay men, some small studies seem to indicate that the importance of attractiveness in the gay male community (cited in Siever, 1994, Silberstein, 1989), when coupled with mainstream social norms regarding weight, may place gay men at increased risk for behavior that can lead to eating disorders. A 1988 study by Michael Siever of gay men, lesbians, and heterosexual men and women hypothesized that if eating disorders result from a dissatisfaction with one's body due to a discrepancy between one's real body type and a socially prescribed body type deemed desirable to men, then heterosexual women and gay men would be the most predisposed to eating disorders. Indeed, the gay men in the study were found to be even more unhappy with their bodies than heterosexual women. According to a 1989 Yale University study, heterosexual men tend to evaluate their body as a “tool,” placing physical strength and their ability to utilize their bodies at levels of highest importance, and heterosexual women tend to evaluate their body as an object in terms of physical attractiveness to men: hence the added dissatisfaction of gay men in the 1988 study may be a result of social pressure, and subsequent dissatisfaction with body type, on both levels.

Supporting the hypothesis that eating disorders follow from attempting to attain a body type considered desirable to men, lesbians in the 1988 study were consistently less dissatisfied with their bodies than heterosexual women. Although lesbians scored significantly heavier on the weight scale of the study, they manifested lower rates of eating disorders than heterosexual women. This corresponds with the 1985 National Lesbian Health Care Survey finding that overeating was more of a problem than under eating for its respondents, although some eating behavior verging on disordered did occur: interestingly, the highest rates were among African American respondents, 10% of whom reported engaging in incidences of bingeing and purging.

Furthermore, many lesbian respondents in the 1988 Siever study indicated that their body image had improved significantly since they had come out, reinforcing the posited relation between “outness” and positive mental health, and emphasizing the effect of the assimilation process on body image perception among lesbians and gay men. Unfortunately, becoming fully acclimated to community norms may serve as a buffer against eating disorders for lesbians, while increasing risk for gay men. Regardless of effect, the importance of community norms in influencing body perception makes a strong argument for culturally specific counseling of the lesbian or gay client displaying disordered eating behavior.

Mental Health Issues for Gay Men and Lesbians of Color

As with all the issues touched upon in this report, the relative absence of gay men and lesbians of color, low-income gay men and lesbians, non-urban lesbians and gay men, and older lesbians and gay men, as well as of bisexuals and transgendered persons, from research surveys makes it difficult to assess the mental health needs of many members of the GLBT community. Particularly, within the realm of mental health, status as a double or triple minority, as well as cultural, financial, and geographical constraints, all affect the ability to utilize mental health services:

- The National Lesbian Health Care Survey reported that, in general, lesbians who were older, low-income, or non-white reported higher levels of abuse, mental distress, and reliance upon professional help

In the treatment of lesbians and gay men of color, the client's bicultural status is likely to be a key factor in understanding his or her mental health concerns. Counseling that addresses the needs of a gay or lesbian client solely within the framework of white mainstream America's response to homosexuality completely ignores the distinctive experiences of communities of color. Culturally specific considerations such as the degree of assimilation into the dominant culture, the history of the community within the dominant culture, the importance of family as a tangible source of support, the nature, degree, and intensity of religious values, the meaning of gender roles within the community, and racism may all be appropriate when counseling a gay or lesbian member of a community of color (Greene, 1994). Culturally specific treatment is especially relevant since a 1994 review of research on African American, Native American, Latin American, and Asian American lesbian and gay issues found that, across ethnic groups, lesbians and gay men of color felt more pressure to remain closeted and found the

experience of homophobia more predominant in their own communities than in the dominant culture (Greene, 1994). Many communities of color may view homosexuality as something that exists outside their culture, and conceive of identification as a singular entity, so that the person of color who identifies as a gay or lesbian is considered to have effectively rejected his or her cultural identity (Greene, 1994). Lesbians and gay men of color face an added risk in coming out in that not only might they be rejected by members of their own community, but they cannot be guaranteed of acceptance within the mainstream lesbian and gay community either (Greene, 1994). As noted in the review of research: “Ethnic minority gay men and lesbians frequently experience a sense of never being a part of any group, leaving them at risk for isolation, feelings of estrangement, and increased psychological vulnerability” (Greene, 1994).

Psychological Benefits of the GLBT Community

As a comfortable integration of one's personal and social existence would seem integral to positive mental health (Bradford et al., 1994), the lesbian or gay man who is “out” and secure in the GLBT community is likely to reap the psychological benefits of a positive self-image and strong support network:

- According to a 1987 study of 51 gay men who differed in their levels of comfort with their sexual orientation and degree of communication to others about their sexual orientation, those men who were more “out” demonstrated lower levels of social anxiety, trait anxiety, and depression, and had higher self-images than men who were less “out”
- The National Lesbian Health Care Survey noted that, although 68% of respondents reported experiencing sadness or depression in the past, only 23% of respondents reported experiencing such feelings at the time of the survey. Nearly half of the respondents had received counseling for less than a year. The large discrepancy between past and present depressions suggests lesbians have strong survival skills and utilize alternative support networks, such as friends or women's groups, to address their mental health concerns
- Furthermore, many of the factors that predispose heterosexual women for mental health disorders do not affect lesbians:
 - Heterosexual marriage is considered a risk factor for agoraphobia, insomnia, depression, and sexual abuse
 - Lesbians are less likely to be socially defined as “homemakers;” the low social prestige of this label is considered to be a stress factor negatively affecting women's health
 - Lesbians are less likely to have children than heterosexual women

Recommendations for Change

To effectively address the mental health concerns of the lesbian, gay, bisexual, and transgendered community, research should work to include frequently marginalized members of the community and expand its scope to examine the link between sexual orientation and disorders such as delusions, psychotic disorders, and dissociative personality disorders (Rothblum, 1994). The Committee on Lesbian and Gay Concerns of

the American Psychological Association suggests that recognizing that homosexuality is neither a symptom of pathology nor a form of pathology in and of itself, and acknowledging the mental health effects of social stress and discrimination, are fundamental to treating a lesbian or gay client. At the same time, although a client's sexual orientation may be a key aspect of his or her social experience, regarding sexual orientation as only one aspect of a client's personality, and not necessarily assuming that it is related to the client's central mental health concerns, allows the client to be treated as a complete person. As lesbian and gay issues are still primarily discussed in the mental health field only as a problem or solely in relation to sex, an incorporation of lesbian and gay concerns across the whole curriculum of training would also be beneficial to responding to GLBT mental health concerns. For a community whose most intimate behavior was in the past pathologized by the mental health profession and criminalized by the state, the right to sensitive and appropriate mental health care is long overdue.

Substance Abuse

The fact that alcohol, drug, and tobacco use all occur at significantly higher rates in the GLBT community than in the general population is one of the most widely acknowledged GLBT health concerns. The prevalence of substance abuse in the GLBT community is often attributed to the prominence of bars in lesbian and gay social life (Kus, 1988), but such an explanation greatly oversimplifies the problem. Rather, a more complete understanding of substance abuse in the GLBT community, while recognizing the presence of bars and club scenes as a contributing factor, would also acknowledge the role of feelings of individual and collective powerlessness as a result of homophobia and discrimination (Wallerstein, 1992 cited in Lesbian and Gay Substance Abuse Workgroup, 1994), the psychological significance of substances as a buffer for guilt and anxiety (Kus, 1988), and aggressive marketing to the lesbian and gay community by the alcohol and tobacco industry (CLASH, 1994). The current state of substance use in the GLBT community is as follows:

- According to a 1990 finding by the Division of Mental Health, Substance Abuse and Forensic Services, the prevalence of substance abuse is 30% in the lesbian and gay community as opposed to 10% in the general population
- A 1994 study of the gay and lesbian communities in two metropolitan areas of a southern state likewise found alcohol, drug, and tobacco usage to occur at consistently higher rates than in the general population
- The same study found that frequency of alcohol use increased among gay men who were affluent and resided in urban areas
- In a 1991 substance abuse needs assessment of the San Francisco lesbian, gay, and bisexual community, 30% of female respondents and 40% of male respondents used drugs other than alcohol

- Roughly 33% of women and 42% of men were found to be using alcohol or drugs at “risky” levels
- 1 in 3 men and 1 in 5 women were found to be using alcohol or drugs in the highest risk category, defined as “likely to lead to chemical dependency or addiction”

- Overall, lesbian and bisexual women were found to use alcohol and drugs more frequently, in greater amounts, and in combination more often than women in the general population
- A 1990 study estimates that 1 in 3 lesbian women abuses alcohol
- A 1995 JRI survey of lesbian, gay, and bisexual young adults, 84.3% of respondents reported alcohol use; 13% of respondents reported “problem drinking”
- The JRI survey found a significantly higher usage of drugs other than marijuana among men than among women
- San Francisco area lesbians, gay men, and bisexual men and women participating in the substance abuse needs assessment reported that, after recreation, their primary reasons for using alcohol and drugs were:
 - to avoid emotional pain
 - to fit in with other drinkers
 - to reduce social discomfort
 - to avoid problems
 - to feel less shy

Tobacco Use

Although no large scale study of the prevalence of GLBT tobacco use has been conducted, the San Francisco substance abuse needs assessment for the lesbian, gay, and bisexual community found that respondents smoked at a 61% higher rate (combined) than members of the general population

- The JRI survey of lesbian, gay, and bisexual young adults, 38.7% of respondents reported smoking; 50% of respondents who smoked were under 21
- 67.9% of the sample had tried to quit and had been unsuccessful
- Of respondents to the 1985 National Lesbian Health Care Survey:
 - 30% smoke daily
 - 11% smoke occasionally
 - 26% were worried about their tobacco usage
- According to the 1988 National Lesbian Survey, the rate of smoking among lesbians increases with age, whereas rates of smoking among women in the general population decline with age

As tobacco sales fell 35% between 1973 and 1991, the current decade has seen the tobacco industry hurriedly looking for new markets in which to invest. Following the lead of Absolut Vodka, one of the first advertisers in the gay media, Philip Morris launched the first targeted marketing of tobacco to the gay community in *Genre* in 1992, followed by an *Out* campaign in May of 1994 (CLASH, 1994), and the soon to be introduced cigarette designed “just for gay men.” The recent rise in tobacco advertising makes the lesbian and gay community the third community for the tobacco industry to target after African Americans and women.

As a spokesperson for CLASH comments: “Philip Morris makes thousands of products that don't cause cancer, but doesn't advertise any of them in *Genre* or any other lesbian or gay publication. Why is tobacco the only product that Philip Morris wants us to buy?” (10/92)

The effects of tobacco use on HIV/AIDS are ambiguous and still disputed. Some findings:

- In the 1984 San Francisco Men's Health Study, the highest rate of heavy smoking (9.4%) was among HIV positive men
- The Men's Health Study further found that smoking may activate an immune response, and thus HIV positive smokers initially had significantly higher T-cell counts than HIV positive non-smokers; the difference in counts, however, was markedly reduced two years post-seroconversion
- A 1992 study from the 8th International Conference on AIDS found that HIV positive smokers are more than three times as likely to develop *Pneumocystis carinii* pneumonia than HIV positive non-smokers
- A 1993 study of 84 seropositive persons found that median time for HIV positive smokers to develop AIDS was significantly less for non-smokers

In an effort to reduce the prevalence of tobacco use in the GLBT community, CLASH recommends the designation of smoke-free spaces at community events, the development of cessation services, mobilization of the GLBT community's political muscle, advocacy for GLBT oriented research (such as the effect of tobacco use on the immune system), and coverage on the marketing strategies of the tobacco industry in the gay press (which may prove challenging if the tobacco industry is a significant paying advertiser).

Substance Abuse and Violence (see also Violence)

According to the 1991 San Francisco substance abuse needs assessment of lesbians, gay men, and bisexuals:

- A fifth of gay and bisexual men had experienced violence while drunk or high
- 14% of lesbian and bisexual women had experienced violence while drunk or high
- Of respondents to a 1990 study of the relationship between violence and substance abuse in lesbian relationships, 39% of respondents reported involvement in a past or present abusive relationship
- The FBI reports that alcohol and drugs are factors in 75% of all domestic violence cases

Substance Abuse and Risk Behavior

- According to the San Francisco needs assessment, high rates of amyl nitrate, cocaine, and amphetamine use for gay men were linked to unsafe sexual practices
- A third of gay men said they had unprotected sex while drunk or high in the past year

- 28% of men in the highest risk level had engaged in unprotected sex while drunk or high in the past year
- Of respondents to a forthcoming survey of young adult lesbians, gay men, and bisexuals, 58.1% had engaged in sex while drunk or high in the past two years; 50% reported engaging in unprotected sex under those conditions. The survey found an association between unprotected anal sex and being drunk or high .

Underserved Populations

Lesbians and gay men of color, non-urban lesbians and gay men, low income gay men and lesbians, and bisexuals and transgendered individuals also face additional substance abuse concerns and barriers to treatment.:

- According to the 1991 San Francisco substance abuse needs assessment, in the response to GLBT substance abuse concerns, bisexuals “appear to be invisible”
- The lack of services for bisexuals is especially distressing since bisexual women reported alcohol and drug use at substantially higher rates than lesbians
- According to the 1994 Lesbian and Gay Substance Abuse Workshop report *Recommendations on Access to Substance Abuse Services for the Lesbian and Gay Community*, rural lesbians and gay men are more likely to be closeted and less likely to have access to lesbian and gay specific treatment services; Kus (1988) notes that gay Alcoholics Anonymous meetings are restricted primarily to urban areas
- Hall (1992) comments that substance abuse treatment for gay men and lesbians of color must acknowledge their double or triple minority status; lesbians of color interviewed characterized their recovery as a process of accepting both their lesbianism and their racial/ethnic identity

Availability of Services

There are relatively few treatment centers that specifically address issues of homophobia and comfort with sexual orientation that may be contributing to the lesbian or gay client's substance abuse concerns. As substance abuse treatment services are not mandated to collect statistics on sexual orientation, it is likewise difficult to assess the number of gay and lesbian clients receiving treatment in mainstream programs. In San Francisco, as of 1991, there were few services specifically for gay men with substance abuse needs and none for lesbians; one residential treatment program for gay men was in operation, and none existed for lesbians (EMT Associates, 1991). Of the “straight” programs that did report lesbian and gay clients participating in their programs, only half provided sensitivity training to their staff, a third had specific policies against homophobic actions among staff and clients, and a third offered welcoming cues (such as gay/lesbian specific posters or information) within the treatment center atmosphere.

Lesbians evidently face added barriers beyond gay men in finding treatment for substance abuse concerns. The stigmatization of alcoholism is compounded by a lesbian's gender and sexual orientation, which may make it more difficult for her to identify the substance abuse problem, to feel safe in the treatment environment, and to maintain a positive self-

image during recovery (Hall, 1992). Furthermore, substance abuse treatment may be more available to gay men since it is often linked to HIV prevention, treatment, and support; substance abuse treatment targeting women, however, often focuses on the perinatal affects of substance abuse, which may be irrelevant to lesbians, especially younger ones (EMT Associates, 1992). In the San Francisco substance abuse needs assessment, although 25% of respondents reported participating in twelve step programs, and 16% reported seeing professional counselors for substance abuse concerns, twice as many men as women reported receiving treatment from an alcohol or drug out or inpatient facility: this suggests a lack of services available to lesbian and bisexual women, rather than a low demand.

Lesbian- and Gay-Specific Issues in Recovery and Services

Beyond dealing with substance abuse issues, the lesbian or gay man in recovery who is not yet “out,” or who has used alcohol or drugs as a way of coping with either anxiety over sexual orientation or as a reaction to internalized and/or external homophobia, faces the added challenges of recognizing and reconciling his or her sexual orientation, or, if out, confronting the effect of homophobia on his or her substance abuse. In 1988 ethnographic interviews with twenty gay men who were recovering alcoholics, 100% of informants reported that they had been unable to accept their sexual orientation while drinking, and that alcohol had served to relieve their guilt and allow them to engage in and enjoy sexual activity. Furthermore, rather than supporting the thesis that reconciliation of sexual identity would lead to a decrease in alcohol abuse, all the men found that they were able to accept their sexual orientation only after reaching sobriety. As the National Task Force on AIDS Prevention observed (cited in CSAT), identification is a key function of safety, suggesting that only in a treatment atmosphere where the lesbian or gay client feels secure will sexual orientation issues be resolved: a treatment program focusing solely on a client's substance abuse without addressing sexual orientation issues may ultimately treat the symptom of the problem, not the cause.

For the men in the ethnographic interviews, gay Alcoholics Anonymous (AA) meetings provided that function of safety, with the 4th step of “moral inventory” especially allowing them to acknowledge their resentment and anger, and accept their powerlessness over their sexual orientation and alcoholism (Kus, 1988). For lesbians, however the “powerlessness” model of Alcoholics Anonymous may become problematic (Hall, 1992). A 1992 ethnographic study of 35 lesbians in recovery found women objected to a model which tells those who have felt powerless most of their lives to “surrender their wills” (Hall, 1992). Furthermore, the AA program mirrors a conversion process which would require lesbians to abandon many of the valuable coping and survival skills that they have developed in the past. An alternative approach is found in the informants' perception of substance abuse as the product of an addictive, racist, patriarchal society, the recovery from which represents individual and collective empowerment. (Hall, 1992). The prevalence of such a sentiment in the lesbian community may explain what is generally considered to be the current trend away from substance abuse and towards “sober” social activities in lesbian social life (Hall, 1992)

Despite this alternate model, one aspect considered most beneficial of the gay Alcoholics Anonymous setting is the opportunity for gay men and lesbians to feel a part of a community of recovering lesbian and gay alcoholics, and to explore the personal and social consequences of sexual orientation in a sensitive environment. The Lesbian and Gay Substance Abuse Workgroup notes that many mainstream treatment centers tend to be hostile and homophobic to lesbian and gay concerns, perhaps accounting for the success of the growing number of lesbian- and gay-specific residential treatment centers such as Minnesota's Pride Institute. A follow-up study of 102 patients admitted to the Pride Institute between September 1988 and February 1991, 50% of whom had been in treatment before, indicates the following:

- 14 months after treatment, 60% of Pride consumers reported abstinence from alcohol or drugs; prior to admission, the average period of sobriety for consumers had ranged from six to nine months
- Although Pride Institute consumers entered treatment programs with two times more severe alcohol and drug addiction problems (as measured by the Addiction Severity Index) than entrants to traditional programs, their levels of improvement mirrored and even exceeded levels of improvement by consumers from a compilation of traditional programs
- Upon admittance, Pride Institute consumers reported chronic problems with relatives and partners (50%), extreme levels of serious depression (66%) and suicide attempts (32%)
- Upon follow up, HIV negative consumers showed overall improvement in alcohol and drug use, employment issues, family problems, psychiatric concerns, and medical condition; of the 19 HIV positive consumers, improvement was shown in all areas except psychiatric and medical condition, in which there was a general decline
- Attesting to reasonable recognition and inclusion of lesbians, similar outcomes of improvement were demonstrated across gender

Recommendations for Change

The major impediments to effectively responding to GLBT substance abuse are the general unavailability of services specifically targeting the GLBT community, and in the lack of sensitivity and openness regarding lesbian and gay issues among traditional alcohol and drug treatment programs. In particular, service programs might improve their ability to address GLBT substance abuse issues by contextualizing substance abuse within the social experience of homophobia and integrating an understanding of relationship issues, anger control, and violence into treatment. Furthermore, in the interests of increasing lesbian access to services, the high numbers of lesbians in monogamous relationships or with children might lead both straight and lesbian- and gay-specific providers to consider offering child care and paying closer attention to family issues overall. Other improvements might include programs to “fast-track” HIV positive clients into treatment, to make condoms and latex available within residential treatment centers, and to fully include lesbian and gay men in the social and recreational life of treatment centers by offering gay and lesbian specific activities.

The Lesbian and Gay Substance Abuse Workgroup additionally suggests that service providers develop programs for their GLBT clients with an awareness that lesbians and gay men cannot be perceived as one homogenous entity, with the added concerns of sexism, racism, HIV status, and individual life experiences all factoring into substance abuse issues. The Workgroup underscores the view that it is helpful to include GLBT people at all levels of program design and implementation. (Hall, 1992; Kus, 1988; EMT Associates, 1991) The creation of GLBT specific substance abuse treatment programs, education within the GLBT community about the relationship of substance abuse to homophobia, exploitative marketing, violence, and increased HIV risk behavior, and, as always, the effort to create a less homophobic larger social environment might all help to reduce levels of GLBT substance abuse.

Violence

Anti-Gay And Lesbian Violence

According to a 1987 report by the National Institute of Justice of the U.S. Department of Justice, individuals who are, or are perceived to be, lesbian, gay, bisexual, or transgendered “are probably the most frequent victims” of hate violence today. (Finn and McNeil, 1982) Hate crimes against GLBT individuals or GLBT organizations include verbal harassment, threats of violence, vandalism, arson, bomb threats, physical assault, sexual assault, and homicide specifically motivated by anti-gay or lesbian sentiment. In a 1989 survey by the Victim Recovery Program of Fenway Community Health Center in Boston members of the gay community were roughly eight times more likely than the general population to be the victims of physical violence. (Victim Recovery Program, 1990)

Unless otherwise noted, the following data is excerpted from the Fenway Community Health Center/Victim Recovery Program report *Anti-Gay/Lesbian Violence in 1994: Massachusetts and the United States*. National data is a compilation of data from tracking programs in Boston, Chicago, Minneapolis/St. Paul, New York City, Los Angeles, San Francisco, Detroit, Columbus, and Portland, OR.

- Nationally, there were 1,463 violent incidents against GLBT people in 1994; 632 of the incidents were considered assaultive, as they included thrown objects, physical or sexual assault, or murder
- 61% of the incidents were directed against gay men, 30% against lesbians, and 8% against gay or lesbian institutions or unknown
- Homophobic or sexist epithets were used in 90% of national reported incidents
- In Boston, 39% of violent incidents against lesbians and gays occurred at or near the victim's home, 32% occurred in the street, 10% occurred in the workplace, and 5% occurred at school
- Only 4% of incidents occurred at or outside a lesbian or gay bar, or an area known for gay male cruising (the incidents that did occur here, however, were disproportionately violent; see “Gay and Lesbian Related Homicides”)
- In reference to the fact that most incidents occur in the home or public, Robb Johnson of the Victim Recovery Program comments that “This debunks the myth

that our community is most vulnerable at bars or cruising areas. We suffer most of the abuse in the course of attempting to live, work, and study in peace.”

Severity of Incidents/ Extent of Injuries

- According to the 1992 FBI Hate Crime Statistics Act report, 81% of anti-gay and lesbian violence is directed against persons rather than property, as opposed to 73% of all other hate crimes
- 46% of all anti-gay and lesbian hate crimes involved injury to the victims, as opposed to 36% of all other hate crimes
- Overall, anti-gay and lesbian violence is more likely to involve a multiple number of assailants, whereas, according to FBI statistics, hate crimes on average are perpetrated by 1-1.9 individuals. The presence of multiple assailants obviously makes self defense a less viable option for the victim, and is more likely to lead to greater injury.
- Nationally, 38% of anti-gay and lesbian violent incidents in 1994 had two or more perpetrators
- In Massachusetts, 29% of incidents had two to three offenders, and 18% had four or more for a total of 47% having two or more perpetrators
- Nationally, 62% of the victims of assaultive incidents were injured, 35% required outpatient care or hospitalization, and 3% were killed
- In Boston, more than 70% of the victims of assaultive incidents were injured

Gay- and Lesbian-Related Homicide

- 22 gay- or lesbian-related homicides were reported by national tracking programs in 1994; including states without tracking programs, it is estimated that 70 gay- or lesbian-related homicides occurred in 1994
- Of those 70 homicides, only 2 victims were women; both were killed by family members
- 70% of the homicides were marked by “an extraordinary and horrific level of violence” referred to as “overkill”
- 61% of the murders occurred in a “pick-up” scenario, where the victim met the perpetrator at a gay bar or cruising area

Offender Age and Motivation

- Nationally, 29% of offenders in anti-gay and lesbian violent incidents were under 18; this is significantly younger than offenders for other forms of crime. The U.S. Department of Justice and FBI report that for all persons arrested in 1993, 17% were under 18.
- Victims of anti-gay and lesbian violence are on average likely to be older than their assailants: 48% of national victims in 1994 were between the ages of 30 and 44.

The disproportionate number of GLBT people over 30 being attacked by offenders under 18 does not mean that younger GLBT people are not being victimized. Rather, the adult GLBT community is more likely to have access to support and advocacy services, and violence against GLBT youth is probably drastically under-reported (see *Youth*).

Violence against Lesbians

- 1994 saw an all-time high of violence against women: according to the FBI, crimes against women constituted 33% of all crimes against individuals
- Violence against lesbians in Boston saw a proportionate increase, rising from 26% of all anti-gay and lesbian crimes in 1993, to 30.5% in 1994

Researchers speculate that violence against lesbians is probably under-reported since women are socially conditioned to accept constant harassment on the streets, and may minimize the seriousness of an offense. Furthermore, confusion as to whether an incident is motivated by bias against a lesbian's gender, her sexuality, or both, may impede reporting.

HIV/AIDS-Related Violence

- In one piece of optimistic news, violence motivated by bias against HIV/AIDS in 1994 decreased 7% from 1993; the number of incidents dropped from 114 to 106
- According to a 1992 survey by the National Association of People With AIDS, 21.4% of respondents said they had been victimized in their communities because of their HIV status; 12.3% had experienced violence in their homes, from parents, family members, or partners (see *Domestic Abuse*)
- Anecdotal evidence suggests that attacks on persons with HIV/AIDS significantly worsen frail health: following a violent incident, victims frequently report sudden weight loss, fatigue, and the onset of new opportunistic infections

Barriers to Reporting

- Statewide reporting of hate crime statistics to the federally mandated Hate Crime Statistics Act is voluntary: 58% of U.S. law enforcement agencies do not report hate crimes
- In contrast to reports from community agencies, law enforcement agencies showed a 14% decrease in anti-gay and lesbian incidents in 1994
- In cities involved in the national tracking program, for every one incident of violence classified as anti-gay or lesbian by the police, community agencies reported 4.67 incidents, suggesting a strong discrepancy between reporting to police and reporting to community agencies
- A recent study of victims of anti-gay and lesbian violence who did not submit police reports found that 67% perceived or had experienced the police to be homophobic, 14% feared police abuse, and 40% were concerned with public disclosure of their sexual orientation

- According to the study, nearly one in five gay men and lesbians has experienced verbal or physical abuse by the police

Recommendations for Change

Vigorous prosecution of anti-gay violence, utilizing hate crime statutes, is important for sending the message to potential perpetrators that hate violence against any class of people will not be tolerated. Such prosecution also helps the targeted community feel safer and more at ease by proving that violence against them is not tolerated or condoned by authorities.

Successful prosecution depends heavily on effective police work. Crime victims must first be encouraged to come forward to report the crime; their concerns must be taken seriously and fully investigated. Though important steps have been taken in recent years to build better relations between police departments and the gay community, many victims of crime fail to come forward for help because they understandably continue to fear a homophobic or insensitive response from their local police. Steps that police can take to remedy this situation include outreach to the GLBT community to build trust, training about the policing concerns of the community and policy and supervision that require all citizens to be treated with respect and compassion.

Because perpetrators of anti-gay violence often start young, it is also important to devote resources to prevention. School curricula that foster an awareness and understanding of GLBT people can be a huge step toward humanizing a population that has long been characterized as sick, sinful or otherwise unworthy of rights or respect.

Domestic Violence

Domestic violence can be broadly defined as “the systematic exercise of illegitimate power and coercive control by one partner over another” (Lundy, 1994, 275), in the form of physical, sexual, emotional, or verbal abuse. In 1993, the U.S. Department of Justice and FBI finding that 1 in 2 women will be battered in her lifetime led domestic violence to be ranked as “the most prevalent crime in the country.” According to a 1992 report by the Massachusetts Office for Victim Assistance, in Massachusetts a woman was killed by a batterer every 22 days in 1990, every 16 days in 1991, and every 13 days in 1992, prompting Governor Weld to declare domestic abuse a “public emergency” in 1992. Yet reports of the distressing degree of domestic violence in the heterosexual population omit the fact that a similar situation exists in the lesbian and gay community: researchers generally agree that incidents of domestic violence occur in 25% to 33% of heterosexual relationships, and it is estimated that their frequency in lesbian and gay relationships is roughly the same:

- Researchers generally agree that an estimated 500,000 gay men and 50,000-100,000 lesbians experience domestic violence a year
- The NYC Gay and Lesbian Anti-Violence Project estimates that 1 in 3 lesbian relationships include some form of violence
- According to a 1993 study of the Los Angeles lesbian community, 46% of lesbian couples experience at least one incidence of domestic abuse

Organizations originally established to respond to hate crimes against lesbians and gays have found themselves confronted with a disproportionate number of domestic abuse cases:

- Reports of domestic violence account for 30% of the cases at the NYC Gay and Lesbian Anti-Violence project
- 40% of the calls to the Victim Recovery Program at Fenway Community Health Center are domestic violence-related

A positive correlation between substance abuse and domestic violence is generally accepted, and high rates of substance abuse in the lesbian and gay community (see *Substance Abuse*) may exacerbate the level of domestic violence:

- The FBI reports that alcohol and drugs are factors in 75% of all domestic violence cases
- In a survey of 104 Arizona lesbians, 39% of respondents reported a past or present abusive relationship; within those relationships, alcohol or drug use preceded 64% of the incidents of abuse

Barriers to Reporting Domestic Abuse

In addition to the physical and emotional risks that all victims of domestic abuse who choose to report their batterer must confront, gay and lesbian victims of domestic abuse also face barriers distinct to their position in a socially stigmatized and isolated community. First, because of the invisibility of the problem, victims of same-sex domestic violence must overcome denial and isolation even to recognize that what is happening to them is abuse. Many lesbians and gay men who are not yet “out” hesitate to report domestic abuse for fear of outing themselves or their partner. Frequently the batterer may play on this fear by emphasizing the hostile, homophobic atmosphere the victim will encounter if an attempt to report the violence is made, convincing the victim that legal protection, medical care and support services will be denied because of his or her sexual orientation. Due to a higher likelihood of strained family relations, the domestically abused lesbian or gay man may not be able to look to parents, siblings or extended family for support (Fenway Community Health Center Victim Recovery Program, 1994; Lundy, 1994)

Furthermore, refuge is not necessarily to be found in the alternate family of the lesbian and gay community, where, until recently, reports of domestic violence have been met with hostility and denial. Resistance to community acknowledgment can perhaps be traced to an understandable desire to maintain a positive, healthy image of a community so recently medically pathologized. The issue of domestic violence has been largely ignored particularly in the gay male community, which may be related to a desire by the gay community to see itself as having moved beyond “macho” aggressiveness and violence, or, conversely, may be an indulgence of the masculine stereotype that “men can never be victims” (Island and Letellier, 1991 cited in Lundy, 1994). Within the lesbian community, domestic violence is given more attention but is still the subject of a great deal of controversy, as it threatens the idea of a lesbian community as a safe place

between women (Network for Battered Lesbians, 1993). As the result of an often negative and at best mixed community reaction, the lesbian or gay victim of domestic abuse is isolated from both the general population and from his or her own community, and may cling to an abusive relationship as his or her only source of security. The situation is complicated even more if either the victim or the batterer is HIV positive or living with AIDS: the HIV positive victim may feel he or she has a seeming lack of alternatives to the abusive relationship; furthermore, the victim may suffer extreme guilt or anxiety over leaving a batterer who is HIV positive or living with AIDS.

Legal Issues

The most readily available legal recourse that a lesbian or gay victim of domestic abuse in Massachusetts has against his or her abuser is to obtain a restraining order under Chapter 209A. Amended in 1991, 209A implicitly includes gays and lesbians by affording protection for people involved in “substantive dating or engagement relationships.” In this sense Massachusetts is fortunate, as the scope of protection of some states still extends only to marital relationships or explicitly defines domestic abuse as male to female. Despite the inclusive thinking of the 209A amendment, the gay or lesbian victim of domestic abuse still faces a significant degree of ignorance and homophobia by the police and court system. Restraining order extensions are often denied in lesbian relationships, where battering is dismissed as “cat fighting” and serious violence considered unlikely between women. When restraining orders are granted, the court frequently fails to distinguish between batterer and battered, and will issue a mutual restraining in order to solve the dilemma (Fenway Community Health Center Victim Recovery Program, 1994; Lundy, 1994). According to Robb Johnson of the Victim Recovery Program at Fenway, batterers often abuse the system by capitalizing on this confusion: he estimates that 20% of batterers attempt to obtain 209As against their victims, and many of them succeed.

Support Services

The support service and shelter network for victims of domestic abuse is relatively ill-equipped to deal with the needs of lesbian and gay clients. This may have its origins in the prevailing assumption that domestic violence is committed by men against women. Many shelters refuse admittance to lesbians. Within the shelters battered lesbians have distinct concerns, such as the possibility that a batterer may check in to the same shelter as her victim, that necessitate extra screening and security measures. Of the 33 women's shelters operating in Massachusetts in 1994, only a few such as Transition House, in Cambridge, and *Necessities/Necessidades*, in Northampton, had programs specifically tailored to lesbians. For gay men, there are no shelters and only one support group available in Massachusetts. Despite this lack of services in the shelter context, anti-violence and domestic abuse organizations in the lesbian and gay community of Massachusetts, such as the Network for Battered Lesbians and the Victim Recovery Program at Fenway Community Health Center, offer counseling, advocacy, support group and referral services to lesbian and gay victims of domestic abuse, and work to promote community awareness of the prevalence of domestic violence. As a result, public consciousness of domestic violence in the lesbian and gay community seems to be rising: since 1992, the Network for Battered Lesbians, the Victim Recovery Program, GLAD

(Gay and Lesbian Advocates and Defenders), the Massachusetts Lesbian and Gay Bar Association, and the Task Force on Lesbian Battering of the Massachusetts Coalition of Battered Women Service Groups have all held public forums on the issue.

There are also gaps in batterer's intervention programming. As of 1996, the only program to admit female batterers is Emerge in Cambridge. Meanwhile, certified batterer intervention programs for men continue to discourage gay and bisexual men from joining their groups, leaving these men no place to receive such services in New England -- even if they are ordered by a court to attend. Emerge is exploring the possibility of offering the first such group in coming years.

Recommendations for Change

The inappropriate issuing of mutual restraining orders and the dismissal or mistreatment of lesbian and gay domestic violence victims by the police testifies to the need for more adequate training regarding lesbian and gay domestic abuse for the police, courts, and district attorneys. In 1991, the Network for Battered Lesbians held the first training session ever on same sex violence for court judges and chief magistrates, and the Victim Recovery Program offers trainings for the police. Currently, police and court officers are required to attend an eight hour training on domestic abuse; the inclusion of information on gay and lesbian domestic abuse issues that moves beyond "equal treatment" and "tolerance" to actively addressing lesbian- and gay-specific issues would be a step forward. In terms of legal advocacy, the legitimacy of mutual restraining orders should be challenged, the possibility of tailoring restraining orders to the specific needs of a gay or lesbian client (for instance, to guard against involuntary "outing") should be examined, and training should be available for attorneys to represent same sex battered clients. Community advocates may be understandably wary of calling for increased mainstream media attention to gay and lesbian domestic abuse, but a sensitive acknowledgment of the issue by both the heterosexual population and the lesbian and gay community could lead to a greater availability of services and a more supportive social environment for the gay or lesbian victim of domestic violence.

Youth

As formidable a challenge as GLBT health concerns pose for adult members of the GLBT community, lesbian, gay, bisexual, and transgendered youth face even greater physical and mental health risks: low self-esteem, denial and irreconcilability of sexual identity, lack of family and peer support, potentially greater susceptibility to violence and discrimination, and lack of access to the adult GLBT community all contribute to the often turbulent adolescence of GLBT young people (Massachusetts Governor's Commission on Gay and Lesbian Youth, 1994). The extreme sense of isolation that reportedly 80% of lesbian, gay, bisexual and transgendered young people experience (Hetrick-Martin, 1987) increases the GLBT young person's likelihood of alcohol or drug abuse, suicidal behavior, dropping out of school, homelessness, prostitution, and HIV/STD infection (Massachusetts Governor's Commission on Gay and Lesbian Youth, 1993).

- According to the 1953 Kinsey report, 28% of boys and 17% of girls had one or more homosexual experience between the onset of puberty and age 20; allowing for the sexual revolution and a decrease in social stigmatization over time, one could assume that current rates are significantly higher
- The Kinsey report additionally found that 37% of respondents had a homosexual experience in adulthood; of those respondents, 10% identified as exclusively homosexual (the source of the often quoted “10%” figure)

Schools

One of the most significant stresses on the lives of a GLBT young person may be his or her experience in the public or private school environment. Here, lesbian, gay, bisexual, or transgendered young people may find themselves in what is often an openly homophobic and violent atmosphere, in which support services are largely absent and counselors and staff are frequently unprepared to adequately and sensitively respond to their needs. The 1993 report by the Governor's Commission on Gay and Lesbian Youth *Making Schools Safe for Gay and Lesbian Youth* found that although teachers and staff are trained in identifying and intervening in racially motivated incidents, they infrequently halt anti-gay/lesbian harassment, either because of lack of training, fear of reprisal from the administration, or fear of self-incrimination. Furthermore, anti-gay and lesbian violence may be more pervasive but less documented in schools, as the 1990 Hate Crimes Statistics Act, requiring reportage of bias motivated crime (see *Violence*) does not extend to schools.

Thus, rather than a place for self-actualization, school becomes a place for socialization in homophobia, and therefore self-hatred. Comments 18-year-old Randy Driskell, in testimony before the Public Hearings of the Governor's Commission on Gay and Lesbian Youth: “After three years of conditioning (in school), I forgot all the things my mother taught me. I lost respect for myself and wanted to die.”

- According to a 1984 survey by the Gay and Lesbian Task Force of gay, lesbian, and bisexual young people, 45% of male respondents and 20% of female respondents had experienced verbal or physical assault in secondary school
- Responding to a survey by the Governor's Commission on Gay and Lesbian Youth, 97.5% of students at suburban Boston Lincoln-Sudbury High School reported hearing homophobic comments
- 60% of students felt there was a need for lesbian and gay support groups at the high school level
- The lack of gay and lesbian sensitive support services and openly gay and lesbian teachers or other role models both increases the isolation of the GLBT youth and may exacerbate the overall climate of homophobia and intolerance in schools: a 1985 University of California at Davis study indicates that positive personal interaction with a lesbian, gay, or bisexual person is key in reducing intolerant and homophobic attitudes
- According to the 1989 U.S. Health and Human Services *Report of the Secretary's Task Force on Youth Suicide*, 28% of lesbian and gay youth drop out of school due to discomfort in the school environment

There are few alternatives for GLBT youths to pursue an education in an environment where they can safely explore and assert their sexual identities. One of the most innovative programs is operated by the Hetrick-Martin Institute in New York City, a gay and lesbian youth support, outreach, and advocacy organization. In 1985, together with the Board of Education, Hetrick-Martin established the Harvey Milk School, offering secondary school education to gay and lesbian youths unable to complete their high school education due to anti-lesbian/gay harassment and violence.

Suicide

Depression, isolation, social stigmatization, anti-gay and lesbian violence, alcohol and drug abuse, and homelessness all escalate the lesbian, gay, bisexual, or transgendered young person's mental health risks and propensity for suicidal behavior. Emotional problems regarding sexual orientation issues in GLBT youth are often treated as behavioral and disciplinary disorders, resulting in exclusion from school programs and not infrequently in admission to psychiatric treatment centers, where the end goal may still covertly be to "cure" the young client of his or her sexual orientation (Hetrick-Martin Institute, 1988).

- According to the 1989 U.S. Department of Health and Human Services *Report of the Secretary's Task Force on Youth Suicide*, gay and lesbian youth make up 30% of all youth suicides
- Gay and lesbian youth are two to three times more likely to try to kill themselves than heterosexual youth
- Suicide is the leading cause of death among lesbian and gay youth
- In a 1988 study of 500 gay and lesbian young people by Joyce Hunter of the Hetrick-Martin Institute, 46% had experienced anti-gay and lesbian related violence; of those 46%, 44% had engaged in suicidal ideation
- A 1991 study of gay and bisexual male youth in the Pacific Northwest found that 41 out of 137 respondents had attempted suicide; of those 41, over half had made multiple attempts
- Male youth who attempted suicide in the study were more likely to have gender roles that are socially regarded as feminine, and to have identified as gay or bisexual at an earlier age than those who had not attempted suicide
- The Governor's Commission on Gay and Lesbian Youth notes that some GLBT youth may attempt suicide in an effort to create a crisis situation which will necessitate discussion of their sexual orientation

Family Issues

Feelings of isolation experienced by the GLBT young person may be enhanced by the burden of secrecy if he or she is not "out" to his or her family. Many GLBT youth fear emotional rejection, abandonment, and even physical retaliation:

- Half of the gay and lesbian youth interviewed for a 1987 study reported that their parents rejected them because of their sexual orientation

- Of the 46% of respondents who had experience anti-gay and lesbian violence in Joyce Hunter's 1988 study of gay and lesbian youth, incidents of violence had primarily been perpetrated by family members
- According to Paul Gibson of the U.S. Department of Health and Human Services, 26% of lesbian and gay youth are forced to leave home because of their sexual orientation

The coming out process often proves traumatic because the family must not only revise its image of the GLBT member, but must alter its perception of the family as a whole. The confusion, fear of rejection, fear of physical harm, and fear of AIDS that may be experienced by the GLBT young person coming to terms with his or her sexual orientation may also be felt by the family as a whole (Governor's Commission on Gay and Lesbian Youth, 1993). As a parent at the Public Hearings of the Governor's Commission on Gay and Lesbian Youth remarked : "We experience the same feelings our children have."

Homelessness

If rejected by their families and unable to access support services, many GLBT young people become homeless, increasing their likelihood of engaging in prostitution and heightening risk for alcohol and drug abuse, violence, suicide, and HIV and other STDs:

- According to Paul Gibson of the U.S. Department of Health and Human Services, 25% of youth living on the streets are lesbian or gay
- A 1988 study found that half of gay and bisexual young males who are forced out of their homes engage in prostitution to support themselves
 - A survey of youth living in New York's Times Square by the StreetWork Project found that:
 - 42% of youth surveyed identified as lesbian, gay, or bisexual
 - 73% engaged in prostitution
 - 87% used drugs

HIV/AIDS Among GLBT Youth

- According to the CDC, 60% of adolescent cases of AIDS are among males who have sex with males
- A San Francisco study of gay and bisexual males found 14% of gay and bisexual men between the ages of 17 and 22 to be HIV positive, 4% higher than gay and bisexual men between the ages of 23 and 25
- A JRI survey of young adult lesbians, gay men, and bisexuals, respondents over 21 were two times more likely to have tested for HIV antibodies than respondents under 21
- The Massachusetts Governor's Commission on Gay and Lesbian Youth suggests that risk reduction information may not always reach gay and lesbian youth, as preventative education for gay men and lesbians occurs within the GLBT adult

community, and is phrased and presented in ways relevant to that community, which may not be accessible to GLBT youth

- According to Al DeMaria, Assistant Commissioner of the Massachusetts Department of Public Health, 50% of STDs occur in people under 24

Underserved Populations

Despite the relative dearth of services for GLBT youth, white, urban, upper income GLBT young people have a distinct advantage in accessing GLBT youth specific programs and agencies. Some concerns of non-urban GLBT youth and GLBT youth of color:

- The 1994 Governor's Commission on Gay and Lesbian Youth report *Prevention of Health Problems Among Gay and Lesbian Youth* notes that the geographic isolation and non-existence of support services for rural GLBT youth significantly heightens their risk for suicide and depression
- The concerns of the GLBT adult of color extend equally to the GLBT youth (see *Mental Health*). A 1992 study of predominantly African American and Latino gay and bisexual male youth found that the repercussions of the trauma of the coming out process had perhaps extended into the family:
 - 38% of the youth had attempted suicide
 - 17.3% of the youth's family members had attempted suicide
 - 12% of family members had completed suicide
- Youth in the study expressed concern over potential rejection from their own community coupled with the possibility of racism and rejection in the mainstream GLBT community
- In a study by Givertz, et. al. of San Francisco gay and bisexual male youth, gay and bisexual youth of color manifested consistently higher rates of seropositive status than Caucasian youths: 56% of African American youth in the sample were HIV positive, versus 40% of Latino youth, 27% of Asian American youth, and 22% of Caucasian youth
- The Governor's Commission on Gay and Lesbian Youth, in *Prevention of Health Problems in Gay and Lesbian Youth*, notes that youths who identify as transgendered or who express non-conventional gender identities or behavior are at greater risk than other lesbian, gay, and bisexual youth for violence, feelings of isolation, alcohol and drug abuse, suicide, and HIV and other STDs. They also face additional discrimination when attempting to access youth services.

(For additional information, see *References: GLBT Health Concerns*, “Transexuality, Identity, and Empowerment”)

Availability of Services

Although many services exist to address youth concerns regarding mental health issues, violence, and drug and alcohol abuse, the majority maintain a heterosexual focus and are poorly equipped to assist GLBT youth, despite the fact that lesbian and gay young persons frequently make up a substantial section of the client population. The Governor's

Commission on Gay and Lesbian Youth surveyed several hundred Massachusetts youth service providers and found that:

- Although 80% of service providers reported a client population comprised of up to 25% gay and lesbian youth, 90% demonstrated inadequate expertise in areas pertaining to GLBT youth issues
- Less than 10% of service providers employed an openly gay or lesbian staff member
- 85% of service providers said there would be concerns if a staff member was openly lesbian or gay
- 100% of the agencies had anti-discrimination policies, but less than 50% of them included sexual orientation
- Less than 50% of service providers offered in-service trainings to staff on issues specific to GLBT youth

Recommendations for Change

The first step in allowing the GLBT young person to not only address the personal and social effects of his or her sexual orientation, but also to grapple with the many encumbrances of adolescence, is to create a safe, affirming social environment. On a structural level, this can be achieved through school policies protecting against anti-gay and lesbian harassment, violence, and discrimination, through training staff and counselors in prevention and intervention, by incorporating gay and lesbian issues into the curriculum, and by creating extracurricular GLBT support groups. In addition, the Governor's Commission on Gay and Lesbian Youth recommends a revision of Section 5, Chapter 76 of the General Laws, the Public School Discrimination Act, to include sexual orientation, as well as an extension of the federal Hate Crimes Statistics Act to schools.

Health Concerns of the Transgender Community

Gender Identity Support Services for Transgenders (GISST) recently released the findings of a Massachusetts Department of Public Health/AIDS Bureau funded study conducted in the transgender community: "Transgenders and HIV Risks: A Needs Assessment." The research focused on behaviors within the community that put transgenders at risk for HIV infection, and on the barriers and challenges transgenders must face when seeking sensitive and appropriate health care services.

Although the Needs Assessment focuses on HIV risks within the transgender community, it also provides important information that can serve as a starting point for evaluating and implementing a system of appropriate, culturally competent health care services for this underserved population. Though little has been written in regard to male-to-female transsexual issues, even less work has been done on female-to-male transsexual issues. Due to this paucity of information, this addendum focuses on male-to-female transgenders.

Overall Concerns and Barriers to Care

Because of marginalization, stigmatization and isolation, the transgender population is one of the most misunderstood subcultures in our society; and perhaps one of the most difficult ones for which to gather even a minimal amount of health care information.

Problems such as discrimination, lack of acceptance and absence of legal protection are just a few of the many problems transgenders must face when seeking health care services. Difficulties in obtaining appropriate services also stem from the social stigma carried by transgender/transsexuals -- an especially conspicuous problem when it comes to placing transgenders in institutions segregated by sex, such as shelters, treatment centers and prisons. It is important to stress that in order to improve and expand services to the transgender community, providers should not equate gender identity with sexual orientation. Since most transgenders do not self-identify as gay, approaches specific to gay men do not fit transgenders and may be ignored or actively rejected by them.

Also, fear of rejection and ridicule keep many transgenders from seeking medical and mental health care. The transgender population tends to experience rejection and ridicule more consistently and pervasively than any other sexual minority. Unlike gays, lesbians, or bisexuals, for whom the key defining identity is sexual orientation, for most transgenders the key issue is having their true, inner gender identity affirmed. Therefore, to refer to a male-to-female transgender/transsexual by her male name or with a masculine pronoun -- when she is living as a woman -- is more than a discourtesy; it constitutes an affront to one's deepest sense of self and the role she wishes to play in the world.

It is important to note that there are many public campaigns targeting populations with behaviors that put them at risk for HIV infection. These messages are one of the strongest tools we have to ensure that individuals at risk for engaging in unhealthy behaviors will be able to identify the behaviors that put them at risk. To date, there are no public health messages with which transgenders can identify. For example, it is important for health care providers to be aware of possible increased risk for cancer in people receiving hormone therapy and of the need to conduct breast examinations. Providers should also inform their transgender clients of the risks involved when hormones are not taken appropriately, as well as monitor hormone levels regularly. Inaccurate information and poor delivery of information can create a serious barrier between providers and a community in need of health care services.

Substance Abuse

Many members of the transgender/transsexual community rely on prostitution as one of the few available work options. As the evidence from interviews and observations suggests, this is particularly a risk for transgenders who come from low income and minority communities. Transgenders who are involved in sex industry work are especially at risk for alcohol and intravenous drug abuse.

The process which many transgenders experience which leads them into the world of prostitution, and increasingly into drug abuse and addiction, is not only about the difficulty of making a living through regular, legal jobs. It is also tied up with the equal

challenge of finding a place in the world, sexually and socially. It is the role that prostitution and sexual encounters generally play in addressing the hunger for affirmation that is so distinctive to transgenders and which is important to understand as a precipitating factor for substance abuse.

For some members of the transgender community, society pressures to conform to accepted gender norms and to hide their true identity, along with practical problems in realizing their desire or need to live as women, can lead to cycles of suppression/withdrawal. Such cycles are clearly not conducive to careful safer sex practices or to diligent cleansing of needles or avoidance of needles used by others.

Both alcohol and drug use, often rooted in feelings of worthlessness and hopelessness, are common in the transgender community as a whole, not just among sex industry workers. Drugs used by transgenders include crack and heroin; methods of use include snorting, free-basing, and injecting. Although accurate statistics on drug and alcohol use are scarce, there is substantial evidence in the published literature and from interviews in Boston that such use is widespread and significant. A study of transgender prostitutes in two areas of Atlanta, Georgia found the rate of crack use to be 71% and 56.3% respectively. The MDPH/GISST study estimated that at least 80% of Boston's transgender population has a drug and/or alcohol problem.

References

GLBT Health Concerns

American Association of Physicians for Human Rights (AAPHR): Anti-Gay Discrimination in Medicine: Results of A National Survey of Lesbian, Gay, and Bisexual Physicians: San Francisco, CA, (May 1994).

Anstett, Richard MD, PhD, Kiernan, Martin MD, and Brown, Richard: The Gay-Lesbian Patient and The Family Physician: *The Journal of Family Practice*; Vol. 25, No. 4:339-344, (1987).

Becknell, John M. Gays In Ems: How Do We Deal With Our Differences: *Journal of Emergency Medical Services*: Vol. 19, (8):94-100.

Bell A, Weinberg M: Homosexualities: A Study of Diversity Among Men and Women New York, Simon & Schuster, (1978).

Bond, Barbara I.: Health Matters: *Deneuve*: Vol. 5 , No. 2, (April 1995).

Buenting, Julie A. RNC, CNM, DNS: Health Life-Styles of Lesbian and Heterosexual Women: *Health Care for Women International*: Vol. 13:165-171, (1992).

Cochran SD, Mays VM: Disclosure of Sexual Preference To Physicians By Black Lesbian and Bisexual Women: *The Western Journal of Medicine* (Nov 1988); 149:616-619.

Dardick, Larry and Grady, Kathleen A: Openness Between Gay Persons and Health Professionals: *Annals of Internal Medicine*: Vol. 93 (Part I):115-119, (1980).

Ernst, Robert S. MD and Houts, Peter S., PhD: Characteristics of Gay Persons with Sexually Transmitted Disease: *Sexually Transmitted Diseases*: Vol. 12, 2:59-63, (1985).

Gapstur, Susan M., Potter, John D., Sellers, Thomas A., and Folsom, Aaron A.: Increased Risk of Breast Cancer with Alcohol Consumption in Postmenopausal Women: *American Journal of Epidemiology*: Vol. 136, No. 10, (1992).

Gibson, Gary MD, CCFP and Saunders, Douglas E., BSC: Gay Patients (Context for Care): *Canadian Family Physician*: Vol. 40:721-725, (1994).

Human Rights Campaign Fund: Health and Mental Health Concerns of Lesbian and Gay Americans, Washington, DC (1994).

Johnson, Susan R. MD, Guenther, Susan M. MA, Laube, Douglas W. MD, and Keettel, William C. MD: Factors Influencing Lesbian Gynecologic Care: A preliminary study: *AM. J. Obstet Gynecol.*: Vol. 140:20, (1981).

- JRI Health: Young Adult Lesbian , Gay, and Bisexual Survey: Boston, MA (1995)
- Kass, Nancy E. ScD, Faden, Ruth R. PhD, Fax, Robin MS and Dudley, Jan MPH: Homosexual and Bisexual Men's Perceptions of Discrimination in Health Services: *American Journal of Public Health*: Vol. 82:1277-1279, (1992)
- Lucas, Vicki A. RNC, PhD: An Investigation of the Health Care Preferences of the Lesbian Population: *Health Care for Women International*: Vol. 13:221-228, (1992).
- Mermin, Dr. Margaret N.: Patient's Lesbianism Affects Type, Extent, Cost of Care: *Medical World News*: (October 10, 1988).
- National Lesbian and Gay Health Foundation: The National Lesbian Health Care Survey: Washington, DC, 1988.
- Denenberg, Risa, BSN,MSN: Report on Lesbian Health: *Women Health International*: 5 (2), (Spring 1995).
- Ogawa, Hiroshi, Hashiguchi, Kazuhiro, and Kazuyama, Yukumasa: Prolonged and recurrent tonsillitis associated with Sexually Transmitted Chlamydia Trachomatis: *The Journal of Laryngology and Otology*: Vol. 107:27-29, (January 1993).
- Owen Jr., William F. MD: Medical Problems of the Homosexual Adolescent: *Sexually Active Teenagers*: Vol. 1:110-117, (1987).
- Painici et. al: Oral Condyloma Lesions in Patients with Extensive Genital Human Papillomavirus Infection: *AM J Obstet Gynecol*: Vol. 167:451-458, (1992).
- Rankow, Elizabeth J. PA-C, MHS:
- Lesbian Health Issues for the Primary Care Provider: *The Journal of Family Practice*: Vol. 40, (5), (May 1995).
- Smith, Elaine M. MPH, PhD, Johnson, Susan R. MD, and Guenther, Susan M. PhD: Health Care Attitudes and Experiences During Gynecologic Care Among Lesbians and Bisexuals: *American Journal of Public Health*: Vol. 75:1085-1087 (1985).
- Taravella, Steve: Healthcare Recognizing Gay and Lesbian Needs: *Modern Healthcare*: (November 9, 1992).
- Trippet, Susan E. RN, DSN and Bain, Joyce RN, EdD: Reasons American Lesbians Fail to Seek Traditional Health Care: *Health Care for Women International*: Vol. 13:145-153, (1992).
- Warren, Barbara E. PsyD: Transexuality, Identity, and Empowerment: A View From The Front Lines: Seicus Report: New York, New York, (March 1993).

Mental Health References

Bradford, Judith, Caitlin, Ryan, and Rothblum, Esther D.: National Lesbian Health Care Survey: Implications for Mental Health Care: *Journal of Consulting and Clinical Psychology*: Vol. 62, (2):228-242, (1994).

Garnets, Linda et. al: Issues In Psychotherapy With Lesbians and Gay Men: *American Psychologist*: Vol. 46, (9):964-972, (September 1991).

Greene, Beverly: Ethnic-Minority Lesbians and Gay Men: Mental Health and Treatment Issues: *Journal of Consulting and Clinical Psychology*: Vol. 62, (2):243-251, (1994).

JRI Health: Young Adult Lesbian, Gay and Bisexual Survey: Boston, MA (1995)

Rothblum, Esther D.: I Only Read About Myself On Bathroom Walls: The Need For Research On The Mental Health of Lesbians and Gay Men: *Journal of Consulting and Clinical Psychology*: Vol. 62, (2):213-220, (1994).

Schmit, J.P. and Kurdek, L.A.: Personality Correlates of Positive Identity and Relationship Involvement in Gay Men: *Journal of Homosexuality*: Vol. 13:101-109, (1987).

Siever, Michael D.: Sexual Orientation and Gender as Factors in Socioculturally Acquired Vulnerability to Body Dissatisfaction and Eating Disorders: *Journal of Consulting and Clinical Psychology*: Vol. 62, (2):252-260, (1994).

Silberstein, Dr. Lisa R. et. al: Men and Their Bodies: A Comparison of Homosexual and Heterosexual Men: *Psychosomatic Medicine*: Vol. 51:337-346, (1989).

Substance Abuse References

Arday, David R., Edlin, Brian R., Giovino, Gary A., and Nelson, David E.: Smoking, HIV Infection, and Gay Men in The United States: Atlanta, GA: December 14-15, 1994.

Bradford, Judith, Ryan, Caitlin, and Rothblum, Esther D.: National Lesbian Health Care Survey: Implications for Mental Health Care: *Journal of Consulting and Clinical Psychology*: Clinical Psychology, Vol. 62, (2):228-242, (1994).

Buskin, S., et.al.: Heavy Smoking Increases the Risk of PCP: VII International Conference in AIDS: Amsterdam, (1992), Abstract #WECI030.

Coalition of Lavender-Americans on Smoking: Health: Why We Oppose Targeting Tobacco To Lesbians and Gays: ASSIST Information Exchange Conference: December 14-15, 1994.

Deneberg, Risa: Report on Lesbian Health: Women Health International, (2), (1995).

EMT Associates, Inc.: San Francisco Lesbian, Gay and Bisexual Substance Abuse Needs Assessment: San Francisco, CA: August 1991.

Goebel, Kevin: Lesbians and Gays Face Tobacco Targeting: Berkeley, CA: December 14-15, 1994.

Hall, Joanne M. RN,MA: An Exploration of Lesbians' Images of Recovery from Alcohol Problems: *Health Care For Women International*: Vol. 13:181-198, (1992).

JRI Health: Lesbian, Gay, and Bisexual Young Adult Survey: Boston, MA, (1995)

Kus, Robert J. RN, PhD: "Alcoholism and Non-Acceptance of Gay Self: The Critical Link :” Iowa, Press 1988.

Lesbian and Gay Substance Abuse Workgroup: Recommendations on Access to Substance Abuse Services for the Lesbian and Gay Communities: Washington, DC: August 3, 1994.

McLellan, A. Thomas PhD: Treatment Outcome of Pride Institute Patients: New York City, New York: April 1991.

Nieman, Richard B. et. al.: The Effect of Cigarette on the Development of AIDS in HIV-1-Seropositive Individuals: ASSIST Information Exchange Conference: Vol. 7:705-710, (1993).

Oftan, Nophtali: Queers Smoke Out the Tobacco Industry: ASSIST Information Exchange Conference: December 14-15, 1994.

Schilit, Rebecca PhD and Lie, Gwat-Yong PhD: Substance Use As A Correlate of Violence in Intimate Lesbian Relationships: *Journal of Homosexuality*: Vol. 19, (3), (1990).

Skinner, William F. PhD: The Prevalence and Demographic Predictors of Illicit and Licit Drug Use Among Lesbians and Gay Men: *American Journal of Public Health*: Vol. 84,(8): (August 1994).

Taravella, Steve: Healthcare Recognizing Gay and Lesbian Needs: *Modern Healthcare*: November 9, 1992.

Violence References

Fenway Community Health Center, Press Release: Anti-Lesbian/Gay Incidents in Massachusetts Climbed Back to 1992 Levels; Bulk of Increase Occurred Outside of Boston. Boston, MA (March 7, 1995):

Fenway Community Health Center/Victory Recovery Program: Anti-Gay/Lesbian Violence in 1995: Massachusetts and the United States; Local and National Trends, Analysis and Incident Summaries: Boston, MA (1995).

GLAD (Gay & Lesbian Advocates & Defenders): Anti-Lesbian/Gay Violence Fact Sheet: Boston, MA (1994).

National Institute of Justice, US Department of Justice: "The Response of the Criminal Justice System to Bias Crime: An Exploratory Review," (1987).

New York City Gay and Lesbian Anti-Violence Project: Domestic Violence in Lesbian Relationships: New York, NY.

Brownworth, Victoria A: "Domestic Blitz:" *The Advocate*: 96

Doucette, Francis D.: "Recent Amendments Enlarge Abuse Law's Scope:" *Massachusetts Law Weekly* (April 8, 1991)

Nealon, Patricia: "Gays and Lesbians Also Feel Domestic Violence:" *Boston Globe* 14 (June 1, 1992).

"The Newsletter for Battered Lesbians:" *The Network News* 1 (2): 1 -3 (Spring 1993).

Walsh, Sheila: "Examining Domestic Abuse:" *Washington Blade* (Nov. 1993)

Sandra E. Lundy: "Abuse That Dares Not Speak its Name: Assisting Victims of Lesbian and Gay Domestic Violence in Massachusetts:" *New England Law Review*: 28 (2) (1994).

Youth References

AIDS Office, Bureau of Epidemiology and Disease Control and San Francisco Department of Welfare: The Young Men's Health Survey: Principal Findings and Results: San Francisco, CA, (June 1991).

Governor's Commission on Gay and Lesbian Youth: Making Schools Safer For Gay and Lesbian Youth: Boston, MA, (Feb. 25, 1993).

Governor's Commission on Gay and Lesbian Youth: Prevention of Health Problems Among Gay and Lesbian Youth: Boston, MA, (August 1994).

Hetrick, E., and Martin AD: Developmental Issues and Their Resolution by Gay and Lesbian Adolescents: *Journal of Homosexuality*: Vol. 14(1/2), (25):25-43, (1987).

JRI Health: Lesbian, Gay, and Bisexual Young Adult Survey: Boston, MA, (1995)

Kinsey, AC, Pomeroy, WB, and Martin, CE: Sexual Behavior in the Human Male and Sexual Behavior in the Female: Philadelphia, PA, (1952).

Remafedi, Gary: Male Homosexuality: The Adolescent Perspective: *Pediatrics*: Vol. 79:326-330, (1987).

Remafedi, Gary MD, MPH, Farrow, James A. MD, and Deisher, Robert W. MD: Risk Factors for Attempted Suicide in Gay and Bisexual Youth: *Pediatrics*: Vol. 87, (6), (June 1991).

Rosario, M, Hunter, J, and Potheram-Borus, MJ: Unpublished Data on Lesbian Adolescents: HIV Center for Clinical and Behavioral Studies: New York, NY, (1992).

Rotherham-Barus, Mary J. PhD, Hunter, Joyce MSW, and Rosario, Margaret PhD: Suicidal Behavior and Gay-Related Stress Among Gay, Bisexual Male Adolescents: Division of Psychiatry: Columbus University, New York, (1992).

Savin-Williams, RC: Theoretical Perspectives Accounting for Adolescents' Homosexuality: *Journal of Adolescent Health Care*: Vol. 9, (2):95-104, (March 1988).