

LGBT Identity, Violence, and Social Justice: The Psychological is Political

Sari H. Dworkin^{1,3} and Huso Yi²

This article reviews the statistical evidence of LGBT violence in the United States and in the world. In the United States the statistics are from Amnesty International and the New York City Gay and Lesbian Anti-Violence Project. Statistics and other information about LGBT violence in other countries of the world come from many different sources. Reasons why this violence exists and international human rights responses are reviewed. The authors argue for a greater role for mental health organizations in the amelioration of prejudice against LGBT people and for more involvement of these organizations in social justice issues around the world. The article concludes with recommendations for future directions.

KEY WORDS: antigay violence; gay; lesbian; bisexual; transgender.

INTRODUCTION

“There remains a great deal to be accomplished in freeing many millions of gays and lesbians from the tyranny of fear of discovery, of actual and potential economic disenfranchisement, of the burden of ridicule, shame, and scorn, and of penalties for alleged criminal behavior. Nevertheless, the recognized status, for example, of openly gay and lesbian psychologists . . . is light years away from their inferior and almost certainly closed status of 1954” (cited in Boxer & Carrier, 1998, pp. 1–2). This quotation is from Evelyn Hooker, the woman whose research was instrumental in the removal of homosexuality as a mental disorder from the DSM. In 2002, a person identified as lesbian, gay, bisexual, or transgender (hereafter

¹Professor, Counselor Education, California State University, Fresno, Fresno, CA.

²Senior Research Associate, Institute for International Research on Youth at Risk, National Development and Research Institutes, Inc., New York, NY.

³Correspondence should be directed to Sari H. Dworkin, Ph.D., California State University, Fresno, 5005 N. Maple Dr. M/S Ed 5, Fresno, Ca. 93740-8025.

referred to as LGBT) or perceived to be LGBT not only faces ridicule, shame, disenfranchisement, and possible criminal charges, but in most of the world including the United States (U.S.), can face violence and even death. An LGBT identity is hazardous to one's health, mental and physical. Mental health professionals concerned about social justice must take an active role both professionally and politically to end this situation.

This article will review the prevalence of LGBT violence internationally and in the U. S. as reported by organizations such as Amnesty International and the New York City Gay and Lesbian Anti-Violence Project. The authors argue why mental health professionals must do more in this area especially if social justice is to be a primary thrust for our field. We conclude with recommendations for future directions in research, policy, education, and practice.

INTERNATIONAL VIOLENCE AGAINST LGBT PEOPLE

"The manner in which discrimination is experienced on grounds of race or sex or religion or disability varies considerably—there is difference in difference. The commonality that unites them all is the injury to dignity imposed upon people as a consequence of their belonging to certain groups . . . In the case of gays, history and experience teach us that the scarring comes not from poverty or powerlessness, but from invisibility. It is the tainting of desire, it is the attribution of perversity and shame to spontaneous bodily affection, it is the prohibition of the expression of love, it is the denial of full moral citizenship in society because you are what you are, that impinges on the dignity and self-worth of a group," stated by Justice Albie Sachs, Constitutional Court of South Africa in 1998 (cited in Amnesty International, 2001, p. 8).

LGBT people as well as LGBT activists around the world are targeted not for their activities but on the basis of who they are. Violence occurs in the home, school, and community. In fact schools may be one of the most dangerous places for LGBT youth (Amnesty International, 2001). Not only are LGBT youth or those perceived to be LGBT harassed but in the U. S. they often are removed from the schools.

The Internet has become another place for hate crimes against LGBT youth. On the one hand, it opens new access to a global LGBT community and to a better understanding about LGBT issues. But on the other hand it is reported that expression of hatred toward minority groups is more serious within the online community than it is with the "off-line" community (Glaser, Dixit, & Green, 2002). Confidentiality is violated by technology (i.e. IP, Internet Protocol) and involuntary disclosure of sexual orientation increases possible violence targeting LGBT youth.

Children do not seek redress due to shame and fear of continued persecution. "The United Nations Convention on the Rights of the Child explicitly obliges states to protect all children—without distinction of any kind—against violence and other

abuse in the home, at school and in the community” (Amnesty International, 2001, p. 46).

Amnesty International (2001) reports rapes, beatings, and life imprisonment for alleged crimes against the order of nature in such countries as Uganda, Zimbabwe, Romania, Malaysia, the Caribbean, Russia, China, Sri Lanka, Afghanistan, and the U. S. In fact, at least 70 countries criminalize same-gender relationships and some countries punish offenders with flogging or the death penalty. All over the world, LGBT people face oppression. There are laws against them, freedom of association is denied, and access to services is limited or nonexistent unless they hide their identity. Places such as bars where LGBT people gather are subject to police raids. Medical services are often used to force a change to heterosexuality. These medical interventions range from institutionalization to aversion therapy, and chemical castration. Indigenous medicines also are used to attempt to change sexual orientation. Reports of abuse are rarely made due to fear of disclosure, lack of responsiveness, and knowledge that the authorities are often the perpetrators of the violence. Transgendered persons are especially singled out for torture and there is an alarming increase of this. Cross-dressing is seen as an obscenity and blackmail and extortion are commonplace occurrences. In most countries, health care for transgendered persons is not well provided. In order to receive sex reassignment/reconstruction surgery, transgendered persons travel to the countries where the surgery is more accessible. In such cases, the need of post-sex reassignment surgery treatments including mental health services is hard to receive.

LGBT people cannot count on the police or the courts to offer any protection. In fact in most of the world the police are the worst offenders, beating and raping the very people they are supposed to protect while in custody. “Perceived or actual sexual orientation has been found to be one of four categories that make a female prisoner a more likely target for sexual abuse” according to Amnesty International (2001, p.32). Laws and governmental officials often provide the justification for this maltreatment (Amnesty International, 2001). President Mugabe of Zimbabwe publicly called gay people less than human and therefore not deserving of human rights. The president of Uganda ordered the Criminal Investigations Department to hunt out lesbians and gays and lock them up. Since joining the U. S. coalition against terrorism, Egypt has begun hunting gay men alleged to be homosexual and entrapping them on the Internet in order to convince their citizens that the government and not just Muslim extremists are protecting the morality of the nation (Gauch, 2002). This leads to some of the reasons that governments use when denying the rights of LGBT people.

The U. S. is not alone in using culture, religion and morality as reasons to oppress LGBT people (Amnesty International, 2001). This occurs around the world. Homosexuality and transgenderism is considered un-Christian, un-Islamic, against Judaism, a plague, a white man’s issue, un-American, un-African, and part of bourgeois decadence to name a few justifications. In religious and collective

societies the expressed morality of the nation impacts the social status of LGB persons. As the literature notes, individual identity development/accomplishment is to be scripted in the beliefs of the larger society's values. Simply because there are so few LGB persons they are marked as deviant (Cong & Wu, 1998). An insidious reason underlying world oppression because it is rarely explicitly noted or understood is the betrayal of gender expectations and beliefs. LGBT persons frequently challenge notions about gender roles and the dichotomy of gender. Gay men and transgendered male to female persons are believed to betray male gender role superiority and privilege and therefore must be punished. Lesbians and transgendered female to male persons are believed to attempt to take on male privilege and therefore must be punished. Ultimately, LGB persons are believed to threaten the established social order (Amnesty International, 2001). This is a prevalent belief in most of the world.

For example, Confucian gender ideology is the underpinning for understanding the roles of men and women in some East Asian cultures (Hong, Yamamoto, Chang, & Lee, 1993). Gender role has been regarded and valued as the order of "nature" in Ying-Yang, which ossifies the obedience to the male (Sohng & Icard, 1996). In the Confucian family system, only a male can be the head of a family (Nakajima, Chan, & Lee, 1996). Subsequently, it is not difficult to see that women have been treated as second-class citizens regardless of their social and familial positions. An act against male authority can be seen as a transgression to not only the order of nature but also the existence of society and this is seen throughout the world, not just in Asian cultures.

LGBT VIOLENCE IN THE UNITED STATES

A coalition of twenty-six anti-violence organizations in the United States monitor instances of antigay violence in their respective regions. The most current statistics (New York City Gay and Lesbian Anti-Violence Project, 2001) compare the period 1998–1999 to 1999–2000 data. Overall the current trends are as follows: Exceptionally violent and bias-related murders decreased. Serious injuries and hospitalizations and sexual assaults and rapes also decreased. That is the good news. The bad news is: Attempted assaults with weapons increased. Harassment and intimidation increased. The victims and perpetrators became more diverse, for example, there were more female perpetrators. There was an increase in heterosexual victims of antigay violence. More of the victims knew their perpetrators. They were acquaintances, friends, employers, co-workers, landlords, neighbors, relatives, and family members. More male to female transsexuals reported victimization. Police responsiveness deteriorated and there were increased reports of police misconduct and abuse.

In all likelihood there were many more instances than reported in this national document. Most victims do not report. The reasons victims in this country do not

report anti-LGBT violence are similar to reasons reported in other countries. Victims fear they will not be believed, the authorities will abuse them more, disclosure of their sexual identity will have disastrous and ongoing consequences, nothing will be done, and/or services offered will not be culturally sensitive. Often significant others urge the victim not to report and just to move on with life (New York City Gay and Lesbian Anti-Violence Project, 2001). The psychological impact of victimization makes moving on with life difficult.

World bodies interested in human rights and social justice have made statements decrying violence based on a person's being. Interpretations of these documents have concluded that these documents protect LGBT people.

INTERNATIONAL HUMAN RIGHTS RESPONSE

The United Nations Convention Against Torture prohibits force, pain, suffering, both physical and mental when it is based, among other areas, on discrimination and is perpetrated by a public official or any person in an official capacity or with their consent (Amnesty International, 2001). Much of the LGBT violence perpetrated around the world is therefore prohibited by this convention. Abuses against LGBT people documented by Amnesty International (2001) violate the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights. Policing the bedroom, the underpinning of laws against gay relationships, violates the privacy rights guaranteed under the European Convention on Human Rights. The United Nations Human rights Convention and the European Convention on Human Rights bans discrimination against transsexuals and the UN document urges governments to decriminalize sexual orientation and to prohibit sex discrimination in their constitutions. The Commission on Human Rights further states, "International standards require that there be concerted state policy to eradicate practices even if the proponents argue that they have their roots in religious beliefs and rituals" (Amnesty International, 2201, p. 45).

International human rights movements have ensured national level protection of members of sexual minorities. For example, South Africa passed an anti-discrimination federal law based on sexual orientation in January 2000 (Ferreira, 2000) and National Human Rights Commission Act in South Korea included anti-discrimination based on sexual orientation (Yi, 2002). Yet, what is problematic in human rights movements in the absence of LGBT community cohesion is that individual fulfillment may be neglected in "minoritizing" LGBT in politics. Because of stigma and possible persecution LGBT persons in fact often are not very involved with these human rights activists. If society continues to ignore the principles of these world documents mental health professionals will continue to try to alleviate the psychological symptoms of victimization.

PSYCHOLOGICAL EFFECTS OF VICTIMIZATION

There is a large body of literature documenting the effects of torture and abuse. Much of this literature has studied refugees seeking political asylum (Gorman, 2001). While a comprehensive review of this literature is beyond the scope of this paper, some of the findings have relevance to what victims of anti-LGBT violence face. It is important to recognize that this is where mental health and human rights converge (Gorman, 2001). Often when mental health professionals work with victims of violence the victimization is depoliticized due to the emphasis on personal psychological symptoms. Victimization based on who a person is rather than what he or she does robs that person of his or her voice, and deters others from speaking out making the abuse a political and human rights issue.

Politics aside, the typical symptoms of posttraumatic stress disorder such as somaticization, denial, guilt, and numbing of emotion occur with torture and LGBT violence victims. Gorman (2001) noted that with victims of torture there are three processes mental health professionals must help with: safety, reconstruction, and reconnection. He especially emphasizes the support of family. One difference between political refugees from torture and LGBT victims is that LGBT victims do not always have the support of families (DiPlacido, 1998). LGBT people all over the world are likely to have experienced anti-gay violence in one form or another from early adolescence (D'Augelli, 1998; DiPlacido, 1998). Cumulative negative experiences cause greater stress. These negative experiences result from homophobia, and heterosexism.

HOMOPHOBIA AND HETEROSEXISM

"The challenges unique to lesbian, gay, and bisexual youths are mostly caused by cultural and institutional victimization as well as direct attacks. Both systemic victimization and direct attacks must be eliminated" (D'Augelli, 1998, p. 206).

SOV, Sexual Orientation Violence, a term coined by D'Augelli (1998) begins early. By the end of elementary school, youth know that heterosexuality is good and homosexuality is bad. Not conforming to gender role stereotypes is unacceptable especially for boys. For those youth who consider themselves LG moving into adolescence with the increase of hormones that is part of puberty means that they cannot express age-appropriate romantic behaviors (D'Augelli, 1998). In addition they cannot get needed peer support at a time when peers are the most important group in an adolescent's life (Savin-Williams, 1994).

Today's LGBT youth in the U. S. and the Western developed world are more likely to be victimized because they are more visible. In most of the rest of the world, LGBT youth are invisible. Invisibility might be related to less victimization, yet this does not mean free of stressors. Members in invisible stigmatized groups are required to have "careful monitoring of all interactions and an awareness

that relationships are based on a lie that could be exposed at any time" (Ryan & Futtelman, 1998, p. 20). Their stresses are made even greater by the potential rejection from family as well as from society. No supportive community or professional services exist to help LGBT youth in developing countries to deal with these rejections. The stresses from rejection and hiding can result in poor physical and mental health. In addition, global mass media culture and the Internet make it possible to experience LGBT culture in the West, and the discrepancy between real and virtual life may also cause psychological stress.

Studies on SOV are important because the literature has found that the perpetrators of antigay violence tend to be young males in their late teens or early twenties (Harry, 1990; Herek & Berrill, 1992; Simon, 1998). Therefore in order to end the violence we need to understand the many components of homophobia as well as how antigay attitudes become antigay violence. In a review of literature about perpetrators, Harry (1990) found that those who perpetrate violence tend to do it in groups rather than individuals. Often it is to prove their "maleness." The stereotypic male role justifies violence and society condones violence against LGBT people. LGBT people are considered of little value. Outside of western countries, psychological research on SOV is almost nonexistent. The evidence for severe SOV comes from activist groups who collect documents on governmental oppression and discrimination against LGBT persons. As the visibility of LGBT identity increases, it is expected anti-gay perpetrators as group will increase and institutional persecution will also increase. Sometimes the perpetrators actually go looking for people they perceive to be LGBT and sometimes the opportunity just arises. Most people merely disapprove of those who are or perceived to be LGBT. The people who disapprove do not perpetrate violence. But, they also do not act as guardians, protectors or helpers of LGBT people (Harry, 1990). Rather than help or protect, many disapprovers use religion or politics to sanction what has come to be known as Reparative Therapy. Members of our own profession practice Reparative therapy (Drescher, 1998). (It is difficult to assess how much Reparative Therapy is practiced throughout the world. Common beliefs about LGB people suggest that Reparative Therapy is not just a U. S. phenomenon.)

REPARATIVE THERAPY

Reparative Therapy seeks to cure homosexuality and to change homosexuals into heterosexuals. According to a review by Drescher (1998), today's reparative therapists draw from pastoral counseling, have abandoned the neutrality psychoanalysis is based on, urge conformity to traditional values, idealize heterosexuality, file affidavits in support of antigay amendments and believe that their homosexual clients must be ostracized in order to be cured of homosexuality. In spite of the declassification of homosexuality as an illness (and this declassification is slowly happening around the world) these therapists continue to treat it as one. In the

U.S. they have formed their own organization, NARTH, National Association for Research and Therapy of Homosexuality. The work of NARTH perpetuates the hostile climate for LGBT people in the U. S. Reparative therapy and those organizations that condone it impacts LGBT people both in the United States (Shidlo, Schroeder, & Drescher, 2002) and around the world. Mental health professions must respond. We firmly believe that mental health and social justice are linked.

Reparative therapy is common in Asia although it is not named as such. It is just "therapy for healthy sexuality." LGBT affirmative therapy is unheard of. Mental health professions should be aware of the misuse and harm from reparative therapies and educate international counselors and psychologists about the ethics and guidelines of affirmative psychotherapy for LGBT people. Without some resolution to the fundamentalist beliefs that lead to reparative therapy around the world homophobia may be "imported" faster than LGBT human rights (see Lingardi & Drescher, 2003).

In other countries the ICD-10 rather than the DSM IV is the diagnostic system used. The ICD-10 still lists three mental illnesses related to sexual orientation. These diagnoses are used around the globe in spite of the fact that the ICD notes, "sexual orientation by itself is not to be regarded as a disorder" (World Health Organization, 1992, p. 367). Japan adopted the ICD-10 and declassified homosexuality in 1995. China also followed the ICD-10 and removed homosexuality from the Chinese-ICD. In Korea, at an ICD-10 conference, psychologists adopted its translation. But, the Korean-ICD adds a few words such as "normal heterosexuality" that are not in the ICD-10. Besides, even though they acknowledge "sexual orientation by itself, they hold that ego-dystonic homosexuality would be more culturally relevant, so psychological practice is based on the disorder" (Kimmel & Yi, *in press*). Mental health professionals should work with the committee of the World Health Organization to revise IDC-10, which poses more authority outside of the United States.

PSYCHOLOGY, SOCIAL JUSTICE, AND LGBT PERSONS

Psychology as the science of human behavior subscribes to a value system that advocates for diversity and for equal treatment of all (Fowers & Richardson, 1996). According to Fowers and Richardson (1996) it is "... a moral movement that is intended to enhance the dignity, rights and recognized worth of marginalized groups" (p. 609) and "... actively fights against political oppression and economic injustice in the world, in our country, and especially in our local communities" (p. 611). Therefore, psychology and related mental health professions must use the tremendous amount of knowledge gained through research to change the policy of oppression toward LGBT people that currently exists. This must happen on an international basis.

According to Marsella (2000): "Today's world requires psychology to acknowledge the global context of our times" (p. 1). Our knowledge must be used to

advocate for the repeal of laws that serve as a justification for the torture and imprisonment of LGBT persons. International conferences such as the recently American Psychological Association (APA) sponsored International LGB Conference must continue to occur (De Angelis, 2002). It is at these conferences that a network of mental health professionals from around the world can share knowledge, resources and offer support to those whose countries still use old justifications for the oppression of LGBT persons. One of the resources currently being translated into a number of different languages is APA's (2000) *Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients*.

Societal awareness of LGBT affirmative professional services (i.e. "safe zone" policy), in particular in developing countries, should be established as important within the scope of human rights. In developing countries, derogatory definitions of LGBT related terms in the dictionary and textbooks should be corrected (APA, 1999; Committee on Lesbian and Gay Concerns, 1991).

Mental health professional organizations around the world must work to remove the illness classification of LGBT persons. China just did that (De Angelis, 2002) and if a country like China where a great deal of repression occurs can be moved to declassify homosexuality as an illness then so can other countries. We must take a stronger stance against Reparative Therapy both here and around the world. Amnesty International (2001, p. 61) recommended that medical associations "... prohibit their members from participating in any treatment aimed at 'curing' or 'treating' it [homosexuality]."

The education of mental health professionals must include the recent research and understanding about the lives of LGBT persons and how to do LGBT Affirmative therapy. We must be trained to do public policy work and to advocate for social justice. This work can and must be done by us as citizens not just as mental health professionals. Advocating against anti-gay laws and amendments, writing letters, and taking public stances are required of those of us who believe in social justice.

Whether we agree or not the fact is that the psychological is political. One important piece of public policy where mental health professionals can add their expertise is in the advocacy of laws and constitutional amendments banning discrimination based on sexual orientation and/or gender identity expression discrimination. We need to be active not only in public policy but in the training of prison workers, police, medical personnel, immigration workers, teachers, and on and on to be sensitive to LGBT issues. A critical area for psychologists and counselors to be active in is making schools a safe place for all children. "The response that is urgently needed now ... is for public officials educators, clergy, and all people of conscience to acknowledge, condemn, and counter anti-gay prejudice and violence" (Berrill, 1992, p. 40).

Of course research must continue and it must happen internationally. Research must examine the psychological correlates of anti-LGBT attitudes, emotions, behaviors, and thoughts throughout the lifespan. Occupational biases must be understood and the mechanism for effective change must be developed. Religious

and political biases and their mechanisms also must continuously be examined. LGBT persons must be studied longitudinally so we know about both healthy and unhealthy identity development, and maintenance.

But the response cannot come only from divisions and organizations specifically dealing with LGBT identity issues. Coalitions should be pursued with the well being of LGBT as a prime motive and the needs of LGBT people specified. We should play a significant role in the dynamics of the international human rights movements coalition.

According to Juan Pablo Ordonez, a human rights defender, "The defense of human rights of homosexuals solely by homosexuals is impossible—or at best, places them in imminent peril of their lives. The struggle must be taken up by outsiders, gay or straight people, who are not themselves victims of this hostile society" (Amnesty International, 2001, p. 58).

CONCLUSION

The current authors strongly believe that mental health practitioners must see the tie between LGBT identity, violence and social justice. As stated earlier, the psychological is political and we must work toward the equitable treatment of LGBT persons around the world.

In 1943 Franklin Delano Roosevelt made a statement to White House correspondents that still rings true for people concerned with social justice. "Unless the peace that follows [World War II] recognizes that the whole world is one neighborhood and does justice to the whole human race, the germs of another world war will remain as a constant threat to mankind" (Halprin, 1997, p. 122). Our mental health professions should heed his statement.

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