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SafeSpace

TRAINING MANUAL



Leadership and Cultural Programs
Counseling & Disability Support Services

This manual is brought to Missouri S&T through collaboration between Counseling & Disability Support Services and Leadership and Cultural Programs. The information in this manual is adapted from research and information collected from Worcester Polytechnic Institute and University of Missouri–Columbia. The developers of S&T’s Safe Space program felt that the information contained in these two manuals was necessary in order to have an effective program on the S&T campus. Both manuals cite and express gratitude from which they pulled resources, and we would like to share in that appreciation as we work together to create a safer, more open environment for our GLBTIQ²A community.

Worcester Polytechnic Institute Manual

Visit this manual online: <http://users.wpi.edu/~alliance/>

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University of Missouri–Columbia

Visit this manual online: <http://web.missouri.edu/~umcstudentlifelgbt>

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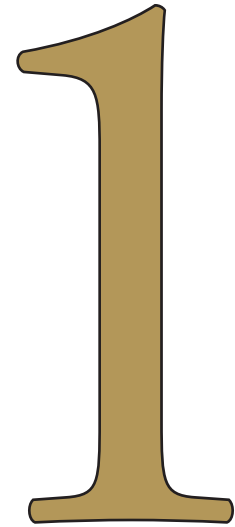
Missouri University of Science and Technology

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Getting on the Same Level

Mission Statement

The Missouri University of Science and Technology Safe Space program promotes an understanding of the Gay, Lesbian, Bi-affectionate, Transgender, Queer, Questioning, Intersex, and Ally (GLBTIQ²A) community in order to create an inclusive environment for all GLBTIQ²A students, faculty, and staff that comprise the Missouri S&T community.

Purpose Statement

We assist people in understanding how to create a Safe Space both within and beyond the Missouri S&T campus.

Goals¹

The goal of the S&T Safe Space program is to provide support and resources for GLBTIQ²A individuals by:

- Increasing the overall campus community's understanding and awareness of GLBTIQ²A issues
- Providing a greater sense of safety and inclusion for the GLBTIQ²A student, faculty, and staff community
- Increasing the number of official Safe Spaces on campus
- Providing the information and resources to allies to enhance their ability to support and be knowledgeable regarding issues that have an impact on the GLBTIQ²A community
- Acting as a resource for information regarding homophobia, heterosexism, transphobia, and GLBTIQ²A issues on the S&T campus.

¹ Adapted from Bridgewater State College:
<http://www.bridgew.edu/counselingcenter/>

The Climate for GLBTIQ²A Students at S&T

After an eight year battle, the UM System Board of Curators put a sexual orientation clause into the system-wide non-discrimination policies. The University of Missouri Statement of nondiscrimination reads: “The University of Missouri does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability or status as a protected veteran.”²

Unfortunately, gender identity is not included in UM’s system-wide nondiscrimination policy on campus. Further, a person of any gender (i.e. everyone) has no protection should they in any way be reprimanded for failing to perform an ideal role of gender.

Currently under federal law, no one is protected on the basis of affectional orientation, gender, or gender identity.

Creating Safe Spaces on Campus³

A “Safe Space” is a place where people can...

- Ask questions without fear of reprisal.
- Be comfortable that they will not be judged.
- Worry less about self-censoring speech to support a more genuine personal interaction.
- Seek support through conversation and/or informational resources.
- Practice integrity between the many parts of their life and identity.

Displaying a Safe Space sign means you are...

- A resource for the community and able to provide appropriate referrals.
- Supportive of individuals without regard to their affectional orientation or gender identity.
- Respectful of confidentiality when necessary and appropriate.
- Helping people to feel more comfortable, even though they may not come out to you personally.

- Part of a larger campus program and, as a team member, have a responsibility for maintaining the credibility of the program.
- Making a personal contribution to the betterment of the campus environment for all individuals.

Participating as a Safe Space ally does *not* mean that...

- You need to be an expert on GLBTIQ²A issues or be a counselor.
- You are the only contact for GLBTIQ²A students, faculty, and staff.
- You will hear intimate self-disclosures on a regular basis.
- You will be expected to participate in political activities.
- Others will always assume that you are gay, lesbian, bi-affectionate, transgender, intersex, queer, or questioning.
- You are expected to place yourself in a situation where you feel threatened or uncomfortable with the level of risk.

What do you need to be a Safe Space at S&T?

- You are aware of the presence of GLBTIQ²A students, faculty, and staff, and are willing to engage them in genuine dialogue and interaction.
- You understand that our campus is enriched and enlivened by the diversity of GLBTIQ²A peoples’ lives in a non judgemental manner.
- You are willing to assist students, faculty, and staff in accessing support and information resources on campus and in the community.
- You maintain confidentiality unless there is a perceived threat to one’s self or others.
- You comfortably use inclusive language avoiding stereotyping and do not assume heterosexuality.

² University of Missouri Statement of Nondiscrimination; from <http://www.missouri.edu/eeo-aa.php>

³ Adapted from Cal Poly Safe Zone program: http://www.dsa.csupomona.edu/pride/safe_zone.asp

Safe Space Commitment

I, _____, hereby have permission to be imperfect with regards to Gay, Lesbian, Bi-affectionate, Transgender, Intersex, Queer, Questioning, and Ally issues. It is okay if I do not know all of the answers or if at times my lack of knowledge and misunderstanding become obvious.

I have permission to ask questions that appear foolish. I have permission to struggle with these issues and be up front and honest about my feelings.

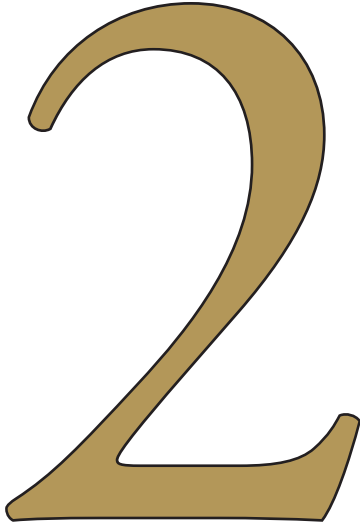
I recognize that I am a product of an oppressive culture, and I am who I am. I don't have to feel guilty about what I know or believe, but do I need to take responsibility for what I can do now.

I am committed to educating myself and others about the different forms of oppression and ignorance, including, heterosexism, homophobia, biphobia, and transphobia, and to combating them on a personal level.

I am committed to continue examining my own attitudes and bias about sexual identity and related issues.

I am committed to treating each person with the dignity and respect to which they are entitled as human beings. I will also afford the same level of respect, dignity and consideration for all of those who choose not to participate in this training.

Signed _____ Date _____



Terminology

Every thorough discussion about the Gay, Lesbian, Bi-affectionate, Transgender, Intersex, Queer and Questioning community starts with some very basic but often confusing terms. You may be surprised by some of the terms in this section, and please do not be afraid to ask for clarification. The definitions of many of these terms are changing as the climates for the community change.

Affectional Orientation

A recent term used to refer to variations in object of emotional and sexual attraction. The term is preferred by some over “sexual orientation” because it indicates that the feelings and commitments involved are not solely (or even primarily, for some people) sexual. The term stresses the affective emotional component of attractions and relationships, including heterosexual as well as other orientations.

Ally

A person who confronts homophobia, heterosexism, heterosexual privilege, biphobia, transphobia and society’s gender norms in themselves and others on both a personal and institutional level.

Androgyny

Displaying characteristics of both or neither male or female.

Asexual

A person who does not experience sexual attraction. Asexual people may identify with another affectional orientation; they may identify asexuality as their affectional orientation; or they may identify as having no affectional orientation.

Autosexual

One whose significant (to oneself) sexual activity is masturbation.

Biological Sex

The dichotomous distinction between female and male based on physiological characteristics, especially chromosomes and external genitalia.

Biphobia

The oppression or mistreatment of bi-affectionate people either by heterosexuals (often called homophobia if it does not target bi-affectionate people separately from lesbians and gay men), or by lesbians or gay men (see monosexual).

Bi-affectionate/Bi

A person who is emotionally, romantically, physically, and/or sexually attracted to men and women, or to people of any gender. This attraction may include a preference for one gender over others.

Bi-affectionate Community

The group of people who identify as members of the bi-affectionate community. One may identify as bi-affectionate without identifying with the bi-affectionate community or vice versa.

Butch/Femme or Lipstick Lesbian

A lesbian or gay woman, who prefers traditionally masculine (butch)/feminine (femme) dress, style, expression, or identity. Use caution with these terms for they can still be taken offensively, mainly because they are still often used offensively. Avoid use of the term “lipstick lesbian” and stick to “femme.”

Camp

A form of humor, in which one makes fun of one's oppression by taking on and exaggerating stereotypes which the oppressor projects onto the oppressed. Camp makes fun of the stereotype and laughs at the sting of the oppression.

Celibate

One who is not sexually active with anyone else. May abstain from all sexual activity, or may be autosexual.

Cisgender

A person whose biological sex matches up with their gender identity. Also known as “non-trans,” “gender-normative,” “biomen/women,” and other terms, which usually focus on the supposed ‘abnormality’ of transgender people.

Closeted/In the Closet

A GLBTIQ^{2A} person who is not open about their identity in some or all spheres of their life.

Come Out (Of the Closet)

To recognize one's GLBTIQ^{2A} identity in some way, for example to oneself, to another person in conversation, or by an act that places one in the public eye. It is not a single event but a lifelong process.

Cross Dress(er) (CD)

To wear clothes, makeup, etc., regardless of the motivation, which are appropriate for a gender role other than the gender assigned to one at birth.

Dominant Culture

Societies can be characterized by a high consistency of cultural traits and customs. Modern societies are often a conglomeration of different, often competing, cultures and subcultures. In such a situation of diversity, a dominant culture is one that is able, through economic or political power, to impose its values, language, and ways of behaving on a subordinate culture or cultures. This may be achieved through legal or political suppression of other sets of values and patterns of behavior, or by monopolizing the media of communication (examples of America's dominant culture include: White, Eurocentric, National, Christian, middle class, Heterosexual, physically/mentally independent, youthful, thin, and employed).

Drag

Wearing the clothing of another gender, often exaggerating stereotypical characteristics of that gender.

Drag Queen (M2F)/ Drag King (F2M)

A transvestite who employs dramatic clothes, makeup, and mannerisms, often for other people's appreciation or for its shock value.

Dyke

Once known as a derogatory term for lesbian, the word dyke was reclaimed by lesbians in the 1970's as slang, and many lesbians now refer to themselves as dykes.

Female

One who has (only) female primary sex characteristics.

Feminine

The gender role assigned to females. Generally includes: nurturing, emotional, timid/quiet, wearing dresses and make up.

FTM/F'M/F2M

Female to male. Used to specify the direction of a change in gender or sex.

Gay/Lesbian

A person who is emotionally, romantically, physically, and/or sexually attracted to people of the same gender/sex. Preferred over the clinical term homosexual. Gay is usually used to describe men but may be used to describe women as well; it is also commonly and incorrectly used to describe the entire GLBTIQ²A community(ies). Lesbian refers only to women.

Gender

Characteristics of masculine and femininity that are learned or chosen. A person's assigned sex does not always match their gender (see Transgender), and most people display traits of more than one gender. Gender is different from sexuality.

Gender Bending

Blurring the binary gender roles.

Gender Binary

The idea that there are only two genders, man and woman; that these are inextricably linked to two sexes, male and female; that any given person must be one or the other; and the social institutions that enforce this idea.

Gender Dysphoria

Medical term for the unhappiness or discomfort which may be experienced by one whose primary sex characteristics do not match one's gender identity.

Gender Neutral Language

Language which does not use one gender to represent all people (use partner instead of girl/boyfriend/spouse, instead of mailman/woman, say postal service worker, for example) (see unisex).

Gender Recognition

Recognizes only two genders and regulates behavior. The idea is that all males should be male-identified and masculine, and all females should be female-identified and feminine.

Gender Role

Rules assigned by society that define what clothing, behaviors, thoughts, feelings, relationships, etc. are considered appropriate and inappropriate for members of a given gender. Which things are considered masculine, feminine, or unisex varies according to location, class, occasion, and numerous other factors.

Gender/Sex

This term is used to refer to the conflation of gender identity (your sense of your own gender) and sex (your body) within our culture. For example, people perceived as masculine (a gender) are assumed to be male (a sex); people perceived as feminine (a gender) are assumed to be female (a sex).

Genderqueer

People who feel that they don't fit in society's gender binary. Often but not always, this identity includes a political desire to challenge society's gender norms and the gender binary.

Genetic Female/Woman/Girl (GF/GW/GG)

One classed as female from birth, regardless of one's present sex or gender identity.

Genetic Male/Man/Boy (GM/GB)

One classed as male from birth, regardless of one's present sex or gender identity (a note that in personal ads, GM usually stands for gay man, not genetic male).

GLBTIQQA

An acronym that stands for gay, lesbian, bi-affectionate, transgender, intersex, questioning, queer, and ally. This acronym is also commonly written as GLBT, LGBT, and other variations. Although it is problematic, some people use the words gay or queer to mean “GLBTIQQA.”

Referred to in this manual as GLBTIQ²A as represented by the S&T campus organization, the DaVinci Society.

Hermaphrodite

Medically, one who has partially expressed primary or secondary sex characteristics. Pseudo-male hermaphrodites are born with a penis, but do not develop most other male secondary sex characteristics such as facial hair, greater muscle density, or sperm with the potential to procreate. Pseudo-female hermaphrodites are born with a vagina, but are often infertile, have more facial hair than most women, and have much lower breast development. Mythically (almost never reality), one who has both female and male primary and secondary sex characteristics. Intersex is the preferred term.

Heterosexism

The oppression of gay, lesbian, and bi-affectionate people. The assumptions that identifying as heterosexual and having sexual and romantic attractions only to members of another gender or sex is good and desirable, that other sexual identities and attractions are bad and unacceptable, and that anyone whose sexual identity is not known is heterosexual. Usually coupled with both unconscious and willful “blindness” to the existence and concerns for the gay, lesbian, and bi-affectionate people. A heterosexist is one who practices heterosexism.

Heterosexual

A person who is emotionally, romantically, physically, and/or sexually attracted to people of the “opposite” perceived gender/sex. Equivalent to the term straight, although some people may prefer one over the other.

Homophobia

Fear or hatred of those assumed to be gay or lesbian and anything connected to their culture. It is when individuals fear homosexuality, either in other people or within themselves. Homophobia can either be mild discomfort, hate speech, or violence towards gay or lesbian individuals.

Homosexual

Formal or clinical term for a person who is emotionally, romantically, physically, and/or sexually attracted to people of the same gender/sex. The words homosexual and homosexuality are often associated with the proposition that same-gender attractions are a mental disorder and are therefore distasteful to some people.

Identify/ied

To hold a particular identity, whether it is a sexual identity, gender identity, national heritage identity (Italian, for example), class heritage (working class, for example), etc. One may say statements such as “I identify as a cross dresser.” or “I am bi identified.”

Internalized Oppression

The process by which a member of an oppressed group comes to accept and live out the inaccurate stereotypes applied to them, the oppressed group.

Intersex

A person who is born with physically ambiguous genitalia which doctors have trouble classifying as “female/girl” or “male/boy” Avoid use of the word “hermaphrodite,” which is offensive. Although intersexuality is relatively common, intersex people and infants are often regarded as “deformed” or “monsters” and are subjected to surgery while still in infancy.

Kinsey Scale

The continuum model devised by Alfred Kinsey in 1948 that plotted sexuality from 0 (exclusively heterosexual) to 6 (exclusively homosexual). Historically, it was the first scale to account for bi-affectionate orientation. According to a 1954 survey using the scale, 70% of people fell between 1 and 5. It's been criticized for being too linear and only accounting for behavior and not sexual identity.

Lesbian

Preferred term for a female homosexual.

Male

One who has (only) male primary sex characteristics.

Masculine

The gender role assigned to males. Generally includes: strength, stoic, high performance in sporting, wearing pants, not wearing makeup.

MTF/M2F/M'F

Male to Female. A term used in the GLBTIQ²A community that refers to female-identified people who were categorized as male at birth (see also FTM and Transgender).

Openly Gay

Used in instances where the affectional orientation of the individual is relevant to the story and the individual has previously Outed her/himself. As in: "The openly gay legislator voted against the measure denying civil rights to gays."

Oppress

To participate in or collude with the oppression of a group.

Oppression

The systematic subjugation of a group of people by another group with access to social power, the result of which benefits one group over the other and is maintained by social beliefs and practices. Mistreatment includes: economic and social marginalization which ranges from excluding members of the group in one's circle of friends to media reports on and representations of society; the cold shoulder; not consulting with or accepting input from individuals of the oppressed group on decisions which concern them; snide comments; verbal harassment; assault; rape; and murder. All forms of oppression are based on the perception that the target person is a member of that group.

Out

The opposite of closeted, this term refers to a GLBTIQ²A person who is open about their identity in some or all spheres of their life.

Outing

When someone discloses the identity of a GLBTIQ²A person. Often used to describe a situation where this is done without their consent.

Passing

In terms of affectional orientation, passing refers to being perceived as an affectional orientation that you are not (e.g. being perceived as homosexual if you are in fact bi-affectionate). In terms of gender identity, passing refers to being perceived as a cisgender person or in accordance with one's gender identity.

Pink Triangle

An inverted triangle adopted by GLBTIQ²A culture starting in the 1970's in remembrance of the homosexuals who were forced to wear pink triangles in Nazi concentration camps. Lesbians often wore red and black triangles.

Pride

A healthy safe respect, which, in the context of the gay community, promotes empowerment, education, safe living, and the sense that it is “okay to be gay.” In June many cities and communities hold Pride Days or Festivals. This may include parades, carnivals, concerts or other forms of celebration for the GLBTIQ²A community.

Pride March

A public procession or parade of GLBTIQ²A people to proclaim the pride, solidarity, and unity of the community.

Primary Sex Characteristics

Inclusive term for the male penis, prostrate, and testicles; and for the female clitoris, vagina, uterus and ovaries.

Queen

A gay man who prefers traditionally feminine dress, style, expression or identity. If you identify as straight, use caution with this term.

Queer

Originally a pejorative or derogatory term for gay people, some GLBTIQ²A people have reclaimed this term as an inclusive and positive way to identify all non heterosexual and non-gender-conforming people. However, some GLBTIQ²A people, often people of color or older people, feel excluded by this label.

Rainbow Flag

Designed in 1978 in San Francisco by artist Gilbert Baker signifying the diversity and unity of the GLBT movement. Originally, there were eight colors in the flag: pink for sexuality, red for light, orange for healing, yellow for the sun, green for natural serenity, turquoise for art, indigo for harmony, and violet for spirit. In 1979, the flag was modified to its current six-stripe format (pink was omitted, blue was substituted for turquoise and indigo, and violet became a rich purple). The colors of the flag are commonly referred to as ROYGBV.

Secondary Sex Characteristics

General term including facial and body hair, vocal timbre and range, breast size, weight distribution. Emphasizes one’s internal reality (identity), as opposed to external factors and others’ interpretations of them (labels).

Sex

The biological traits used to categorize someone as either male or female. The meaning the dominant culture imposes on sex is called gender.

Sexism

A system of advantage based on sex and gender that benefits men/males.

Sexual Reassignment Surgery (SRS)

A surgical procedure which changes one’s primary sexual characteristics from those of one sex to those of another sex, to align them with one’s gender identity.

Sexuality

Who you like and what you do. Sexuality is distinct from gender identity and sex. It refers to the labels we assign to sexual desires and practices: homosexual, heterosexual, bi-affectionate, asexual, etc.

Sexual Identity

How you identify your sexual feelings and desires; not necessarily your practices.

Sexual Orientation

Sexual identification, depending on a person’s sexual relationships or affinity. Innate sexual attraction. In all instances, use this term instead of sexual preference or other misleading terminology.

Sexual Preference

Avoid this one term. It is misleading; the majority of queer individuals will tell you that being queer is not a preference. Affectional orientation is used more often.

Stonewall

The Stonewall Inn tavern in New York City's Greenwich Village was the site of several nights of violent protests following a police raid committed on June 28, 1969 for no other reason than that it was a queer bar. Although not the nation's first gay-rights demonstration, Stonewall is now regarded as the birth of the modern GLBTIQ²A movement.

Straight

A heterosexual person.

Transgender

An umbrella term for people whose gender identity is different from the sex and gender role they were assigned at birth. Transgender people do not necessarily want to have sex-reassignment surgery (SRS) and may or may not identify as transsexual. Transgender people can be heterosexual, homosexual, bi-affectionate, and may or may not identify as GLBTIQ²A.

Transgender/Transgenderist

One who changes gender roles, whether just once or many times at will. Inclusive term for transsexual and cross dressers. May be of any gender identity.

Transgender community

Inclusive term for the community of transsexuals and cross dressers. One who identifies as transsexual or a cross dresser may not identify with the transgender community. Members of the transgender community may be of any sexual identity, and often do not identify as members of the GLTBIQ²A community.

Transphobia

Hatred and/or discrimination against people who break or blur gender roles and sex characteristics. Like biphobia, it is prevalent in both straight and gay/lesbian communities.

Transsexual

A person who either physically modifies the appearance of their gender/sex using hormones and/or surgery, or who strongly identifies with the gender/sex opposite to the one they were assigned at birth, or both. Transsexual people do not necessarily identify as transgender.

Transvestite

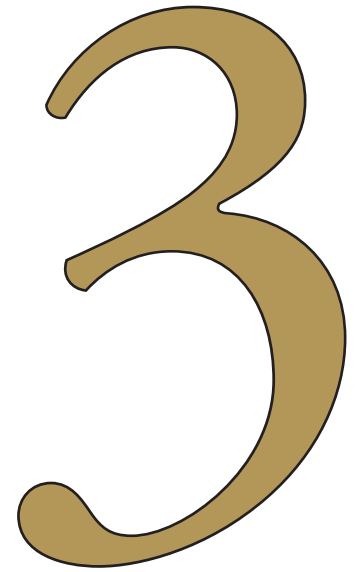
One who mainly cross dresses for pleasure in the appearance of sensation. The pleasure may be erotic, empowering, rebellious or something else. May feel comfortable in the corresponding gender role while cross dressed. May occasionally experience gender dysphoria and may be of any gender identity. This is usually considered a derogatory term; cross dresser is the preferred term.

Two-Spirit

Native American concept present in some indigenous cultures across North America and parts of Central and South America. It is a term of reverence, traditionally referring to people who display both masculine and feminine sex or gender characteristics. Named "berdache" by European colonists, those who are Two-Spirited are and were traditionally respected and may be healers or leaders thought to possess a high spiritual development.

Unisex

Clothing, behaviors, thoughts, feelings, relationships, etc. which are considered appropriate for members of both gender/ses.



Homophobia, Biphobia, and Transphobia

Who's Left Out? Why? Sex and the Social Construction of Gender in the United States

We must first point out the difference between sex and gender. A person's sex is determined by their physical and biological make-up; whereas gender is the *social role* attributed to a particular sex. To put it another way, sex is what you look like on the outside, and gender is how you feel on the inside. Now we will break it down to develop a greater understanding.¹

Sex

Sex = Biology, Born Physically As.

At birth individuals can be born either solely male, solely female or somewhere in between; those in between are usually referred to as intersex—meaning being born with some mix of both male and female genitalia.

In the U.S. the norm is that there are 2 primary sexes: male and female.

- “Male” is generally defined as having “XY” chromosomes and displaying a fully formed and functional penis and testis.
- “Female” is generally defined as having “XX” chromosomes and displaying a fully formed and functional vagina, uterus and ovaries.

Social Construction

Social construction = Society's categories, systems, and definitions to help understand and organize the world.

The concept of Social Construction is concerned with the ways we think about and use categories to structure our experience and understanding of the world. When something is socially constructed, it is contingent on aspects of our social selves; it could not have existed had we not built it. A society socially constructs an idea and facts about the idea (for example: money, citizenship, newspapers, and gender). None of these things could have existed without society; and each of them could have been constructed differently had we so chosen. The inevitable contrast is with a naturally

¹ http://www.luc.edu/orgs/advocate/display/documents/safespace_trainingmanual.pdf

existing object, something that exists independently of us and which we did not have a hand in shaping (such as gravity, air, and biological sex).

Socialization

Socialization = behaviors taught by society, based on society's socially constructed values, languages, and ways of behaving. Usually defined by society's dominant culture.

Nature Versus Nurture (Sex)

The "nature approach" argues that traits are inborn and fixed at birth. For instance, one current trend that supports this perspective is the idea of Designer Babies. People web order genetic eggs or sperm, based on the SAT Score of the father (at least 1500) or buy eggs from (what is considered) the best looking models (the most popular "design" is blond, blue eyed and Caucasian).

The "nature approach" would suggest that genetics or nature determines a baby's characteristics and intelligence, not social environment.

Nurture Versus Nature (Gender)

The "nurture approach" would say that rather than genetics or inborn traits, social ideas and categories (including stereotypes) are socially constructed and then accepted as reality, despite the facts.

For instance, the earth was once considered flat, and all perception and ideas in society revolved around that premise.²

Gender

Gender = expression, behavior, identity.

A person's gender includes *identity* (how one views his/herself in relation to how society defines a man or a woman), *expression* (the way one allows others to view him/her), and *attribution* (what someone assumes about your gender when they look at you). An individual, again, may fall anywhere along this spectrum.

Gender is expressed in many ways: clothes, voice (tone and inflexion), thought patterns, bodily movements, hairstyles, sports preference, academic track and/or career choice, family role, and more.

In the U.S. the norm is that there are only 2 genders: masculine and feminine.

- "Masculine" can generally be described as having qualities culturally prescribed to the male sex.
- "Feminine" can generally be described as having qualities culturally prescribed to the female sex.

Because gender is a social construct, it differs across cultures as well as historical contexts within a culture. Examples include:

- In some cultures women or feminine people are expected to wear skirts only, no pants.
- In some Native American Indian Nations, three or more genders are recognized.

Sexuality

Sexuality = sexual or affectional orientation; who you are attracted to.

Sexuality also varies greatly from individual to individual. If you think of men being on one side of the spectrum and women being on the other, it may be males/females to whom the person is attracted to. Or is it really masculinity/femininity?³

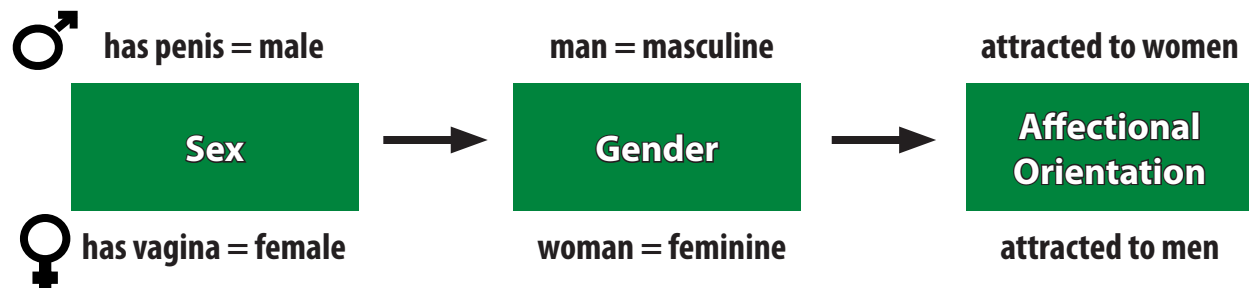
2 The Theory of Social Construction, Peter Jackson & Jan Penrose
<http://staff.washington.edu/saki/strategies/TSocConst.doc>

3 US National Library of Medicine and National Institutes of Health: <http://www.nlm.nih.gov/medlineplus/ency/article/001669.htm> and "Transgender Youth," National Youth Advocacy Coalition, and Mycroft Holmes, BAGLY

Binary System of Sex and Gender

The terms “male” and “female” create a polarizing, biological sex binary. Because of the division inherent in binaries you must be either/or i.e. either male or female; you cannot be both within a binary. If one does not meet the definition of either male or female then what is the person? More specifically, given that we generally do not identify ourselves as male/female by displaying our sex organs, how do we express this? Through *gender*!

The diagram below describes how our society thinks of sex, gender, and affectional orientation. You will likely recognize this model and its components, although you might not recognize it as a construction right away. These rules are the framework for society’s gender norms.



Sex + Gender

These terms express the complexity of how sex and gender are combined in the U.S.:

Feminine	Masculine
Lady	Lord
Girl	Boy
Gal	Guy
Gentlewoman	Gentleman
Womanliness	Manliness
Dudette	Dude
Woman	Man
Womanhood	Manhood
Motherhood	Fatherhood

Rules of the Gender Binary System¹

- All of the traits are locked together. No mix and match.
- You must be one or the other. No neither, and not both.
- You can’t choose which one to be. You can’t change from one to the other.
- Masculine is better.

¹ Adapted from University of Missouri—Columbia Safe Space Workshop Manual—adapted from “Thinking Transgender, Re-thinking Domestic Violence” Jake Fawcett, Seattle, Washington.

Forms of Oppression¹

Oppression (defined as the systematic subjugation of a group of people by another group with access to social power, the result of which benefits one group over the other and is maintained by social beliefs and practices) has many forms. Throughout this guide we will be talking about oppression that shows up on both a personal and institutional level. In our discussion, –phobias, such as homophobia, biphobia, and transphobia, are mostly used to describe personal interactions with oppression; –isms, such as sexism and heterosexism, are mostly used to describe institutions or systems of oppression.

Although people who are not members of targeted groups can experience instances of personal discrimination and stereotyping, they do not live with consistent personal or institutional oppression. Oppression only exists with access to social power.

GLBTIQ²A issues are intimately connected to all other forms of prejudice, stereotype, and oppression. Ultimately, we cannot be allies to GLBTIQ²A people unless we are allies for all groups that experience oppression.

What is Homophobia?

Homophobia takes many different forms. Sometimes it takes the form of physical acts of hate, violence, verbal assault, vandalism or blatant discrimination, such as firing an employee, evicting someone from their housing, or denying access to public accommodations based solely on affectional orientation or perceived/assumed affectional orientation. There are many other kinds of homophobia and heterosexism that happen every day. We often overlook these more subtle actions and exclusions because they seem so insignificant by comparison, but they are not. It is important for supportive allies of the GLBTIQ²A community to recognize certain homophobic levels of attitude so that they may take steps towards changing that attitude.

- Looking at a lesbian or gay person and automatically thinking of her/his sexuality rather than seeing her/him as a whole, complex person.
- Changing your seat in a meeting because a lesbian sat in the chair next to yours.
- Thinking you can “spot one”.
- Using the terms “lesbian” or “gay” as accusatory.
- Thinking that a lesbian (if you are female) or gay man (if you are male) is making sexual advances if she/he touches you.
- Feeling repulsed by public displays of affection between lesbians and gay men but accepting the same displays of affection between heterosexuals.
- Not confronting a homophobic remark for fear of being identified as a member of the GLBTIQ²A community.
- Not asking about a co-worker’s same gender lover/partner although you regularly ask, “How is your spouse?” when you run into a heterosexual co-worker.
- Feeling that the GLBTIQ²A community is too outspoken about civil rights that impact them.
- Feeling that discussions about homophobia are not necessary since you are “okay” on these issues.
- Assuming that everyone you meet is heterosexual.
- Being outspoken about gay rights, but making sure everyone knows you are straight.
- Believing that a lesbian is just a woman who couldn’t find a man or that a lesbian is a woman who wants to be a man.
- Believing that a gay man is just a man who couldn’t find a woman or that a gay man is a man who wants to be a woman.
- Worrying about the effect a GLBTIQ²A volunteer/co-worker will have on your work or your clients.
- Failing to be supportive when your gay friend is sad about a quarrel or breakup.
- Asking your lesbian or gay colleagues to speak about lesbian or gay issues, but not about other issues about which they may be knowledgeable.
- Focusing exclusively on someone’s affectional orientation and not on other issues of concern.
- Being afraid to ask questions about GLBTIQ²A issues when you don’t know the answers.

¹ Adapted from University of Missouri—Columbia Safe Space Workshop Manual—Adapted from Washington University Safe Zones workshop

Homophobia in Clinical Terms²

In the clinical sense, homophobia is defined as an intense, irrational fear of same sex relationships that become overwhelming to the person. In common usage, homophobia is the fear of intimate relationships with persons of the same sex. Below are listed four homophobic attitudes and four positive levels of attitudes toward gay and lesbian relationships and people.

Homophobic Levels of Attitude

Repulsion: Homosexuality is seen as a “crime against nature.” Gays are sick, crazy, immoral, sinful, wicked, etc. and anything is justified to change them (for example: prison, hospitalization, negative behavior therapy, including electric shock).

Pity: Heterosexual chauvinism. Heterosexuality is more mature and certainly to be preferred. Any possibility of becoming straight should be reinforced and those who seem to be born “that way” should be pitied, “the poor dears.”

Tolerance: Homosexuality is just a phase of adolescent development that many people go through and most people “grow out of.” Thus, gays are less mature than straights and should be treated with the protectiveness and indulgence one uses with a child. Members for the GLBTIQ²A community should not be given positions of authority (because they are still working through adolescent behaviors).

Acceptance: Still implies there is something to “accept,” characterized by such statements as “you’re not a gay to me, you’re a person,” “What you do in bed is your own business,” “That’s fine as long as you don’t flaunt it.” Denies social and legal realities. Ignores the pain of invisibility and stress of closet behavior. “Flaunt” usually means say or do anything that makes people aware.

Positive Levels of Attitude

Support: Basic American Civil Liberties Union (ACLU) approach. Work to safeguard the rights of gays and lesbians. Such people may be uncomfortable themselves, but they are aware of the climate and the irrational unfairness.

Admiration: Acknowledges that being gay/lesbian in our society takes strength. Such people are willing to truly look at themselves and work on their own homophobic attitudes.

Appreciation: Value the diversity of people and see gays as a valid part of that diversity. These people are willing to combat homophobia in themselves and in others.

Nurturance: Assume that gay and lesbian people are indispensable in our society. They view gays and lesbians with affection and delight and are willing to be gay advocates and allies.

² Developed by Dr. Dorothy Riddle of Tucson, Arizona

How Homophobia Hurts Us All

You do not have to be gay, lesbian, or bi-affectionate, or know someone who is, to be negatively affected by homophobia. Though homophobia actively oppresses gays, lesbians, and bi-affectionate people, it also hurts heterosexuals.

Homophobia:

- Inhibits the ability of heterosexuals to form close, intimate relationships with members of their own sex, for fear of being perceived as gay, lesbian, or bi-affectionate.
- Locks people into rigid gender-based roles that inhibit creativity and self expression.
- Is often used to stigmatize heterosexuals; those perceived or labeled by others to be GLBTIQ²A; children of GLBTIQ²A parents; parents of GLBTIQ²A children; and friends of GLBTIQ²A people. Compromises human integrity by pressuring people to treat others badly, actions that are contrary to their basic humanity.
- Combined with sex-phobia, results in the invisibility or erasure of gay, lesbian, and bi-affectionate lives and sexuality in school-based sex education discussions, keeping vital information from students. Such erasures can kill people in the age of AIDS.
- Is one of the causes of premature sexual involvement, which increases the chances of teen pregnancy and the spread of sexually transmitted diseases. Young people, of all sexual identities, are often pressured to become heterosexually active to prove to themselves and others that they are “normal.” The following is an example scenario of this, taken from the report “Making Colleges and Universities Safe for Gay and Lesbian Students,” produced by the Massachusetts Governor’s Commission on Gay and Lesbian Youth:

If a guy goes out on a date with some girl, and his friends ask him if he scored last night, if he says no, they’d say stuff like, “Oh, you’re not good enough,” or, “You must be a faggot.” If it happens over and over and over, they might

even think he never went out on a date with her and that he must be gay.³

- Prevents some GLBTIQ²A people from developing an authentic self identity and adds to the pressure to marry, which in turn places undue stress and often times trauma on themselves as well as their heterosexual spouses and their children.
- Inhibits appreciation of other types of diversity, making it unsafe for everyone because each person has unique traits not considered mainstream or dominant. We are all diminished when any one of us is demeaned.

By challenging homophobia, people are not only fighting oppression for specific groups of people, but are striving for a society that accepts and celebrates the differences in all of us.

3 Source: heterosexually identified 18-year-old young woman; page 27

Biphobia—Myths and Realities of Bi-affectionate People¹

Sexuality runs along a continuum. It is not a static entity but rather has the potential to change throughout one's lifetime, and varies infinitely among people. We cannot fit our sexuality into nice neat categories that determine who and what we are. Bi-affectionate orientations exist at many points along the sexual continuum.

Myth	Reality
<p>Bi-affectionate orientation doesn't really exist. People who consider themselves bi-affectionate are going through a phase, or they are confused, undecided, or fence-sitting. They'll realize that they're actually homosexual or heterosexual.</p>	<p>Bi-affectionate orientation is a legitimate affectional orientation. Some people go through a transitional period of bi-affectionate orientation on their way to adopting a lesbian/gay or heterosexual identity. For many others, bi-affectionate orientation remains a long-term identity. For some bi-affectionate people, homosexuality is a transitional phase in their coming out as bi-affectionate. Many bi-affectionate people may well be confused, living in a society where their sexuality is denied by homosexuals and heterosexuals alike, but that confusion is a function of oppression. Fence-sitting is a misnomer; there is no "fence" between homosexuality and heterosexuality except in the minds of people who rigidly divide the two. Whether an individual is an "experimenting heterosexual" or bi-affectionate depends on how s/he defines her/himself, rather than on a rigid standard. While there certainly are people for whom bi-affectionate behavior is trendy, this does not negate the people who come to a bi-affectionate identity amidst pain and confusion and claim it with pride. Many bi-affectionate people are completely out of the closet, but not on the lesbian/gay community's terms. Bi-affectionate people in this country share with lesbians and gays the debilitating experience of heterosexism (the assumption that everyone is heterosexual and thereby rendering other sexual identities invisible) and homophobia (the hatred, fear, and discrimination against homosexuals).</p>

¹ Adapted from: Wall, Vernon A. and Nancy J. Evans (eds.) "Using Psychological development theories to understand and work with gay and lesbian persons" *Beyond Tolerance: Gays, Lesbians and Bi-affectionate people on Campus*. American College Personal Association. 1991.

Myth	Reality
Bi-affectionate people are equally attracted to both sexes. Bi-affectionate means having concurrent lovers of both sexes.	Most bi-affectionate people are primarily attracted to either men or women, but do not deny the lesser attraction, whether or not they act on it. Some bi-affectionate people are never sexual with women, or men, or either. Bi-affectionate orientation is about dreams and desires and capacities as much as it is about acts. Bi-affectionate people can have lovers of either sex, not people who must have lovers of both sexes. Some bi-affectionate people may have concurrent lovers, but bi-affectionate people do not need to be with both sexes in order to feel fulfilled.
Bi-affectionate people are promiscuous hypersexual swingers who are attracted to every woman and man they meet. Bi-affectionate people cannot be monogamous, nor can they live in traditional committed relationships. They could never be celibate.	Bi-affectionate people have a range of sexual behaviors. Like lesbians, gays or heterosexuals, some have multiple partners, some have one partner, some go through periods without any partners. Promiscuity is no more prevalent in the bi-affectionate population than in other groups of people.
Politically speaking, bi-affectionate people are traitors to the cause of lesbian/gay liberation. They pass as heterosexual to avoid trouble and maintain heterosexual privilege.	Obviously there are bi-affectionate people who pass as heterosexual to avoid trouble. There are also many lesbians and gays who do this. To “pass” for heterosexual and deny the part of you that loves people of the same gender is just as painful and damaging for a bi-affectionate person as it is for a lesbian or gay person.
Bi-affectionate people get the best of both worlds and a doubled chance for a date on Saturday night.	Combine our society’s extreme heterosexism and homophobia with lesbian and gay hesitance to accept bi-affectionate people into their community, and it might be more accurate to say that bi-affectionate people get the worst of both worlds. As to the doubled chance for a date theory, that depends more upon the individual’s personality than it does upon her/his bi-affectionate orientation. Bi-affectionate people don’t radiate raw sex any more than lesbians, gays, or heterosexuals. If a bi-affectionate woman has a hard time meeting people, her bi-affectionate orientation won’t help much.

The terms “bi-affectionate”, “lesbian”, “gay”, and “heterosexual” sometimes separate the gay community unnecessarily. The members of the GLBTIQ²A community are unique and don’t fit into distinct categories. The community sometimes needs to use these labels for political reasons and to increase their visibility. Their sexual esteem is facilitated by acknowledging and accepting the differences and seeing the beauty in diversity.

How Transphobia Hurts Our Communities

Transphobia is defined as a fear and/or hatred towards transgendered people, and it is a serious problem that affects many people. Transgender people are often marginalized and ignored in both gay and straight communities. Ignorance and hatred keep many transgendered people from speaking out or identifying themselves, which obscures them further. Like gay and lesbian people, many transgendered people cannot be picked out of a crowd just by the way they look and blend into the local communities. Just remember, there are at least a handful of transgendered people in every community and institution. You might very well sit next to a transgender person at school or at the office and not realize it.

Transgendered people are people just like you, but they have life experiences and struggles that differ from most non-transgendered people, which should be acknowledged and understood. The following stories are examples of transphobia that have happened to acquaintances of the author of this article, who also happens to be a member of the Worcester Polytechnic Institute community. The names of people in these examples have been changed in all but the last. While reading or hearing these stories please think about your classmates, housemates, loved ones, and family members. Think about how such incidents could affect you personally or the members of the community around you.

Mike is a transgendered man who is in the midst of medical transition and is gender-ambiguous looking. He also suffers from an ovarian/uterine condition that causes him much pain. Midnight on New Year's Eve, he is rushed to a hospital by his roommate because he has begun hemorrhaging and is doubled over in pain. The nurses and doctor in the emergency room noticeably back away from him and avoid physical contact, despite his serious medical problem. After hours of waiting on a gurney in an isolated room, no tests or exams are performed and he is escorted to the parking lot. He is sent home bleeding and in great pain without any treatment.

Tyler is a transgender-identified high school student who presents himself (example of gender neutral language/expression) as gender ambiguous despite the cruel treatment (example of gender neutral language/expression) he receives by classmates. At a gathering after school, some male students beat him (example of gender neutral language/expression) to the ground and gang rape him. Other students notice the commotion and gather around to laugh and point, but not to help their peer.

Ukea and Stephanie were both born biologically male, but identify as and live as women. They are best friends and stick by one another in the face of the taunts and harassment they receive from neighbors. Late one night, they drive home from a friend's house and are never seen again. Their bodies are found early the next morning in Stephanie's car. Both girls were shot at least ten times while sitting at a stop light. It is believed that their murders were motivated by hate.¹

These tragic incidents occur because of people's ignorance, intolerance, and hatred towards transgender people. By educating yourself and becoming an ally to transgender people, you can combat ignorance and hatred and help prevent the occurrence of these atrocities.

Understanding Transphobia and Transphobic Myths

Transphobia is the fear or hatred of transgender people. It can be found in forms ranging from jokes to violence to simply not acknowledging that transgender people exist. Transphobia hurts transpeople first and foremost. It also sends a message to the population at large that anyone who tries on any expression or identity that does not conform to societal expectations of their gender will be ridiculed, silenced, economically marginalized, assaulted, or even killed. Often transphobia is used to keep people in rigid gender roles through intimidation. Everyone has something to gain

¹ Written by Jesse Pack, '03, Worcester Polytechnic Institute

from combating transphobia, even if you do not know of anyone in your life who is transgender.

The first and best way to fight transphobia is to speak out against violence and hateful speech about or directed towards transpeople. Movies that display transgender people as a joke or as psychotic should be denounced publicly for encouraging harmful stereotypes. When someone speaks of transpeople as “disgusting,” “exotic,” “funny,” “sick,” or other stereotypes that dehumanize transpeople let them know it is not okay to say hateful or hurtful things in your presence. The first big way allies can help is by calling people, media, and politicians on their comments and publicly acknowledging that they are being transphobic.

The other way to help transpeople is to know the facts about transpeople and their lives and educate people when transphobic myths are being perpetuated.

Myth	Reality
All transpeople are gay.	Some transpeople are attracted to the gender opposite of what they identify, some are attracted to the same gender as they identify, and some pick and choose among the genders. The simple truth is that gender identity has very little to do with affectional orientation.
Most transpeople are male-to-female.	Most media images of transpeople, especially of cross-dressers and transsexuals, have been MTF (male-to-female) but there are just as many FTM (female-to-male) transgender people in the world.
All this transgender stuff is a trend.	Transgender people have existed in every documented society and culture in human history. Recently transpeople have been coming out more and talking about their lives, and more attention has been focused on their issues. Breaking the silence is an important part of securing safety for transpeople.
All transgender people want to change their sex.	Some transpeople do, but many other transpeople are perfectly happy with their bodies but simply express or think of themselves in terms of a gender they were not assigned at birth.
Transpeople are miserable or disturbed people.	Many transgender people have a lot of stress and anxiety, in large part due to the massive lack of acceptance of them and their identity. However, many transpeople still live meaningful, accomplished lives. Those who transition into a new gender role may find much relief, but many transpeople find happiness and health across the many stages of their lives.

Myth	Reality
Transpeople are erotic/exotic.	The sexualization of transgender people is a huge industry and perpetuates many myths about transpeople and their sexuality. The objectification and eroticization of transpeople hurts and detracts from their basic humanity.
Transwomen are not “real women” or transmen are not “real men.”	Many people, upon finding out someone they know is transgender comment something like “Oh! You mean he’s really a woman!” Transgender people are really the gender they identify as, and usually have been so their whole lives, while it is true their experiences at times differ from someone who might have been assigned their gender at birth, difference of perspective does not make for authentic gender.

What is Heterosexual Privilege?¹

Heterosexual privilege is living without ever having to think twice, face, confront, engage, or cope with anything on this list.

- Public recognition and support for an intimate relationship.
- Receiving cards or phone calls celebrating your commitment to another person.
- Supporting activities and social expectations of longevity and stability for your committed relationships.
- Paid leave from employment and condolences when grieving the death of your partner/lover (i.e. legal members defined by marriage and descendants from marriages).
- Inheriting from your partner/lover/companion automatically under probate laws.
- Sharing health, auto, and homeowners’ insurance policies at reduced rates.
- Immediate access to your loved ones in cases of accident or emergency
- Family-of-origin support for a life partner/lover/companion.
- Increased possibilities for getting a job, receiving on the job training, and promotion.
- Kissing, hugging, and being affectionate in public without threat or punishment.
- Talking about your relationship or what projects, vacations, family planning you and your partner/lover are creating.
- Not questioning your normalcy both sexually and culturally.
- Expressing pain when a relationship ends and having other people notice and attend to your pain.
- Adopting children and foster-parenting children.
- Being employed as a pre K–12 teacher without fear of being fired any day because you are assumed to corrupt children.
- Raising children without threats of state intervention, without children having to be worried about which of their friends might reject them because of their parent’s sexuality and culture.
- Dating the person of your desire in your teen years.
- Living with your partner and doing so openly to all.
- Receiving validation from your religious community.
- Receiving social acceptance by neighbors, colleagues, and new friends
- Not having to hide and lie about same-sex social events.

¹ <http://clem.mscedu/~glbtss/safezonehtml>

- Working without always being identified by your sexuality/culture (e.g. you get to be a farmer, brick layer, artist, etc. without being labeled the heterosexual farmer, the heterosexual teacher).
- You can express yourself sexually without the fear of being prosecuted for breaking the law (sodomy laws were enforceable in 16 states and were used to deny civil rights to lesbians, gay men, and bi-affectionate people until 2003).
- You can teach about lesbians, gay men, and bi-affectionate people without being seen as having a bias because of your sexuality or forcing a “homosexual agenda”.
- You can join the military and be open about your sexuality.
- You can belong to the religious denomination of your choice and know that your sexuality will not be denounced by its religious leaders
- If you were to commit a sexual crime, such as rape or incest, it would not be viewed as a direct result of your sexuality.
- A same sex couple could not get each other covered by health benefits at work and had to pay more for coverage as two single individuals.
- Anti-gay jokes and humor on campuses and in work places created a hostile environment in which students and workers were afraid to disclose their minority affectional orientation. Being closeted is not good for your mental health.
- The word “faggot” was spray-painted on a house and a mail box in a gay man’s neighborhood.

Examples of Heterosexism²

- Someone’s life partner was excluded from intensive care on the basis they are “friends” not family.
- Some GLBTIQ²A found that living in rural areas generally means being isolated “in the closet”
- When they find their posters for support meetings or dances defaced or removed, GLBTIQ²A people feel discounted and physically threatened. This is not good for their health and sense of safety.
- GLBTIQ²A young people found that heterosexism and homophobia in their schools encouraged them to drop out. If they stayed in school, they found themselves more vulnerable to mental health difficulties and even suicide attempts.
- A bank would not let a same sex couple open a joint bank account unless they identified themselves as “friends”. The bank insisted they were not “spouses” and assumed “partner” meant business partner. These women felt angry and discounted.

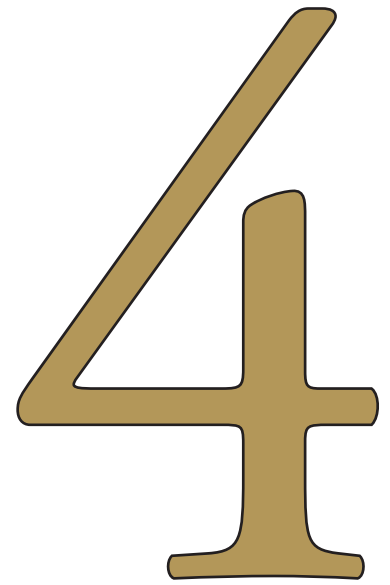
² Heterosexism Enquirer. Memorial University of Newfoundland: <http://www.mun.ca/the/>

The Impact of Questions and Assumptions on Individuals

Non-heterosexual persons are sometimes asked questions about their affectional orientation. These questions are frequently uncomfortable for the individual, and often the underlying assumptions behind the questions are not positive. Below are some of the questions asked of gays and lesbians, and they are reversed for heterosexuals. The intent of these questions is to have individuals look at the situations from a different perspective. And, we ask that those individuals who are heterosexual to consider how they might feel and respond if these questions were asked about them.

Questions Often Directed Towards Gays and Lesbians	Questions Reversed for Heterosexuals
1. What do you think caused your homosexuality?	1. What do you think caused your heterosexuality?
2. When and how did you first decide that you were homosexual/transgender?	2. When and how did you first decide that you were heterosexual?
3. Is it possible that your homosexuality is just a phase you may grow out of?	3. Is it possible that your heterosexuality is just a phase you may grow out of?
4. Is it possible that your homosexuality stems from a neurotic fear of others of the opposite sex?	4. Is it possible that your heterosexuality stems from a neurotic fear of others of the same sex?
5. Isn't it possible that all you need is a good opposite-sex partner?	5. Isn't it possible that all you need is a good same-sex partner?
6. Homosexuals have a history of failures in opposite-sex relationships. Do you think that you may have turned to homosexuality out of fear of rejection?	6. Heterosexuals have a history of failures in same-sex relationships. Do you think that you may have turned to heterosexuality out of fear of rejection?
7. Why do you people feel compelled to seduce others into your affectional orientation?	7. Why do you people feel compelled to seduce others into your affectional orientation?
8. If you choose to nurture children, would you want them to be homosexual knowing the problems they will face?	8. If you choose to nurture children, would you want them to be heterosexual knowing the problems they will face?
9. Why do you insist on being so obvious and making a spectacle of your homosexual tendencies? Can't you just go home, be quiet about it, and stop flaunting it in everyone's face?	9. Why do you insist on being so obvious and making a spectacle of your heterosexual tendencies? Can't you just go home, be quiet about it, and stop flaunting it in everyone's face?
10. Some child molesters are homosexual. Do you really consider it safe to expose your children to homosexual teachers?	10. The majority of child molesters are heterosexual (according to FBI statistics). Do you really consider it safe to expose your children to heterosexual teachers?
11. How can you enjoy a deep emotional bonding with persons of the same sex when the obvious physical, biological, and temperamental differences between you are so similar?	11. How can you enjoy a deep emotional bonding with persons of the opposite sex when the obvious physical, biological, and temperamental differences between you are so vast?
12. Why do homosexuals place so much emphasis on sex?	12. Why do heterosexuals place so much emphasis on sex?

Questions Often Directed Towards Gays and Lesbians	Questions Reversed for Heterosexuals
13. Why are there so few stable relationships among homosexuals?	13. With all of the societal support Marriage receives, the divorce rate is spiraling. Why are there so few stable relationships among heterosexuals?
14. There seem to be very few happy homosexuals. Techniques have been developed with which you might be able to change, if you really want to. Have you considered trying aversion therapy?	14. There seem to be very few happy heterosexuals. Techniques have been developed with which you might be able to change, if you really want to. Have you considered trying aversion therapy?



Transgender Issues

Some Basics

“Transgender” is a very broad term including all individuals who step outside of gender expression “typical” of their birth sex. The term transgender differs from the terms Transsexual, Cross Dresser, and Drag Queen in the following ways:

- Transgender person identifies with a gender other than the one tied with their birth sex
- Transsexual person identifies and is utilizing or has undergone therapies to change sex characteristics tied with their birth sex
- Cross Dresser, Drag Queen/King dress for shock, value, performance, personal enjoyment versus identifying with a gender different than the one tied with their birth sex


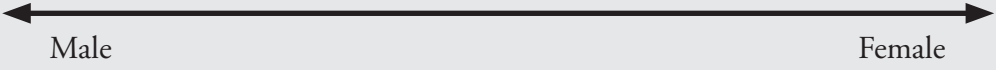


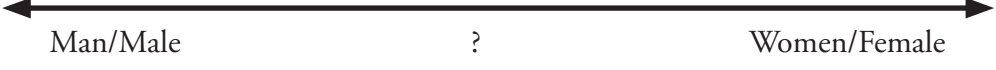

Who are Transgender Youth?

To put it simply, transgender youth challenge gender. When they are born they are labeled as male or female, and are prepared by society to live their lives accordingly (socialization). Fortunately, people’s lives, bodies and gender are more complex than this. Some people born with “female bodies” experience their gender as male and vice-versa. Others don’t experience gender as male or female at all. We must recognize that no two people experience gender the same way—and that’s a good thing! Transgender youth may identify as shape-shifters, non-male/non-female, intersex, butch queens, boy dykes, two-spirits, femme queens, boy-girls, crossdressers, gender queers, bigenders, transsexuals, FTMs (female to males), MTFs (male to females), new women, new men, transgressively gendered... and so on.

Most individuals, when it comes to their gender, sex, and sexuality do not always lie on one end of the spectrum, but rather somewhere in the middle. Today’s culture leaves little room for androgynous individuals, but as you can see every person’s gender/sex/sexuality is very personal, complex, and quite unique to them.

Sex/Gender/Sexuality Continuums¹

Sex, gender, and sexuality can all be thought of as continuums. Where would you fall onto these continuums?

Sex at birth	
Sex with changes	
Gender Identity views of self in relation to how society defines a man or a woman	
Gender Expression the way one allows others to see him or her	
Gender Attribution what someone assumes about your gender when they look at you	
Sexuality	

¹ http://www.luc.edu/orgs/advocate/display/documents/safespace_trainingmanual.pdf

Things Non-Trans Individuals May Take for Granted¹

- My validity as a man/woman/human is not based upon how much surgery I've had or how well I "pass" as a non-trans person.
- I don't have to hear "So have you had the surgery?" or "Oh, so you're really [an incorrect sex or gender]?" each time I come out to someone.
- Strangers do not ask me what my "real name" (birth name) is and then assume they have a right to call me by that name.
- People do not disrespect me by deliberately using incorrect pronouns even after they've been corrected.
- I do not have to worry about whether I will be able to find a bathroom to use or whether I will be safe changing in a locker room.
- When I go to the gym or a public pool, I can use the showers.
- Strangers don't assume they can ask me what my genitals look like and how I have sex.
- If I end up in the emergency room, I do not have to worry that my gender will keep me from receiving appropriate treatment nor will all of my medical issues be seen as a product of my gender. (i.e. "Your nose is running and your throat hurts? Must be due to the hormones.")
- My health insurance provider (or public health system) does not specifically exclude me from receiving benefits or treatments available to others because of my gender.
- When I express the internal identities in my daily life, I am not considered "mentally ill" by the medical establishment.
- I am not required to undergo extensive psychological evaluation in order to receive basic medical care.
- The medical establishment does not serve as a "gatekeeper" which disallows self-determination of what happens to my body.

Supporting Transgender People²

Apart from speaking out against transphobia and educating our communities about the realities of transgender people and their lives, allies can also make an effort to be respectful and supportive of transpeople and their experience. If you know transgender people in your community be sure to respect their identity and expression.

Validate their identity. Simply acknowledging and believing a transperson's gender can be an extreme relief. Be sure to use their preferred pronoun and name.

Respect their privacy. Many transpeople want only a few trusted people to know their history or physical status. Make sure it is okay with the person to discuss with other people that they are transgender or other related specifics of their lives.

Consider transgender people when announcing community events. At present when a "men's event" or "women's event" is announced, transpeople cannot always assume they are welcome. Specify women-identified or men-identified. Remember also that some people identify as both, neither, or other, "all genders welcome" is a good all-inclusive phrase.

Include protection for transgender people in worker contracts and laws. It is currently legal in most areas to discriminate on the basis of gender expression and/or identity. A big way allies can help is by advocating and implementing explicit protection for Trans workers and citizens.

Be aware of gendered spaces. Be sensitive to the fact that bathrooms, locker rooms, and gender-specific events can be a place of potential embarrassments or violence for transpeople.

Just ask! If you are not sure what pronoun a person prefers or how they identify, just ask. If for some reason asking doesn't feel comfortable, try to speak without using gender-specific pronouns.

1 Jared (queerboysf@hotmail.com)

2 Adapted from a publication by Gender Queer (GQ), a subgroup of the University of Oregon Lesbian, Gay, Bi-affectionate, Transgender, and Queer Alliance

If you make a mistake, apologize and move on.

Occasionally you might accidentally use a wrong pronoun or say a wrong name when addressing someone transgender. Apologize and correct yourself, but not too profusely.

Acknowledge their experience. If a transperson does talk about their body, identity and experience you at times might be surprised to hear that their lives do not match up to your expectations. For instance, a male you know might have given birth at some point. This is simply part of the Trans experience. Accept it and learn!

Above all it is important to send the message out to transgender people in our communities that they are welcome, appreciated, and that transphobia will not be tolerated. By holding people accountable for transphobic actions and by including transpeople in our events we can all benefit from living in safer communities.

Additional Resources³

In addition to reading and learning from this manual, allies and transgender people might find the following resources helpful, whether you need to find support, or are looking for a good book or movie. Professors and administrators might use some of the listed books and movies as part of their courses or diversity programming.

Transgender Support Groups:

- International Foundation for Gender Education
PO Box 229, Waltham, MA 02454-0229
(781) 899-2212
<http://www.ifge.org/>
Educational and service organization
for the TG community

- St. Louis Gender Foundation
P.O. Box 9103
St. Louis, MO 63117
(314)607-4163
www.transgender.org/stlgf/
Group of, by, and for crossdressers,
transgenderists, transsexuals, androgyny
individuals, and those who care about them.
- Tau Unity
Springfield, MO
Contact: board@tau-unity.org
www.tau-unity.org
Transgendered peer support group

Online Resources:

- TGTS Youth Info Page:
<http://www.geocities.com/transboys/tgts-youth.html>
- Transgender Mailing Lists Pages:
<http://www.otherbear.com/mail.html> and
http://dmoz.org/Society/Transgendered/Internet/Mailing_Lists/
- Transgender Awareness Training and Advocacy:
<http://www.tgtrain.org>
- Youth Resource's Trans*topia:
<http://www.youthresource.com/community/transgender/index.cfm>
- Transsexual Women's Resources:
<http://www.annelawrence.com/twr/>
- FTM International:
<http://www.ftm-intl.org/>

Books:

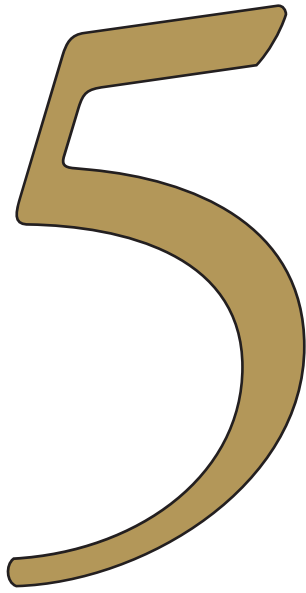
- My Gender Workbook and Gender Outlaws, Kate Bornstein
- Stone Butch Blues and Transgender Warriors, Leslie Feinberg
- Dear Sir or Madam, Mark Rees
- Body Alchemy, Loren Cameron
- The Last Time I Wore a Dress: A Memoir, Daphne Scholinski
- Pomosexuals, Carol Queen

³ Sources: Jess Pack, based on his personal experiences. Adaptations from a publication by Gender Queer (GQ), a subgroup of the University of Oregon, Lesbian, Gay, Bi-affectionate, Transgender, and Queer Alliance.

- As Nature Made Him: The Boy Who Was Raised as a Girl, John Colapinto
- Read My Lips: Sexual Subversion and the End of Gender, Riki Anne Wilkins
- Sex Changes: The Politics of Transgenderism, Pat Califia
- Changing Ones: 3rd and 4th Genders in Native North America, Will Roscoe
- 'O Au No Keia: Voices from Hawaii's Mahu and Transgender Communities, Matzner
- Female Masculinity, Judith Halberstam
- Transmen and FTMs: Identities, Bodies, Genders, and Sexualities, Jason Cromwell
- Call Me Kate: The Story of Katherine Marlowe, a Transsexual, Nelson
- Transgender Nation, Gordene Olga Mackenzie
- Who's Really From Venus? The Tale of Two Genders, Dr. Peggy Rudd
- Crossdressers and Those Who Share Their Lives, Dr. Peggy Rudd
- *Farewell My Concubine* (Mainstream, 1993), Chen Kaige
- *Hedwig and the Angry Inch* (Mainstream, 2000), John Cameron Mitchell
- *Lola and Bilidikid* (German, 1999), E. Kutlug Ataman
- *M. Butterfly* (1993), David Cronenberg
- *Ma Vie en Rose* (French, 1997), Alain Berliner
- *Paris is Burning* (Documentary, 1990), Jennie Livingston
- *Sir: Just a Normal Guy* (Documentary, 2001), Melanie La Rosa
- *Shinjuku Boys* (Japanese/UK Documentary, 1995), Longinotto and Williams
- *Southern Comfort* (Documentary, 2000), Kate Davis
- *Transsexual Menace* (Documentary, 1996), Rosa Van Praunheim
- *Trappings of Transhood* (Short, Independent Documentary, 1997), Lee and Huriwitz
- *Trueselves; Understanding Transexualism for Families, Co-Workers...*, Mildred A. Brown
- *She's Not There: A Life in the Genders*, Jennifer Finney Boylan
- *Wigstock: The Movie* (Mainstream Documentary, 1994), Barry Shils
- *You Don't Know Dick* (Documentary, 1997), Candace Schermerhorn and Bestor Cram

Movies:

- *The Adventures of Priscilla, Queen of the Desert* (Mainstream, 1994), Stephan Elliot
- *The Adventures of Sebastian Cole* (Mainstream, 1998), Tod Williams
- *All About My Mother* (Spanish, 1999), Pedro Almodovar
- *A Boy Named Sue* (Independent, 2000), Julie Wyman
- *The Brandon Teena Story* (Documentary, 1998), Susan Muska and Greta Olafsdottir
- *Boys Don't Cry* (Mainstream, 1999), Kimberly Pierce
- *The Cockettes* (Documentary, 2002), David Weissman and Bill Weber
- *The Crying Game* (Mainstream, 1992), Neil Jordan
- *Eunuchs: India's Third Gender* (Documentary, 1991), Michael Yorke



Intersex

Adding the “I” in GLBTIQ²A¹

Intersex, unlike GLBTQ²A, is not generally thought of as an identity, but rather as a medical state or condition. As intersex activist Emi Koyami has noted, “adding the ‘I’ does not necessarily make the organization appear more welcoming to intersex people. For many people, “intersex” is just a condition, or history, or site of horrifying violation that they do not wish to revisit.” So why is it included in this guide?

Like oppression around affectional orientation and gender identity, the mistreatment of intersex people by the medical community is based on society’s norms about gender and sex, sexism, heterosexism, and homophobia. Intersex people like trans people and, historically, gay and bi-affectionate people are pathologized by the medical community as “abnormal.”

When discussing trans issues and the differences between sex and gender, people often raise the experiences of intersex people. Rather than relegate their experiences to a footnote, theory or example, intersex is included here so as to raise awareness about specific issues that face intersex people.

Intersex issues, experiences, and needs are often conflated with GLBTIQ²A issues, experiences, and needs. In an effort to avoid the conflation, intersex issues are discussed explicitly here.

¹ Adapted from University of Missouri—Columbia Safe Space Workshop Manual—Adapted from the Washing University Safe Zones workshop

Intersex FAQ²

What is Intersex?

Technically, intersex is defined as “congenital anomaly of the reproductive and sexual system.” Intersex people are born with external genitalia, internal reproductive organs, and/or endocrine system that are different from most other people. There is no single “intersex body;” it encompasses a wide variety of conditions that do not have anything in common except that they are deemed “abnormal” by the society. What make intersex people similar are their experiences of medicalization, not biology.

Are intersex conditions harmful?

In general, intersex conditions do not cause the person to feel sick or in pain. However, some intersex conditions are associated with serious health issues, which need to be treated medically. Surgically “correcting” the appearance of intersex genitals will not change these underlying medical needs.

How common are intersex conditions?³

It is difficult to determine the incidence and prevalence of intersex. Partly because, there is a lot of deception and secrecy surrounding it. Also, because the incidence and prevalence is dependent on the definition used. According to the Intersex Society of North America (ISNA) definition, 1% of live births show some degree of sexual ambiguity (one in 100 births). Using the definition by Fausto-Sterling's, 1.7% of human births are intersex. And according to Leonard Sax, the incidence of intersex, “...restricted to those conditions in which chromosomal sex is inconsistent with phenotypic sex, or in which the phenotype is not classifiable as either male or female” is about 0.018%. Regardless, minimal rates can be calculated which makes it evident that intersex is far from being the rarity that it is thought to be.

- 2 Adapted from University of Missouri–Columbia Safe Space Workshop Manual—Adapted from the Washington University Safe Zones workshop—Adapted from <http://www.ipdx.org/articles/intersex-faq.html> <http://ipdx.org/articles/medicalabuse.html> and <http://www.isna.org/faq/>
- 3 http://books.google.com/books?id=VpKOMm5B2zEC&pg=PA113&lpg=PA113&dq=incidence+of+intersex+in+humans&source=bl&ots=GoWPktS0Ly&sig=TvnI6OKFujXTS69iAziA6Xyl2J4&hl=en&ei=7jgISsKsH6bglQfdteDdBw&sa=X&oi=book_result&ct=result&resnum=5#PPA113,M1

How are intersex children currently “treated?”

Since 1950s, children born with intersex conditions have been “treated” with “normalizing” surgeries that many survivors say are damaging to their sexual and emotional well-being. Even though it has been practiced for many decades, there is no long-term study that shows that “corrective” surgery is safe, effective, or necessary.

What is wrong with the current “treatment” of intersex people?

One of the biggest problems with this “treatment” is that it sets in motion a lifelong pattern of secrecy, isolation, shame, and confusion. Adult intersex people's stories often resemble that of those who survived childhood sexual abuse: trust violation, lack of honest communication, punishment for asking questions or telling the truth, etc. In some cases, intersex people's experiences are exactly like those of child sexual abuse survivors: when they surgically “create” a vagina on a child, the parent—usually the mother—is required to “dilate” the vagina with hard instruments every day for months in order to ensure that the vagina won't close off again. Even so, many intersex adults report that it was not necessarily the surgery that was the most devastating for their self-esteem: for many, it is the repeated exposure to what we call “medical display”, or the rampant practice where a child is stripped down to nude and placed on the bed while many doctors, nurses, and medical students, and others come in and out of the room, touching and prodding and laughing to each other. Children who experience this get the distinct sense that there is something terribly wrong with who they are and are deeply traumatized.

Can't they just do a test to find out a babies' true sex?

Medicine cannot determine the baby's “true sex.” For example, chromosomes do not necessarily dictate one's gender identity, as it is obvious from the fact that most people born with androgen insensitivity syndrome live as women despite their XY chromosomes. In other words; science can measure how large a clitoris is, but cannot conclude how large or small it needs to be. That is a social determination.

How do we know the correct gender of a child with an intersex condition?

We don't know a child's gender until the child is old enough to communicate their thoughts and feelings. It is recommended that the child be assigned a gender based on our best prediction, and allow the child to determine for themselves once they are old enough to do so. Irreversible surgeries on infants should be avoided in order to give them the widest range of choices when they are older. Performing surgeries will not eliminate the possibility that our prediction is wrong.

Is intersex an identity?

Intersex is not an identity. While some intersex people do reclaim it as part of their identity, it is not a freely chosen category of gender—it can only be reclaimed. Most intersex people identify as men or women, just like most non-intersex people.

What is the correct pronoun for intersex people?

Pronouns should not be based on the shape of one's genitalia, but on what the person prefers to be called. For children too young to communicate what their preference is, go with the gender assignment parents and doctor agreed on based on their best prediction. Do not call intersex children "it", because it is dehumanizing.

Are intersex people "third gender"?

Many people with intersex conditions identify solidly as a man or as a woman, like many non-intersex people. There are some who identify as a member of an alternative gender, like some non-intersex people. While we support everyone's right to define their own identities, we do not believe that people with intersex conditions should be expected to be gender-transgressive just because of their condition.

Is intersex part of a "transgender" community?

While some people with intersex conditions also identify as transgender, intersex people as a group have a unique set of needs and priorities beyond those shared with transpeople. Too often, these unique needs are made invisible or secondary when "intersex" becomes

a sub category of "transgender." For example, people who discuss about intersex in the context of transgender often stress the risk of assigning a "wrong" gender as an argument against intersex genital mutilation, which overlooks the fact that intersex medical treatment is painful and traumatic whether or not one's gender identity happens to match her or his assigned gender. It is for this reason that we prefer to have "intersex" spelled out explicitly rather than have it "included" in "transgender" umbrella.

Is intersex the same as "ambiguous genitalia"?

No, saying someone has an intersex condition isn't the same as saying she or he was born with "ambiguous genitalia," because some people with intersex conditions have genitalia that look pretty typical masculine or feminine. Why do we put the term "ambiguous genitalia" in quotations marks? We don't particularly like the term since, as Dr. William Reiner likes to point out, no child thinks his or her own genitals are "ambiguous." They're just their genitals. It's the grown-ups who are feeling ambiguous.

What is the difference between "hermaphrodite" and "intersex"?

In biology, "hermaphrodite" means an organism that has both "male" and "female" sets of reproductive organs (like snails and earthworms). In humans, there are no actual "hermaphrodites" in this sense, although doctors have called people with intersex conditions "hermaphrodites" because intersex bodies do not neatly conform to what doctors define as the "normal" male or female bodies. We find the word "hermaphrodite" misleading, mythologizing, and stigmatizing. Although some intersex activists do reclaim and use the term to describe themselves, it is not an appropriate term to refer to intersex people in general. In short, snails are the hermaphrodites; humans are not. Also, please avoid using the word "intersexual" as a noun; we prefer "intersex people" or "people with intersex conditions/experiences."

Who was David Reimer (also, sadly, known as “John/Joan”)?

David Reimer was born an identical (non-intersex) twin boy in 1965. At the age of 8 months, David and his brother each had a minor medical problem involving his penis, and a doctor decided to treat the problem with circumcision. The doctor botched the circumcision on David, using an inappropriate method and accidentally burning off virtually David's entire penis. At the advice of psychologist John Money at Johns Hopkins University, David's parents agreed to have him “sex reassigned” and made into a girl via surgical, hormonal, and psychological treatments—i.e., via the system Money advocated for intersex children. For many years, John Money claimed that David (known in the interim as “Brenda”) turned out to be a “real” girl with a girls' gender identity. Money used this case to bolster his approach to intersex—the approach that is still used throughout much of the U.S. and developed world—one that relies on the assumption that gender identity is all about nurture (upbringing), not nature (inborn traits), and that gender assignment is the key to treating all children with atypical sex anatomies. As it turns out, Money was lying. He knew Brenda was never happy as a girl, and he knew that as soon as David found out what happened to him, David reassumed the social identity of a boy. The case of David Reimer has been used by the proponents of the “gender is inborn” (nature) theory as proof that they are right. We like to point out that what the story of David Reimer teaches us most clearly is how much people are harmed by being lied to and treated in inhumane ways. We don't think we can ever predict, with absolute certainty, what gender identity a person will grow up to have. What we can predict with a good degree of certainty is that children who are treated with shame, secrecy, and lies will suffer at the hands of medical providers who may think they have the best of intentions and the best of theories.

How can I help the intersex movement?

Join us! In addition to volunteering for or making donations to intersex activist groups such as Intersex Society of North America (ISNA) and Intersex Initiative Portland, you can help by talking to your friends and family members about the intersex movement. The

idea is that the more people are aware about us, the less likely they will accept surgery as the only option when they or someone they know have an intersex baby. Get your community, church or school group together and show documentary films about intersex (available from the Intersex Society of North America) or invite us to present.

Personal Experience

The following are personal experiences of intersex individuals and their loved ones. When reading these experiences please open your hearts and minds with compassion.

Cheryl Chase, activist:⁴

“Until the age of 18 months, Cheryl Chase was known as Brian. She was born in the late 1950s and diagnosed as a ‘hermaphrodite’, which meant that her genitals were ‘ambiguous’. Such ambiguity was not acceptable to her doctors; so they decided that she would be ‘assigned’ a female. They performed a clitorectomy, and her parents began raising her as a girl. Chase explains: ‘There was no concern about sexual function, and no male doctor could fathom a man with such a small penis.’ Chase didn't learn about her past until she was a young adult, because her parents were instructed to get rid of anything that suggested her male potential, like boyish clothing, photographs, and toys. The family even relocated. They were also told to never, ever discuss it with their new daughter. As a child, all Chase knew was that she wasn't happy. She ran away from kindergarten and hated wearing dresses. ‘I knew I wasn't like other girls, and I wasn't going to marry a boy’, she recalls. ‘I was romantically attracted to women.’ Her pubescent revelation of her penchant for women was accompanied by recurring violent nightmares in which she was chased by killers. When trying to choose an escape route in those dreams, she didn't know whether to slip into the public men's or women's room. All the while, her abdominal organs were falling out between her legs. Chase suffered in painful silence for years until she finally began gathering her medical records to determine how her past had shaped her future. Over the years Chase read histories of the gay and lesbian

4 Stukin, Stacy. “Neither, Nor; Either, Or: The Intersex Question”. *Pride.02: Profile Pursuit, Inc.*: New York, 2002.

civil rights movement and in 1992 mustered the courage to come out as intersex. She realized she had to start advocating for other intersex individuals to raise awareness and create camaraderie. 'I always thought there was no one like me in the world', she explains. She created the Intersex Society of North America (ISNA) to not only develop an intersex community but, more importantly, because 'the sorts of things that my parents and doctors did to me were horrific. And they're still doing these mutilating surgeries without it.'"

Anonymous, parent of an intersex child:⁵

"When his child was born just over 20 years ago, his first question like most new fathers, was, 'is it a boy or a girl?'. The doctor ignored him. He asked again, and this time the doctor responded, 'I don't know'. He called his mother to share his news, and when she asked if it was a boy or a girl, his response freaked her out mostly because she didn't know what she was going to tell her friends when they asked the child's sex. That's when his newborn's genitals began to weigh heavily on his mind. 'To me it looked like a penis,' he recalls. 'To the doctors it was a clitoris, and they said "you should probably have surgery right away, and then you can say yes, you had a girl and get on with your life."' He asked to speak with other parents who had made the same decision, but got no response. He asked to speak with other parents who had dealt with this issue. No names were forthcoming. So, with fear of losing a child as their motivation, he and his wife consented to the sex-assignment surgery when their baby was just three weeks old. 'When they brought her back from surgery I was wild,' he says. 'She was sobbing and shaking uncontrollably. It was clear she was traumatized and I thought 'Oh, my God, what have I done?!' What was most disturbing to him was the doctor's pride at his own handiwork. 'Here I was devastated by how pathetic and upset my child was, and the surgeon comes in, pulls a piece of gauze out of the vaginal canal, slaps me on the back and tells me what a magnificent job he's done. He might as well have been talking about a pizza or a great suit.'"

5 Stukin, Stacy. "Neither, Nor; Either, Or: The Intersex Question". Pride.02: Profile Pursuit, Inc.: New York, 2002.

Lynell Stephanie Long, African-American Intersex activist:⁶

"I was born at 11:45PM on June 11th, at Cook County Hospital in Chicago. After 14 hours of labor and massive blood loss I was born breech, and with ambiguous genitalia. My life during high school was sickening. I was teased daily because I looked very androgynous, and no one knew if I was a boy or girl unless they asked me. When asked I said I did not know for sure. When my mother overheard me saying that at the age of 15 she whipped me and told me I was an embarrassment to her.

I attended college after high school, even though I had no idea what I wanted to do with my life – besides die. Being hospitalized for over a week every summer gave me the notion that maybe I should be a doctor, but I wasn't smart enough. So I settled on being a medical assistant. I did have a genuine passion for working in the medical profession, I wanted to save children from the horror I received from the multiple tests, and examinations. I didn't want any children to feel the shame of having resident student doctors pile in your room and be lectured by a doctor while he lifted my gown, and pretended I wasn't there.

The most horrible experience I remember is lying in bed with IV's in both arms, having my doctor and at least fifteen student doctors stare at my genitals, and leaving without pulling down my hospital gown. I laid there exposed for over an hour until the nurse finally came in to change the IV bag. At the age of 29 I married a girl I met in college. I married because I was told that's what was expected of me. Needless to say, the marriage didn't last long.

After that I spent years and years abusing drugs and alcohol. I did everything I could to kill myself, but nothing worked. Eventually I got addicted to crack cocaine, and went into the rehab. Getting sober and drug-free was the best choice "I" made regarding my life. It wasn't until I got sick in 1997 that I found out that I was Intersex. My endocrinologist asked a lot of questions, particularly about the scar that runs from the tip of my penis to my anus. I needed to trust someone; I knew I was going to try to kill myself again

6 Long, Lynell Stephani. "My Story: Hermaphro-DYKE". <http://mypages.blackvoices.com/intersex/aboutus/>: copyright, 1999.

unless I was able to be the woman I am. I told him my story, and he listened. Today I love me the way I am, and my girlfriend loves me as well. Someone once said, if you love yourself that good, if someone else loves you as well that's great. It's great because there are people that are opening their mind and learning more about Intersex conditions. After appearing on the Montel Williams show twice, and after receiving a lot of fan mail, I'm convinced that one day people will accept that there is a third gender, Intersex."

S. Asher Hanley, gay intersex person:⁷

"I, like one out of every 500 infants, was born intersex. This means I'm neither here nor there, biologically speaking—I don't fit neatly into one of the expected options ("male" or "female"). Every day, on campus and off, I pass for the average queer (if there is such a thing). I am capable of passing until someone finds out what I am underneath my clothes, and then, once again, I become an outsider. This has defined my existence for so long that it is easy for me to forget I can be accepted at all. I am generally open with anyone who asks me whether I'm male or female (and you'd be surprised how many people will ask). I am glad that people ask and usually answer them honestly, as long as it seems safe to discuss. If it doesn't seem safe, I just say, "I'm a boy. I just reached puberty late." In a way I have been blessed with having an intersex life. Not to say my biology makes me any more free of these gendered expectations—it doesn't. My biology only makes it clear that, at a more basic level, it makes as little sense to define only two sexes as it does to define only two genders. I believe I am, for better or for worse, living proof that human beings are far more complicated than that."

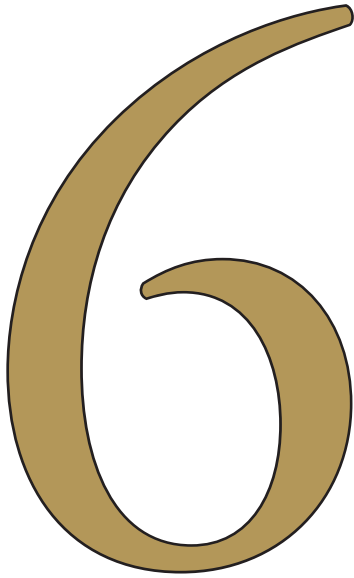
Intersex individuals should not have to face secrecy, shame, disrespect, or cruelty in their lives. We can all help by educating ourselves about intersexuality and the experiences of intersex people. Below is a short list of resources about this topic. It is important to recognize and understand that people who are intersex are not "mistakes" or "monsters," but are human beings who deserve to be treated with respect and dignity.⁸

Intersex Resources

- Intersex Society of North America (ISNA)
<http://www.isna.org>
An excellent organization that has outreach, books, films, and articles about intersexuality that can be ordered or read online.
- The UK Intersex Association
<http://www.ukia.co.uk/>
Another organization with lots of information online, even though it is based in the United Kingdom.
- Introduction to Intersex Activism
<http://www.survivorproject.org/is-intro.html>
Good basic resource put out by the Survivor Project.
- Human Rights for Intersexuals
<http://www.luckymojo.com/tkintersex.html>
An excellent article about the recent movement for the civil rights of intersex people.
- Inside Intersexuality:
<http://www.healthyplace.com/Communities/Gender/intersexuals/index.html>
A good sight for information and resources.
- Intersex People
<http://www.itpeople.org/frameset.html>
Good sight full of information and articles that can be read online.

7 Hanley, S. Asher. "Different: My Experiences as an Intersex Gay Boy". *Revolutionary Voices: A Multicultural Queer Youth Anthology*. Ed. Amy Sonne. Alyson Publications: Los Angeles, 2000.

8 Written by Jesse Pack, '03 Worcester Polytechnic Institute



Asexuality

Overview of Asexuality¹

An asexual person is someone who does not experience sexual attraction. Unlike celibacy, which people chose, asexuality is an intrinsic part of a person. Asexuality does not make a person's life any worse or any better, but asexual people face a different set of challenges than most sexual people. There is considerable diversity among the asexual community: each asexual person experiences things like relationships, attraction and arousal somewhat differently.

Relationships

Asexual people have the same emotional needs as anyone else, and like in the sexual community, asexual people vary widely in how they fulfill those needs. Some asexual people are happier on their own, others are happiest with a group of close friends. Other asexual people have a desire to form more intimate romantic relationships, and will date and seek long-term partnerships. Asexual people are just as likely to

date sexual people as they are to date other asexual people.

Sexual or nonsexual, all relationships are made up of the same basic stuff. Communication, closeness, fun, humor, excitement and trust all happen just as much in sexual relationships as in nonsexual ones.

Unlike sexual people, asexual people are given few expectations about the way that our intimate relationships will work. Figuring out how to flirt, be intimate, or be monogamous in nonsexual relationship can be challenging, but asexual people can form relationships in ways that are grounded in individual needs and desires.

Attraction

Many asexual people experience attraction, but feel no need to act out that attraction sexually. Instead, asexual people may feel a desire to get to know someone, to get close to them in whatever way works best for them. Asexual people who experience attraction will often be attracted to a particular gender, and may identify as gay, bi-affectionate, straight, etc.

¹ Adapted from University of Missouri–Columbia Safe Space Workshop Manual—Adapted from Washington University Safe Zones workshop—Adapted from AVEN's Overview of Asexuality http://www.asexuality.org/home/index.php?option=com_content&task=section=6&Itemid=28

Arousal

For some, sexual arousal is a fairly regular occurrence, though it is not associated with a desire to find a sexual partner or partners. Some will occasionally masturbate, but feel no desire for partnered sexuality. Other asexual people experience little or no arousal. Because they usually don't care about sex, asexual people generally do not see a lack of sexual arousal as a problem to be corrected, and focus their energy on enjoying other types of arousal and pleasure.

Note: People do not need sexual arousal to be healthy, but in a minority of cases a lack of arousal can be the symptom of a more serious medical condition. If you do not experience sexual arousal or if you suddenly lose interest in sex you should probably check with a doctor just to be safe.

Identity

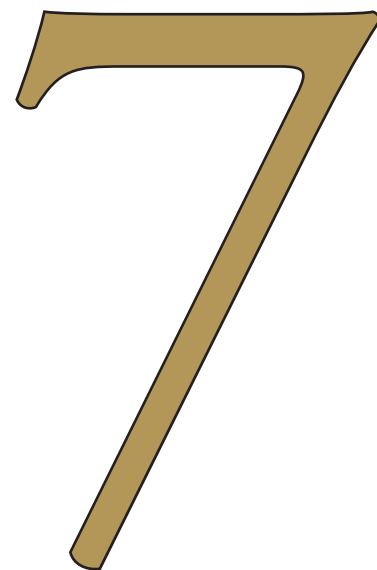
Most asexual people have been asexual for their entire lives. Just as people will rarely and unexpectedly go from being straight to gay, asexual people will rarely and unexpectedly become sexual or vice versa. Another small minority will think of themselves as asexual for brief period of time while exploring and questioning their own sexuality. There is no litmus test to determine if someone is asexual. Asexuality is like any other identity—at its core, it's just a word that people use to help figure themselves out. If at any point someone finds the word asexual useful to describe themselves, they should use it for as long as it makes sense to do so.

What Does Ignorance About Asexuality Look Like?¹

Myth	Reality
Asexual people are actually gay or lesbian, and are just in denial about it.	Some asexual people may also be gay or lesbian; but being asexual is not the same as being closeted. Furthermore, being asexual does not imply that person is a “man-hater” or a “woman-hater,”-they’re just not interested in sex.
Asexual people are asexual because they are unattractive and “can’t get a date.”	Regardless of their appearance, many asexual people have been, and continue to be, propositioned sexually. Their lack of interest in sex, not other people’s lack of interest in them, is the determining factor.
Asexuality needs to be explained or have a “cause.”	Asexuality is valid unto itself. Like all of the identities discussed here, it does not need to have a “cause.”
Asexuality is caused by a biological problem, specifically a lack of hormones.	Some asexual people do have hormone levels that are on the lower side, so do some sexual people. Some people consider this to be a problem for them, some don't. In any case, a person's hormone levels are probably more their own business than the business of anyone else.

¹ Adapted from University of Missouri–Columbia Safe Space Workshop Manual—Adapted from Washington University Safe Zones workshop—Adapted from the Top Ten Responses to Asexuality, submitted to AVEN by Swanklv June 27, 2005; http://www.asexuality.org/home/index.php?option=com_content&task=view&id=36&Itemid=38

Myth	Reality
Asexuality is caused by sexual abuse or trauma.	Survivors of sexual abuse can be sexual people or asexual people; not all asexual people are survivors of sexual abuse. If an asexual person is also a survivor of sexual abuse, there is not necessarily a causal relationship between the two.
Asexuality is caused by a psychological problem.	Asexuality is not inherently a psychological problem, nor is it indicative of one. Many asexual people do not have any psychological issues. Some asexual people also have psychological issues and these may or may not be associated with their experiences of asexuality.
Asexual people are really just “too busy” for sex, but will want it later.	Asexual people are not asexual because they don’t “have time” for sex. They don’t make time for sex because they aren’t interested in it.
Asexuality is a “problem” that needs to be “solved.”	Some people experience asexuality as a problem. Many do not, and are happily asexual.
Insinuating that you, or some other person, are the “solution” to someone’s asexuality.	Asexual people don’t experience sexual attraction. Other people’s good looks, pheromones, and self-absorption aren’t going to change that. Assuming that asexual people should want to change is not okay.
Asexual people are “afraid of commitment” or have been in bad relationships.	Asexual people can be involved in committed, fulfilling, nonsexual relationships. Sometimes they have had bad relationships; sometimes they have had good relationships. Their relationship history likely has nothing to do with their experiences of asexuality.



Student Life Issues

Coming Out¹

Issues Around Coming Out

The term “coming out” (of the closet) refers to the process of developing a positive lesbian, gay, bi-affectionate or transgender identity. It is a long and difficult struggle for many GLBT individuals because they often have to confront the homophobia, biphobia and transphobia they learned growing up. Before they can feel good about who they are, they have to challenge their own attitudes and move from the negative end of the Riddle Homophobia Scale (repulsion, pity, and tolerance) to feelings of appreciation, admiration and self-acceptance. It often takes years of painful work to develop a positive gay, lesbian, bi-affectionate, or transgender identity. Then GLBT individuals need to decide when and to whom they will disclose their sexual identity. At times, they are afraid to come out to their friends, family, and coworkers.

What might they be afraid of?

- Losing friendships and family connections
- Losing closeness/intimacy in relationships
- Being the subject of gossip
- Being harassed
- Being physically assaulted
- Losing financial support from family members
- Being thrown out of the house
- Losing their job
- Losing their children
- Social isolation (being shunned)

Why might lesbians, gay men, bi-affectionate, and transpeople want to come out to others?

- To end the secrecy
- To feel closer to those people
- To be able to be “whole” around those people
- To stop wasting energy by hiding an essential part of themselves
- To feel like they have integrity

¹ Adapted from University of Missouri–Columbia Safe Space Workshop Manual—Adapted from the Northern Illinois University Safe Zone Program, and from Vernon Wall and Jamie Washington, 1989

- To make an affirmative statement like their affectional orientation/gender identity is okay

How might lesbians, gay men, bi-affectionate, or transpeople feel about coming out to someone?

- Scared
- Vulnerable
- Relieved
- Concerned about how the person will react
- Proud

How might individuals feel after someone has come out to them?

They may feel...

- Disbelieving
- Uncomfortable
- Not sure what to say
- Not sure what to do next
- Wondering why the person came out
- Scared
- Shocked
- Angry
- Betrayed
- Disgusted
- Supportive
- Flattered
- Honored

What do lesbians, gay men, bi-affectionate, and transpeople want from the people they come out to?

- Acceptance
- Support
- Understanding
- Comfort
- A closer relationship
- Assurance that disclosure will not negatively affect the relationship
- An acknowledgement of their feelings

- A hug and a smile

What are some situations in which someone might come out to you?

- They may have chosen to come out to you because you are a close friend or family member and they want to have an honest and genuine relationship with you.
- They may feel that you are a person who will be understanding and accepting, and so trust you with this very personal information.
- They may not be sure how you will react, but they prefer to be honest and are tired of putting time and energy into hiding their identity.
- They may decide to come out to you before they really know you, in order to establish an honest relationship from the beginning.
- They may come out to you because some aspect of your professional relationship makes it difficult to continue to hide their affectional orientation or gender identity.
- They may come out to you because you are in a position to assist them with a concern, determine their access to certain resources, or address policies, which affect their life.

Ways that you can help when someone comes out to you:

- Remember that the person has not changed. S/he is still the same person you knew; you just have more information about him/her now than you did before. If you are shocked, don't let the shock lead you to view the person as suddenly different.
- Don't ask questions that would have been considered inappropriate before their disclosure.
- If you would like more information, ask in an honest and considerate way. If you show a genuine and respectful interest in their life, they will most likely appreciate it. Some good questions to ask are:

How long have you known that you are lesbian/gay/bi-affectionate/transgender?

Are you seeing anyone?

Has it been hard for you having to hide your sexual identity/gender identity?

Is there some way that I can help you?

Have I ever offended you unknowingly?

- Don't assume that you know what it means for the person to be lesbian, gay, bi-affectionate, or transgender. Every person's experience is different.
- They may not want you to do anything necessarily. They may just need someone to listen.
- Consider it an honor that they have trusted you with this very personal information. Thank them for trusting you.
- Clarify with them what level of confidentiality they expect from you. They may not want you tell anyone else, or they may be out to others and not be concerned with who finds out.
- If you don't understand something or have questions, remember that people who are lesbian, gay, bi-affectionate, or transgender are often willing to help you understand their life experiences.

Questions Students May Consider Before Coming Out ²

1. Are you sure about your affectional orientation?

Don't raise the issue unless you're able to respond with confidence to the question, "Are you sure?" Confusion on your part will increase confusion and decrease confidence in your conclusions when you are sharing.

2. Are you comfortable with your affectional orientation, gender identity, etc?

Coming out may require tremendous energy on your part; it will require a reserve of positive self-image. If you're wrestling with guilt and periods of depression, you may be better off waiting to tell some people.

3. Do you have support?

In the event that your parents' or other loved ones' reaction devastates you, there should be someone or a group that you can confidently turn to for emotional

support and strength. Maintaining your sense of self-worth is critical.

4. Are you knowledgeable about ?

Some people will probably respond based on a lifetime of information from a homo/bi/trans-phobic society. If you've done some serious reading on the subject, you'll be able to assist them by sharing reliable information and research.

5. What's the emotional climate at home?

If you have the choice of when to tell, consider the timing. Choose a time when they're not dealing with such matters as the death of a close friend, pending surgery, or the loss of a job.

6. Can you be patient?

Some of your friends and family will require time to deal with this information if they haven't considered it prior to your sharing. The process may last from six months to two years.

7. What's your motive for coming out now?

Hopefully, it is because you love them and are uncomfortable with the distance you feel. Never come out in anger or during an argument, using your gender identity or sexuality as a weapon.

8. Do you have resources available?

Do not assume that others are familiar with the GLBTIQ²A community. Having resources available will be helpful. For example, if you are coming out as gay or lesbian, having contact information for the local or national Parents and Friends of Lesbian and Gays (PFLAG) chapter.

9. Are you financially dependent on your parents or guardian?

If you suspect they may withdraw college finances or force you out of the house, you may choose to wait until they do not have this to hold over you.

² Source: Texas A&M University, Gay and Lesbian Student Services Speaker's Bureau Manual. From <http://www.salp.wmich.edu/lbg/GLB/Manual>

10. What is your general relationship with your parents and or guardian?

If you've gotten along well and have always known their love and shared your love for them in return, then chances are they'll be able to deal with the issue in a positive way.

11. What is their moral societal view?

If they tend to see social issues in clear terms of good/bad or holy/sinful, you may anticipate that they will have serious problems dealing with your gender identity or sexuality. If, however, they've evidenced a degree of flexibility when dealing with other changing societal matters, you may be able to anticipate a willingness to work this through with you.

12. Is this your decision?

Not everyone should come out to those who play a significant role in their life. It is your decision if you come out to all of your family and friends no matter the role they have had in your life. Don't be pressured into it if you're not sure you'll be better off by doing so, no matter what their response.

Family: Those People Who Raised You³

In coming out to family members, you hope they will show you love and support. They may actually need your support at the moment of revelation. Think about the following in advance:

- Your family may be shocked, confused, or afraid, which may show on their faces or through their words. Think back to how you felt when you first realized you were gay or transgender. How long did it take you to get used to the idea yourself? Be patient.
- Your family may wonder why you kept this secret from them. They may be saddened that you felt you could not share this information and that you did not seem to trust them. However, let them know that you are showing great courage and trust in coming out to them now; this should be the focus.

- Your family members may be sad and they might cry. They may grieve for a lost dream of your future or for an image that started when they learned they were expecting you, and then later imagined your first day of school, college, marriage and even grandchildren. These dreams may appear to be lost to them and they may need to grieve before they can build new dreams with the new information you have shared with them.
- Your family may have concerns based on religion, culture, or what they have been taught. Religion is often a perceived obstacle. If you are familiar with your parents' and family members' religious beliefs, you may be able to anticipate their reactions. A point to try to understand is that we are all individuals, with our own opinions or interpretations of religious beliefs.

Coming Out as Lesbian or Gay⁴

There have been many theories that attempt to outline stages of coming out as gay or lesbian. The following model is the Cass Model, the most well-known and widely used model. The stages are not meant to show a linear progression or be definite categories. It is very common for individuals to move from one stage to another out of the listed order or even be in more than one stage simultaneously. Individuals often move back and forth between stages and are sometimes at a midway point between stages. The model should be thought of more as a continuum that people can move about freely.

It should be explicitly noted that this model is based primarily on the assumption that coming out is a necessary and positive process, which is not true for everyone. It should not be assumed that this process applies to all gay and lesbian peoples' coming out processes. Somewhat similar stages could be described for coming out as other identities as well.

³ Source: <http://clem.mscedu/~gltss/safezone.html>

⁴ Adapted from University of Missouri—Columbia Safe Space Workshop Manual—Adapted from Washington University Safe Zones workshop

Sexual Identity: The Cass Model⁵

The Cass theory, utilizing a six stage model, describes the developmental process undergone by individuals as they first consider, then acquire, a “homosexual” identity as a relevant aspect of self (Cass, 1979). Finding one’s sexual identity takes time and insight, and Vivienne Cass has determined the following steps in finding it:

Identity Confusion

“Could I be gay?” Person is beginning to wonder if “homosexuality” is personally relevant. Denial and confusion is experienced.

Task: Who am I?—Accept, Deny, Reject.

Possible Responses: Will avoid information about lesbians and gays; inhibit behavior; deny homosexuality (“experimenting,” “an accident,” “just drunk”). Males: May keep emotional involvement separate from sexual contact; Females: May have deep relationships that are non-sexual, though strongly emotional.

Possible Needs: May explore internal positive and negative judgments. Will be permitted to be uncertain regarding sexual identity. May find support in knowing that sexual behavior occurs along a spectrum. May receive permission and encouragement to explore sexual identity as a normal experience (like career identity, and social identity).

Identity Comparison

“Maybe this does apply to me.” Will accept the possibility that she or he may be gay. Self-alienation becomes isolation.

Task: Deal with social alienation.

Possible Responses: May begin to grieve for losses and the things she or he will give up by embracing their affectional orientation. May compartmentalize their own sexuality. Accepts lesbian and gay definition of behavior but maintains “heterosexual” identity of self. Tells oneself, “It’s only temporary,” or “I’m just in love with this particular woman/man,” etc.

Possible Needs: Will be very important that the person develops own definitions. Will need information about sexual identity, lesbian, gay community resources, encouragement to talk about loss of heterosexual life expectations. May be permitted to keep some “heterosexual” identity (it is not an “all or none” issue).

Identity Tolerance

“I’m not the only one.” Accepts the probability of being homosexual and recognizes sexual, social, emotional needs that go with being lesbian and gay. Increased commitment to being lesbian or gay.

Task: Decrease social alienation by seeking out lesbians and gays.

Possible Responses: Beginning to have language to talk and think about the issue. Recognition that being lesbian or gay does not preclude other options. Accentuates difference between self and heterosexuals. Seeks out lesbian and gay culture (positive contact leads to more positive sense of self, negative contact leads to devaluation of the culture, stops growth). May try out variety of stereotypical roles.

Possible Needs: Be supported in exploring own shame feelings derived from heterosexism, as well as external heterosexism. Receive support in finding positive lesbian, gay community connections. It is particularly important for the person to know community resources.

Identity Acceptance

“I will be okay.” Accepts, rather than tolerates, gay or lesbian self-image. There is continuing and increased contact with the gay and lesbian culture.

Task: Deal with inner tension of no longer subscribing to society’s norm, attempt to bring congruence between private and public view of self.

Possible Responses: Accepts gay or lesbian self identification. May compartmentalize “gay life.” Maintains less and less contact with heterosexual community. Attempts to “fit in” and “not make waves” within the gay and lesbian community. Begins some selective disclosures of sexual identity. More social coming out; more comfortable being seen with groups

⁵ Adapted from: Cass, V. Homosexual Identity Development, 1979. adopted by: Susan Young, SIUC, 1995.

of men or women that are identified as “gay.” More realistic evaluation of situation.

Possible Needs: Continue exploring grief and loss of heterosexual life expectations. Continue exploring internalized “homophobia” (learned shame for heterosexist society). Find support in making decisions about where, when, and to whom he or she discloses.

Identity Pride

“I’ve got to let people know who I am!” Immerses self in gay and lesbian culture. Less and less involvement with heterosexual community. Us-them quality to political/social viewpoint.

Task: Deal with incongruent views of heterosexuals.

Possible Responses: Splits world into “gay” (good) and “straight” (bad). Experiences disclosure crises with heterosexuals as he or she is less willing to “blend in.” Identifies gay culture as sole source of support; all gay friends, business connections, social connections.

Possible Needs: Receive support for exploring anger issues. Find support for exploring issues of heterosexism. Develop skills for coping with reactions and responses to disclosure of sexual identity. Resist being defensive!

Identity Synthesis

Develops holistic view of self. Defines self in a more complete fashion, not just in terms of affectional orientation.

Task: Integrate gay and lesbian identity so that instead of being the identity, it is an aspect of self.

Possible Responses: Continues to be angry at heterosexism, but with decreased intensity. Allows trust of others to increase and build. Gay and lesbian identity is integrated with all aspects of “self.” Feels all right to move out into the community and not simply define space according to affectional orientation.

Coming out as Bi-affectionate⁶

Coming out as bi-affectionate (or pansexual, omnisexual, queer or something similar) can be very similar to coming out as gay or lesbian, in that it is about affectional orientation. However, a bi-affectionate identity is often viewed with unnecessary skepticism from biphobic heterosexual, gay, and lesbian people. Because of this, another coming out-to the same people-may be required each time a bi-affectionate person begins dating someone of a new gender/sex. If someone comes out to you as bi-affectionate, things you can do to be supportive include:

Accept bi-affectionate orientation as a valid identity.

Don’t assume that they are on their way to coming out as lesbian or gay. Don’t tell them they should be choosing between straight or gay/lesbian. Let them know that you think a bi-affectionate identity is valid. Listen to the identity words they use for themselves (bi-affectionate, pansexual, omnisexual, queer, or something similar), and use only those words to describe them.

Help them to separate out their real, personal situation from the stereotypes of bi-affectionate orientation.

Much of the difficulty that faces a bi-affectionate person coming out is simply dealing with all the misleading information they may have accepted and internalized.

Help them to recognize and deal with homophobia in mainstream.

If they’re coming from a straight background, this may be new to them, and they will need help in dealing with homophobia as they would if they were coming out as lesbian or gay.

6 Adapted from University of Missouri—Columbia Safe Space Workshop Manual—Adapted from Washington University Safe Zones workshop—Adapted from <http://uncharted-worlds.org/bi/5basichtm>

Help them to recognize and deal with biphobia in lesbian and gay communities.

If they previously identified as lesbian or gay, they will probably have internalized prejudice and stereotypes about what it means to be bi-affectionate. They may be scared to come out to their lesbian and gay friends as bi-affectionate. They may fear losing the community that has supported them in dealing with homophobia in the past. If they did not previously identify as lesbian or gay, they may be confused as to why and how biphobia exists in gay and lesbian communities.

Put them in touch with other bi-affectionate people.

Although the self-identified bi-affectionate community is small compared to what's available for lesbian and gay people, there is enough there to make a huge difference to someone just coming out as bi-affectionate. At the very least, let them know what there is. If possible, encourage them and support them in making contact.

Coming out as Trans⁷

It is often mistakenly assumed that the coming out process for trans people is the same as for gay, lesbian, and bi-affectionate people. Although the basic concept of revealing a long-held and deeply personal secret (to which people may react strongly and negatively) is the same, coming out as gay, lesbian, or bi-affectionate does not challenge people's basic notions about gender and human nature, at least not the same way that the trans person's revelation that he or she is really of a different gender (and is perhaps seeking to change their gender role and/or body).

During a Physical Transition

Regardless of a trans person's identity, their coming out process may involve a physical transition, including hormones and/or surgery. These physical changes are obvious, and force the trans person to come out to virtually everyone involved in their life—not only family and friends, but teachers, co-workers, neighbors, and any casual acquaintance you see on a regular basis.

It can be difficult for people in a trans person's life to remember that they are interacting with the same person, albeit one with a different physical form, and possibly a different name and set of pronouns.

Not Including a Physical Transition

If a trans person's journey does not include a physical transition, they often times must out themselves to many people in order to have people interact with them respectfully (i.e. with the correct name and pronouns). This continual outing can be extremely tiring and difficult. For example, in order to use a gendered bathroom, a trans person in this situation must either out themselves to all others using the bathroom and face potentially dangerous harassment), chose to use a bathroom that is contrary to their gender identity, or wait and find a non-gendered bathroom.

Sometimes a trans person in this situation will choose to go by one name and set of pronouns among family and friends, and another name and set of pronouns to interact with the rest of the world.

After a Physical or Social Transition

After a physical or social transition to a different gender role, a trans person often has a choice between remaining openly out as a trans person, or passing as a cisgender person and being stealth. Often, a trans person will have different circles in which they are out or stealth. Being stealth creates new situation in which a trans person may have to come out—to the HR person at work; in some situations that involves nudity; to a new partner/lover. Each of these situations comes with the fear that disclosure may lead to being outed to a wide group of friends and acquaintances.

When a Person Comes Out to You as Trans

Regardless of their choices about their body, it is important to respect a trans person's wishes, especially regarding their choice of names and pronouns. This is true even if their preferences change over time. Furthermore, unless you know a trans person well, it is not appropriate to ask questions about their bodies that you would not ask of other people. If you meet a trans person after they have started using a new name, it is not appropriate to ask what their "old name" was, as

⁷ Adapted from University of Missouri—Columbia Safe Space Workshop Manual—Adapted from Washington University Safe Zones Workshop

this information is irrelevant to your interactions with them. As with other identities, it is important to use only the words (transgender, genderqueer, transsexual, non-gendered, etc.) that a person uses for themselves.

Coming Out as Asexual⁸

Our society is very focused on heterosexual sexuality. Coming out as asexual can challenge basic assumptions about sex and sexuality. Oftentimes, asexual people are seen as a “challenge,” of their asexual identity is interpreted as a “problem.” If someone tells you they are happy being asexual, do not ask if they would like help becoming more sexual or suggest way that they could change. Other things you can do to support someone who is coming out as asexual include:

Acknowledge that asexuality is both possible and valid.

Let them know that you think asexuality is not “weird” or “wrong,” and that if they are happy being asexual, you are happy for them.

Find out what being asexual means to them.

There are as many ways to be asexual as there are asexual people. Just knowing that a person doesn’t experience sexual attraction doesn’t tell you a whole lot. Did they just come to this realization, or have they known for a long time? Do they feel pressured to be sexual or to pretend to have sexual attractions?

Coming out as Intersex⁹

“Coming out” as intersex requires, as a prerequisite, knowledge and awareness of what intersex means. Unfortunately, many people who are intersex have been lied to about their intersexuality by the medical community. In addition, some people have intersex conditions that don’t show up until later in life, and so are unaware that they are intersex.

Intersex activist Emi Koyami has this to say about “coming out” as intersex, “When we talk about intersex,

we are talking about a lifelong history of shame, secrecy and isolation that are imposed on children who were born with slightly different bodies. We are talking about a childhood sexual trauma, dirty family secret, repeated stripping in examination rooms, and the knowledge that whatever body you were born with was defective on arrival. It is not surprising that most people born with intersex conditions do not identify as “intersex” either publicly or privately.

“As a result, the demographics of the few intersex activists who ‘come out’ is skewed to be: mostly white, often college-educated, often GLBTIQ²A or genderqueer (because queer people are already familiar with the process of coming out and doing activism, and also because they are more willing to go outside of standard sex/gender categories). This group, however, does not necessarily represent the rest of the people who are born with intersex conditions.

“I personally do not consider ‘intersex’ to be part of my identity. I feel that intersex is something that was done to me, not who I am. Nonetheless I am publicly ‘out’ as an intersex activist, because I feel that taking such position is useful politically. Once people recognize me as an intersex activist, I can then start talking about what I actually feel about the label.”

People of Color Issues

Beyond GLBTIQ²A: Same-Gender Loving

The words “gay” or “lesbian” may be uncomfortable with some people. Many people do not feel as though those terms apply to them or were created with them in mind.

“For a lot of young Black same gender loving individuals being ‘gay’ is problematic with their families, troubling to society as a whole and miserable for them, personally. I love to read and through research I found out that the term ‘gay’ was coined by homosexual white men back in the sixties. That is another reason I cannot and will not identify with it.”

Same-Gender Loving (SGL) serves as an alternative to the GLBTIQ²A terms. It is also encouraged by members of some minority groups, particularly people

8 Adapted from University of Missouri—Columbia Safe Space Workshop Manual—Adapted from Washington University Safe Zones Workshop

9 Adapted from University of Missouri—Columbia Safe Space Workshop Manual—Adapted from Washington University Safe Zones Workshop <http://www.ipdx.org/articles/invisible-community.html>

of African-American or Latino descent. To rid the presumption that “homosexual” just refers to what goes on (and what doesn’t) in a bedroom, SGL brings it back to the basis of affection and relationships. Other wordings such as “in the life” (from the days of the Harlem Renaissance) and “two-spirited” (representing special community members of some Native American cultures, vaguely similar to transgender) have been used.

Where am I?

There is an apparent lack of visibility of minorities in the gay subculture. Images and issues pertaining to people of color are often left out or ignored in the main forms of media.

“I look up pages of XY, OUT, Genre, and The Advocate [gay-related magazines], and all I see are articles suited for the ‘gay white male.’”

Unfortunately, when people of varying ethnicity are featured in such publications, we run the risk of exoticizing that culture or easily dismissing important aspects of those peoples’ lives. It is often hard to find support, resources, or individuals who are knowledgeable to special difficulties that minorities may face. There are not a lot of minority students to begin with, and an even smaller fraction are GLBTIQ²A /SGL, so finding other people “like them” can be very difficult and may lead to disconnection and loneliness.

Two Worlds

Being a same-gender loving person of color can cause the need to deal with racism and homophobia together. Often times, there is a feeling of separation between when a person can acknowledge their racial/ethnic identity and their affectional orientation. Within groups of friends, some subjects are more tolerated or accepted than in others and frequently there is a separation between the “gay” friends and the “people of color” friends. There tends to be a separation between the “GLBTIQ²A/SGL” world and the “POC” world. It is difficult to ascertain and integrate the two in a social environment that does not fully accept either, so many do not bother to try at the sign of resistance.

“It seems that being gay and Asian in America, one has to uphold his self-respect in two fronts. The first is being Asian... The second front is being gay.”

For immigrants and non-native English speakers, lingual barriers and lack of knowledge about American cultural issues can lead to confusion and a lack of support. In some cultures, a word for “homosexuality” does not exist and the concept is often avoided from discussion. This can cause difficulty in coming out to parents who do not even understand that affection or who have been raised in environments that strongly condemn it.

“Most of my Korean and Asian friends referred [to] homosexuality as a thing that only existed in non-Korean and non-Asian groups.”

Another major issue that can be magnified in people of color has to deal with family expectations. In some minority families there is a strong expectation that a child will go to school, make money for his/her family, and create a family of their own. Some feel that by being same-gender loving they could not fulfill their family’s expectations, and are somehow letting their family down. Traditional views of marriage, career, and family are difficult requirements with which to comply. Within some cultures, there is a strong aversion to GLBTIQ²A people and issues. Sexual taboos and traditional sex roles lead to a lot of affectional orientation identity conflicts, and possibly cause people to remain closeted or be involved in high-risk behavior in order to hide their feelings. Check out the resources for more information.

Dual Prejudice

Unfortunately, stereotypes and prejudice can exist in individuals who are GLBTIQ²A, like heterosexuals. For this reason, SGL people of color are referred to as being a “minority within a minority.” Here is an excerpt on such cultural racism from an Asian gay male’s perspective on relationships:

Here, they have terms like rice queen, potato queen, sticky rice, and banana. Gay culture insists that I am rice, and my boyfriend should be potato. My skin should be smooth, brown and hairless, and his should resemble that of a Wonder Bread. Now if I go against this, I am labeled as sticky rice and condemned as going against the natural way. I am introduced to films such as *M. Butterfly* and *The Wedding Banquet* wherein Asians are introduced with their respective white American partner.¹⁰

When same-gender loving people can’t find resources specific to their own ethnicity and try to reach out to other minority groups, they can also face prejudice as well. For example, a Japanese woman could not find a support group for Asian women who love women, so she attempted to join a group for Black SGL women. Women from that group responded sharply, “What are you doing here? You ain’t black.”¹¹

GLBTIQ²A Health & Wellness Concerns

Sexual Health

There is a definite need to educate GLBTIQ²A youth about sexual health. Choosing to not be sexually active is the most effective way to prevent sexually transmitted infections (STI’s), including HIV, however it tends to remain unrealistic and can be difficult to convey since it is a message directed towards heterosexual relationships. If someone chooses to refrain from sexual activity for now, that’s safe, however it’s also important to make sure sexually active individuals are educated about safer sex and have the skills to practice it.

As with many students when away from family for the first time, an individual may have the inclination to do

things they normally would not be able to do when at home—this may include engaging in sexual activity. However, very few high schools give the necessary sexual health education for GLBTIQ²A students; so many students are out there without a clue to how to protect themselves or their partner. The recent moves to push for abstinence-only sex education to reduce teen pregnancy have affected high school programs and considerably limited their scope of topics. A gay or bisexual male may incorrectly assume that condoms are only for pregnancy prevention, not a potential safeguard against STIs, such as HIV/AIDS. And few women know prevention through the use of dental dams or how to properly use “female condoms.”

Some people are uncomfortable requesting information about STIs and asking for protection (condoms, dental dams, etc). GLBTIQ²A people may feel uncomfortable to discuss pertinent issues with their health care provider and lack the necessary education to know about safer sex measures and prevention of the spread of STIs.

HIV & AIDS¹²

Acquired Immune Deficiency Syndrome (AIDS) is a condition believed to be caused by a virus called Human Immunodeficiency Virus (HIV). This virus attacks the immune system, the body’s “security force” that fights off infections. When the immune system breaks down, you lose this protection and can develop many serious, often deadly infections and cancers. These are called opportunistic infections because they take advantage of the body’s weakened defenses. You may have heard it said that someone “died of AIDS.” This is not entirely accurate, since it is the opportunistic infections that cause death.

¹⁰ Ryan Pesigan Reyes, <http://www.youthresource.com/community/yoc/apiryan.cfm>

¹¹ Written by Joey Bufanda

¹² Modified from: Gay Men’s Health Crisis. <http://www.gmhc.org/basics>

How is HIV Transmitted?

HIV can be transmitted through certain body fluids: blood, semen, vaginal secretions and breast milk. There is no evidence that the virus is transmitted through saliva, tears or sweat. HIV enters the body through mucous membranes (the lining of the rectum, the walls of the vagina, or the inside of the mouth and throat) or through direct contact with the bloodstream. The virus cannot enter through the skin, unless the skin is broken or cut and another person's infected body fluids enter the bloodstream. The virus cannot be transmitted through the air by sneezing or coughing. This is why there is absolutely no danger in casual contact with people with HIV.

High Risk Population

You may have heard that the GLBTIQ²A community is at “high-risk” for contracting STI's/HIV. But keep in mind that it's not who you are, it's what you do. High-risk behavior will leave you open to STI/HIV infection, no matter who you are.

High-risk sexual behavior is having unprotected anal, vaginal, and/or oral sex with someone who is infected with HIV or another STI. “Unprotected” means without a latex or polyurethane condom. Although it's easier for the receptive partner to be infected, research has shown that the virus can also move in the opposite direction, infecting the insertive partner. Therefore, it doesn't matter if you're a “top” or “bottom,” man or woman because you can be infected if you don't use protection.

Sharing needles with an infected person or injecting any substance with a used or dirty needle is probably the most direct way to become infected with HIV. Sex partners of people who shoot drugs are also at greater risk if they have unprotected sex.

Donating blood in the U.S. is absolutely safe. Needles used to take blood are sterile and individually packaged. They are also destroyed after use. People who received

donated blood are also not at risk of contracting HIV. Although there have been cases of infection in the past, it is now nearly impossible to become infected with HIV by receiving blood via a transfusion. Screening procedures to detect infected blood have been in place for several years. Receiving transfusions, too, puts you at virtually no risk for HIV at the present time. The only other way to get HIV is to be born with the virus. It can be transmitted before or at birth from the infected mother to her child, or through breast feeding.

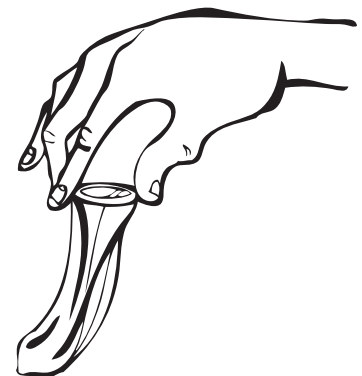
Protecting Yourself & Others: Condoms, Dental Dams & Regular Screenings

Since we know that the virus is transmitted by body fluids entering another body, the best way to prevent infection is to block that entrance. Latex/polyurethane condoms (rubbers) have been proven to be the most effective prevention against HIV infection. Lambskin and other “natural membrane” condoms are not as good as latex/polyurethane ones because they may allow HIV to pass through. The use of spermicidal (sperm-killing)

lubricants, especially those with nonoxynol-9, may increase your protection, though some studies have also shown that nonoxynol-9 can increase irritation of the vagina or anus. Spermicidal should always be used with a condom and never instead of a condom. Condoms still provide the greatest protection, and relieve you of the worry about the risk involved. Both men and women can learn how to use condoms properly. Make them an integral part of sex and not an embarrassing, fumbling intermission.

Remember:

- HIV is preventable.
- HIV is not easy to get from normal, everyday contact.
- A few precautions can keep you protected.
- If you are sexually active, talk to your partner about appropriate protection.
- The safest defense is to not engage in sexual activity or IV-drug use.



How to Put on a Condom

When the penis is hard, squeeze the air out of the tip of the condom and place it on the head of the penis.

1. Hold the tip of the condom and roll it down completely. Apply plenty of water-based lubricant on the outside of the condom.
2. Use only water-based lubricants on latex condoms (KY®, Wet®, etc). Oil-based lubricants, such as Vaseline®, Crisco®, and hand lotions, make these condoms break.
3. After ejaculation, hold the base of the condom and pull out. Never reuse a condom.

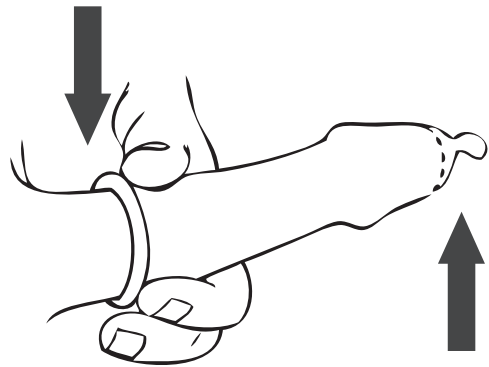
In oral sex or oral-anal sex, dental dams may be used. A dental dam is a six-inch square piece of thin latex/polyurethane that's available in dental and medical supply stores. You can make a home-made dam by cutting a rolled condom to the center and opening it up. You should also use condoms as a barrier during oral sex with a male-bodied person, or when using sex toys. The dam should cover the entire vulva or anal area and should be held at both edges. Be careful not to turn the dam inside-out during oral sex, since this will totally defeat the purpose. A dental dam can be made from a male condom (see picture below). Remember: Never re-use condoms or dental dams.

How to Use a Dental Dam

1. Rinse the powdery talc from the dental dam, pat dry with a towel or let air dry.
2. Place water based lubricant on the side that faces the female genital (vulva) or the anus.
3. Place barrier on the appropriate area. Do not move the barrier back and forth between areas as this can cause infection.
4. Throw away barrier after using. Don't share or reuse dams.

Lastly, it is imperative that sexually active individuals are regularly screening for STI's. S&T Student Health Services provides free STI screenings; contact them for more information at (573) 341-4284.

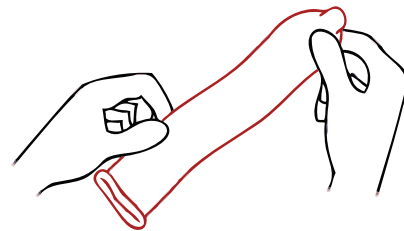
Unroll condom to base of penis.



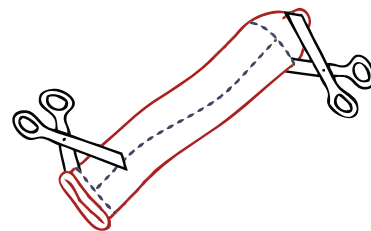
Leave space at end for semen to collect.

Turn a condom into a dental dam:

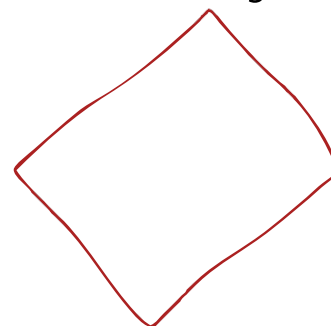
1. Unroll condom.



2. Make 2 cuts as pictured.



3. Unroll condom lengthwise.



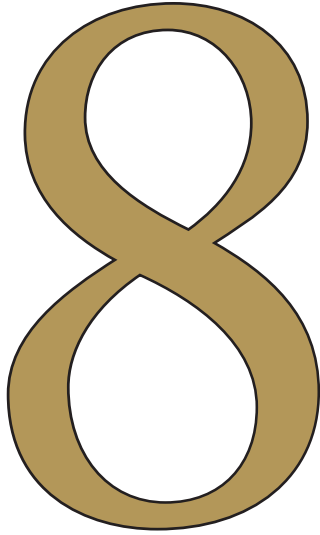
Mental Health

GLBTIQ²A people appear to experience higher levels of depression, anxiety and suicidal thoughts and attempts. The problem may be more severe for individuals who remain in the closet or who do not have adequate social supports, which are typically adolescents and young adults. GLBTIQ²A are 1 to 7 times more likely to have attempted suicide than heterosexual youth. Specific risk factors for mental health concerns among the GLBTIQ²A population include: low family connection; unsafe schools; lack of adult caring and family rejection; internal conflict about sexual orientation; victimization and discrimination; surviving suicide loss and friends' attempts; gender nonconformity in a hostile environment; and coming out in a hostile environment. Protective factors (factors that aid in resiliency) include: family connection; safe schools; caring adults and positive role models; high self-esteem.¹

This is an opportunity for allies to get involved to create safe spaces by listening, promoting inclusiveness, and taking a stand against intolerance and discrimination. For more information, explore these resources:

- The Trevor Project
www.TheTrevorProject.org
- People Prevent Suicide
A Clearinghouse of Resources of Campus
Skateholders
www.PeoplePreventSuicide.org
- Ask. Listen. Refer.
An online suicide prevention training available to the S&T campus community
www.AskListenRefer.org/mst
- S&T Counseling & Disability Support Services:
<http://counsel.mst.edu>
(573) 341-4211.

¹ Information taken from the Suicide Prevention Resource Center (SPRC)



Being an Ally

“Being an ally on gay/lesbian/bi-affectionate issues is the process of working to develop individual attitudes, institutions, and culture in which gay, lesbian, bi-affectionate people feel they matter. This work is motivated by an enlightened self-interest to end homophobia and heterosexism.”

—J. Jay Scott and Vernon Wall (1991)

Becoming an Ally¹

Allies are people who presents themselves as a member of the dominant social group and who take a stand against social injustice directed at a target group(s)—for example, white people who speak out against racism, or heterosexual individuals who speak out against heterosexism and homophobia. An ally works to be an agent of social change rather than an agent of oppression. When a form of oppression has multiple target groups, as do racism, ableism, and heterosexism, target group members can be allies to other targeted social groups (African Americans can be allies to Native Americans, blind people can be allies to people

who use wheelchair, and lesbians can be allies to bi-affectionate people).

Effective Allies Should Remember that Members of Groups that Face Oppression:

- Don't always want to be “teachers” to allies
- Don't represent all members of a particular group
- May be members of more than one group that faces oppression
- May not describe themselves the same way as other members of a particular group
- Know what it feels like to be both targeted and made “invisible”
- May not be experts on their own cultures and oppressions
- Can be prejudiced themselves, even towards members of their own oppressed group(s)
- May be more sexist, racist, heterosexist, etc. than members of other groups
- May tire of answering questions about their cultures and lives

¹ Adapted from University of Missouri–Columbia
Safe Space Workshop Manual

- Tire of and resent stereotyping because they generally perpetuate an oppressive ideology
- Can become weary, anxious, irritable, or angry because of living in the dominant culture that is not accepting of their own
- Do not necessarily want to become more like the dominant culture in attitudes or behavior
- May share some of the same values as the dominant culture
- Do not appreciate appropriation of their cultures by non-members because non-members do not share the same life experiences
- Have been a part of history, art, science, religion, education, etc., but their contributions have often been ignored, downplayed, or wrongfully taken credit for
- May use typically derogatory terms for themselves and other members of their group, but may prefer that non-members do not use these words
- Avoid homophobic remarks, jokes, and statements. As you feel comfortable, confront these actions and challenge the motivation behind them.
- Create an atmosphere of acceptance in your surrounding environment through education. Share your experience with others.
- Provide informed referrals by learning the resources available to gay, lesbian, bi-affectionate, transgender, queer and questioning people in your area and share the information.
- Learn the developmental process of coming out that is unique to the gay, lesbian, bi-affectionate and the transgender experience.
- Join with gay, lesbian, bi-affectionate and transgender persons to protect their civil rights and constitutional freedoms.
- If you have identified your affection feelings as gay, lesbian, bi-affectionate, transgender, or queer consider coming out and becoming a role model.

Actions for Allies of the GLBTIQ²A community:

- Don't assume that everyone is heterosexual and/or married.
- Avoid using privileged terms like boyfriend and girlfriend; try using partner or significant other.
- Review your office's publications. Suggest changes to remove non-inclusive language and to include pictorial representations of people who are lesbian, gay, bi-affectionate, and transgender
- Acquaint yourself with people who are gay, lesbian, bi-affectionate, transgender, etc. Learn more about the culture that is unique to the GLBTIQ²A community. Read books, make a friend, attend an event or celebrate with the GLBTIQ²A community.
- Be willing to talk about difference but don't let it monopolize every conversation.
- Do some self-reflection: i.e. Where are you with your own sexual identity?
- Will you be comfortable battling the status quo? Are you prepared to be uncomfortable?

Benefits and Risks of Being an Ally²

Some Benefits of Being an Ally:

- You learn more accurate information about the reality of being lesbian, gay, bi-affectionate, transgender, intersex, queer or questioning.
- You learn more about how values and beliefs about sexual and gender identities affect your own and other's lives.
- You open yourself up to the possibility of close relationships with a wider range of people.
- You become less locked into gender-role expectations and stereotypes.
- You increase your ability to have close relationships with same-gender friends.
- You have opportunities to learn from, teach, and have an impact on a population with whom you might not have otherwise interacted.
- You empower yourself to take an active role in creating a more accepting world by countering prejudice and discrimination with understanding, support, and caring.

2 Adapted from University of Missouri–Columbia Safe Space Workshop Manual

- You may be a role model for others and your actions may help someone else gain the courage to speak and act in support of GLBTIQ²A people.
- You may be the reason a friend, sibling, child, coworker, or someone else you know finds greater value in their life and develops a higher level of self-esteem.
- You may make a difference in the lives of young people who hear you confront derogatory language or speak supportively of GLBTIQ²A people. As a result of your action, they may feel that they have a friend to turn to, instead of dropping out of school, using alcohol or drugs to numb the pain and loneliness, or contemplating or attempting suicide.

Some Risks of Being an Ally:

Things that discourage people from becoming allies:

- Others may speculate about your own sexual or gender identity.
- You may be labeled as lesbian, gay, bi-affectionate, transgender, or queer “by association,” which you might find uncomfortable.
- You may become the subject of gossip or rumors.
- You may be criticized or ridiculed by others who do not agree with you or who consider offering support to GLBTIQ²A people to be unimportant or unwarranted.
- You may experience alienation from friends, family members, or colleagues who are not comfortable with GLBTIQ²A issues.
- You may become the target of overt or subtle discrimination by people who are homophobic.
- Your values, morality, and personal character may be questioned by people who believe that being gay, lesbian, bi-affectionate, or transgender is wrong, sinful, or against their family values.
- GLBTIQ²A people may not accept you as an ally. Some may believe that you are actually GLBTIQ²A but are not ready to admit it.
- Due to past negative experiences with heterosexuals, some GLBTIQ²A people may not trust you and may question your motivations.

Being an Ally for Oppressed Groups³

People experience oppression around many issues aside from affectional orientation, sex and gender identity. People of color, women, people with disabilities, immigrants, lower and working class people, and many others experience discrimination on the basis of their bodies, identities, or backgrounds in society. We cannot be effective allies for GLBTIQ²A people if we are not allies for members of all oppressed groups. Being an ally is important but it can be challenging as well as exciting. This list is intended to give you ideas about ways to be an ally and to become a more effective ally. It is by no means exhaustive, but provides a starting point. Add your own ideas and suggestions.

Educate yourself about the issues. Don't expect members of any oppressed group to the “experts” on issues pertaining to their particular identity group. You are capable of educating yourself, and as an ally, it is your responsibility to do so. There are many resources available, reading lists and places to go for information. Read books, watch films, and go to events about issues pertaining to a particular group. Keep an active awareness of current social and political events. Talk about what you learn with others. Don't be afraid to ask questions, but be aware of how you ask your questions.

Show your support through action. Attend events sponsored by organization dedicated to particular groups or about particular issues, or better yet help organize such events and volunteer with organizations. Bring a friend or two (or more!). Wearing buttons or use bumper stickers that make your support. Visibility is a good step, but it isn't enough to change institutional oppression-get politically and socially involved.

Actively challenge stereotypes that people may have about different groups, including derogatory remarks and jokes. Do this whether people in that group are present (to your knowledge) or not—don't leave this work to people in that group. Remembering that silence condones and reinforces injustice, confront oppressive statements and structures as well as the assumptions behind them. Challenge these statements

3 Adapted from University of Missouri—Columbia Safe Space Workshop Manual—Adapted from Washington University Safe Zones Workshop

the first time you hear them from someone—it is much easier than once a pattern has been established.

Examine the effect different identities and experiences have on people's lives and development.

Identify how race, religion, class, and ability intersect with sexual orientation, sex and gender identity, and how multiple identities shape our lives. Don't conflate different experiences of oppression. Being targeted in one area does not mean you know what it is like to be targeted in another area.

Respect how people choose to name themselves, in terms of identity, name, and pronouns. If you don't know how to identify a particular person, it's okay to ask what they prefer in a respectful manner.

Don't tokenize or patronize individuals from different groups. Don't ask a member of a particular group to speak for all people in that group.

Don't speak for a group, even if you are a part of it, and especially if you are not. Speak from your own experiences only. Having friends in a particular group is not "proof" that you are an ally, and does not make you an expert on those experiences. It's okay to say you don't know the answer to something.

Expect to make mistakes. We all do. Learn from them, and keep on trying. Allow yourself to not know everything and to occasionally be insensitive. Avoid setting yourself up as an "expert" unless you are one. Give yourself time to learn the issues and ask questions and to explore your own personal feelings.

Accept your status in a privileged group, even as an ally. By standing up for groups you're not part of, you may experience some level of individual discrimination. This is not the same as being a part of that oppressed group and experiencing institutional oppression. Trying to downplay your privileges, or feeling guilty for them, that won't help anyone. Instead, accept your privilege and use it to help provide a voice and social power for people who might otherwise not have access to those things.

Create a network of allies for support. Share experiences and techniques for confronting stereotypes and prejudices with other allies. If you are getting harassed or problems are surfacing related to your

raising certain issues, rely on this network for help. Don't isolate yourself in these kinds of situations—reach out!

Prepare yourself for a journey of change and growth that will come from learning to be an ally. This can be a painful, exciting and enlightening process and will help you to know yourself better. However, it can be hard to acknowledge both areas where you are oppressed, and areas where you hold privilege. Be open to criticism.

Confront your own fears, memories, and bad feelings about members of a particular group. Recall and release those feelings, thereby diminishing their hold on you. Examine and be aware of your own baggage. Challenge the biases, prejudices, and stereotypes that you learned from society.

Don't assume that you know what a particular group is about, that all members of a group are the same or that there is one way to be a member of that group. Acknowledge and celebrate diversity within communities. Each person is an expert on their own experiences. Treat everyone with respect and as individuals.

Encourage and allow disagreement. Issues about any oppressed group are often highly charged and confusing. If there isn't some disagreement, it probably means that people are tuned out or hiding their real feelings. Keep disagreement and discussion focused on principled and issues rather than on individual people, and keep disagreement respectful.

Four Levels of Becoming an Ally⁴

Awareness

If you are not GLBTIQ²A, explore how you are different from and similar to GLBTIQ²A people. If you are GLBTIQ²A, explore how this has influenced you and how you are similar to and different from people with other identities than your own. Gain this awareness through talking with GLBTIQ²A people, attending workshops, and self-examination. Examine how society's gender norms influence your life and those around you.

Knowledge/Education

Begin to understand policies, laws, and practices and how they affect GLBTIQ²A people. Educate yourself on the many communities of GLBTIQ²A people. It is not the responsibility of GLBTIQ²A people to educate their allies.

Skills

This is an area that is difficult for many people. Allies learn to take their awareness and knowledge and communicate it to others. You can acquire these skills by attending workshops, role-playing with friends or peers, and developing support connections.

Action

This is the most important and frightening step. Despite the fear, action is the only way to effect change in the society as a whole.

"What Should I Do If...?"⁵

Answers to commonly asked ally questions

1. How can I tell if someone I know is lesbian, gay, bi-affectionate, trans, queer or questioning?

Ultimately, the only way to tell if a person is lesbian, gay, bi-affectionate, transgender,

queer or questioning is if the person tells you so. Many GLBT people don't fit the common stereotypes, the sex of an individual may not be obvious due to their gender presentation and many people who fit the stereotypes aren't GLBT. Assumptions on your part can be misguided. The important thing to remember is that it is very likely that someone you interact with on campus is lesbian, gay, bi-affectionate, transgender, queer or questioning, and try to be sensitive to that fact.

2. What should I do if I think someone lesbian, gay, bi-affectionate, trans, queer or questioning but they haven't told me?

Again, remember that assumptions on your part may be inaccurate. The best approach is to create an atmosphere where that individual can feel comfortable coming out to you. You can do this by making sure that you are open and approachable and by giving indications that you are comfortable with this topic and are supportive of GLBTIQ²A concerns. If the person is already out to them self and they feel that you are worthy of their trust, then they may tell you. If the person seems to be in conflict about something, it may or may not be because of their sexuality. In this case, it is best simply to make sure that they know you are there if they need to talk. Remember, they may not have told you because they don't want you to know.

3. How do I make myself more approachable to people who are lesbian, gay, bi-affectionate, trans, queer or questioning?

Demonstrate that you are comfortable with topics related to affectional orientation and that you are supportive of GLBTIQ²A concerns. Be sensitive to the assumptions you make about people—try not to assume that everyone you interact with is heterosexual, that they have a partner of a different gender, etc. Try to use inclusive language, such as by avoiding use of pronouns that assume the gender of someone's partner or friends. Be a

⁴ Adapted from University of Missouri—Columbia Safe Space Workshop Manual—Adapted from Washington University Safe Zones Workshop

⁵ Adapted from University of Missouri—Columbia Safe Space Workshop Manual—Adapted from the Northern Illinois University Safe Zone Program; Compiled and Developed by: Anthony Papini, Center for Multicultural and Academic Initiatives Bowling Green State University Bowling Green, OH 2003

role model by confronting others who make homophobic, biphobic or transphobic jokes or remarks. Become knowledgeable about lesbian, gay, and bi-affectionate concerns by reading books and attending meetings and activities sponsored by GLBTIQ²A organizations.

4. What kinds of things might a person who is lesbian, gay, bi-affectionate, or trans go through when coming out?

Because of the difficulty of growing up in a largely homophobic society, people who are GLBTIQ²A may experience guilt, isolation, depression, suicidal feelings, and low self-esteem. As GLBTIQ²A people become more in touch with their affectional orientation, they may experience any number of these thoughts and feelings to some degree. On the positive side, coming out can be extremely liberating experience, as members of the GLBTIQ²A community learn who they are, gain respect for themselves, and find friends to relate to. Coming out to others can be an anxious process, as the individual worries about rejection, ridicule, and the possible loss of family, friends, and employment. For students, college life is already stress filled, and adding the process of grappling with one's sexual identity to that mix can be overwhelming.

5. If someone wants advice on what to tell their roommate, friends, or family about being GLBTIQ²A how can I help?

Remember the individual must decide for them self when and to whom they will reveal their sexual or gender identity. Don't tell someone to take any particular action; the person could hold you responsible if it doesn't go well. Do listen carefully, reflect on the concerns and feelings you hear expressed, and suggest available resources for support. Help the person think through the possible outcomes of coming out. Support the person's decision even if you don't agree with it, and ask about the outcomes of any action taken.

6. What do I do if someone who is GLBTIQ²A wants to come out in my office, on my residence hall floor, or within the context of any other group I am part of?

Again, help the individual think through the possible outcomes. Discuss how others might react and how the person might respond to those reactions. Mention the options of coming out to a few people at a time, as opposed to the entire group. If someone has decided to come out, let that person know they have your support. Suggest additional resources such as PFLAG, support groups, resource centers, or other materials that may help their coming out process.

7. How should I respond to heterosexual friends or coworkers who feel negatively about a person who is GLBTIQ²A that is part of a group we are part of?

When such problems arise, it is most useful to discuss this with the people involved. Help them to see that they are talking about a person, not just their sexuality or affectional orientation. Make sure that you have accurate information so that you may appropriately discuss the myths and stereotypes that often underlie such negative reactions. Note the similarities between GLBTIQ²A people and heterosexual people. Be clear with others that while they have a right to their own beliefs and opinions, you will not tolerate anti-gay comments or discrimination. Remember that others may take their cues from you—if you are uncomfortable with, hostile to, or ignore someone who is GLBTIQ²A others may follow suit. Conversely, if you are friendly with the person and treat them with respect, others may follow suit.

8. What should I say to someone who is afraid of contracting HIV/AIDS from GLBTIQ²A people?

Start by reminding them that HIV/AIDS does not only impact the GLBTIQ²A community and that not all GLBTIQ²A people are infected with HIV/AIDS. Then use this as an

educational opportunity to share that HIV is not transmitted through ordinary social contact. You can get other education materials from these offices on campus, Student Health Services, Student Wellness Office (located in Counseling and Disability Support Services) and the DaVinci Society.

9. How can I support GLBTIQ²A people without my own affectional orientation becoming an issue?

Be aware that if you speak out about issues related to affectional orientation, some people may take this as an indication of your own affectional orientation. Take time in advance to think through how you might respond to this. How do you feel about your own sexual or gender identity? Are you comfortable yourself? Regardless of your affectional orientation, a confidence in your own self-image will make you less vulnerable. Also, recognize that this is an opportunity for you to help some people realize that this situation is exemplary of the homophobia characteristic of our society.

10. How should I respond to rumors that someone is GLBTIQ²A?

Let others know that the affectional orientation of any individual is irrelevant unless that person wishes to disclose that information. If you can, address any myths or stereotypes that may be fueling such speculation. If a particular person continues to spread rumors, talk to the person individually.

11. How can I get others to be more open-minded about GLBTIQ²A people?

In brief, be a role model for others by being open and visible in your support. Share your beliefs with others when appropriate. When GLBTIQ²A topics come up talk about them, don't simply avoid them. Show that you are comfortable talking about these issues, and comfortable, with GLBTIQ²A people. Remember that part of your goal as an ally is to create bridges across differences and to increase understanding. While you may be

motivated to share your views with others, be careful of being self-righteous; others can't learn from you if they are turned off from listening to begin with. Of course, your views are more convincing if they are supported by sound knowledge. Take the time to educate yourself so that you know what you are talking about.

12. How can I respond when someone tells a homophobic, biphobic or transphobic joke?

Many people believe that jokes are harmless and get upset by what they perceive as the "politically correct" attitude of those who are offended by inappropriate humor. Labeling a belief as "politically correct" is a subtle way of supporting the status quo and resisting change. Most people who tell jokes about an oppressed group have never thought about how those jokes perpetuate stereotypes, or how they teach and reinforce prejudice. Someone who tells jokes about GLBTIQ²A people probably assumes that everyone present is heterosexual, or at least that everyone shares their negative attitudes toward GLBTIQ²A people. However, most people do not tell jokes to purposefully hurt or embarrass others, and will stop if they realize this is the effect. Responding assertively in these situations is difficult, but not responding at all sends a silent message of agreement. No response is the equivalent of condoning the telling of such jokes. It is important to remember that young people, particularly those questioning their own sexual identity, will watch to see who laughs at such jokes, and may internalize that hurtful message. In some instances, the inappropriateness of the joke could be mentioned at the time. In other situations, the person could be taken aside afterward. Try to communicate your concerns about the joke with respect.

13. How can I respond to homophobic, biphobic or transphobic attitudes?

If you disagree with a negative statement someone makes about GLBTIQ²A people, the assertive thing to do is to say so. Again, silence communicates agreement. Remember what your goal is in responding: not to start an argument or foster hostility, but to attempt to increase understanding. Disagreement can be civil and respectful. Share your views without accusing or criticizing. You might be afraid that others will question your affectional orientation, morals, and values, or that you will be ostracized. It is easy to forget that there might be positive effects of your outspokenness as well.

14. How can I respond to people who object to GLBTIQ²A people for religious reasons?

Usually, there is no way to change the minds of individuals who base their negative beliefs about GLBTIQ²A people on strict religious convictions. However, while respecting their right to believe as they wish, you can share some information with them. Concerning “conflicts” between GLBTIQ²A people and Christianity, it can be useful to point out that identifying as Christian is not necessarily incompatible with being supportive of GLBTIQ²A people. There is a great deal of diversity among the Christian community with regard to beliefs about same-gender sexuality. In addition there is much disagreement about the Biblical basis for condemning GLBTIQ²A people. Many religious scholars argue that the Biblical passages which are said to refer to same-gender sexuality have been misinterpreted. It is also important to point out that while individuals are entitled to their personal religious beliefs; these opinions should not be used to deny GLBTIQ²A people equal treatment under the law.

Close Calls

Reporting Harassment: Secondary Victimization⁶

A GLBTIQ² crime survivor may experience increased discrimination or stigma from others who have learned about his or her affectional orientation as a consequence of the victimization. Representatives of the criminal justice system, including police officers and judges, often express such secondary victimization, which can further intensify the negative psychological consequences of victimization. It also extends outside the criminal justice system.

If their affectional orientation or gender identity becomes publicly known as result of a crime, for example, some GLBTIQ² people risk loss of employment or child custody. Even in jurisdictions where statutory protection is available, many GLBTIQ² people fear that disclosure of their affectional orientation or gender identity as a result of victimization will result in hostility, harassment, and rejection from others. Secondary victimization may be experienced as an additional assault on one's identity and community, and thus an added source of stress. The threat of secondary victimization often acts as a barrier to reporting a crime or seeking medical, psychological, or social services.

6 By Gregory M. Herek

If a Student Informs You They Have Been Harassed

1. Ask the student if they are safe. Assess their situation regarding safety.
2. Inform the student that you will protect their confidentiality to the best of your ability and will not tell anyone their name without their permission.
3. If the student is not safe, call Campus Police (573) 341-4300 or x4300 from a university telephone and work together on a solution.

Helpful suggestions⁷

Do not handle the situation alone if at all possible. You could spend hours with the student on this issue. Try to refer the student to the Counseling Center, Student Affairs, and/or Campus Police. When communicating with Campus Police, do not assume that they will be sensitive to the issues of GLBTIQ² students, just as *you should never assume that any particular person is sensitive. Make sure that the people assigned to your particular case understand that the identity of the student cannot under any circumstances be revealed without their permission to the general public or media.* Police reports need to be purged of all identifying information (name, address, phone, etc.) before they are released to the media and general public.

An example of this may apply especially to vandalism and verbal harassment. If you receive a response from a person that tries to place blame on the victim, such as “Maybe if you didn’t put a rainbow sticker on your door or car, this wouldn’t have happened,” then make sure to let another person of authority know about how the situation was handled. At S&T, in order to place a police incident report, one needs to either walk to the police station (G10 Campus Support Facility) or call (573) 341-4300 (x4300) and enquire to speak with an officer to file a report. Also, please contact Student Affairs (573) 341-4292 (x4292) and let them know of the incident as well. If the problem occurred in a residence hall, then make an effort to notify the Residential Assistant and Resident Director about the problem so that any future incidents can be handled appropriately.

When to Refer a Student to a Mental Health Professional

Most of the students you will encounter will be seeking support, advice, or information. Occasionally, you may advise a student who is experiencing a good deal of psychological distress. This may be evident in the following ways:

- When a student states they are no longer able to function in their normal capacity within their classes.
- When they have seen a drop in grades or academic performance.
- When a student can no longer cope with their day-to-day activities and responsibilities.
- A student may state they are no longer going to classes or they have been late for their job and may be fired soon if this continues.
- A student expresses depressive symptoms such as: sleep disturbance, sudden weight loss or weight gain, crying spells, fatigue, loss of interest or pleasure in previous enjoyable activities, and/or inability to concentrate or complete tasks.
- A student expresses severe anxiety symptoms such as: feelings of panic, shortness of breath, headaches, sweaty palms, dry mouth, or racing thoughts.
- A student expresses suicidal thoughts or feelings.
- A student has no support. They have no friends or have no friends they can talk to about their affectional orientation or gender identity. This person may not need counseling, but could benefit from a support group and the Counseling Services can make that assessment and referral.

A good guideline to use if all else fails: If you are feeling overwhelmed or worried about a student, referring them to a mental health professional would probably be appropriate.

You can discuss the reasons for your concern and perhaps walk with the student to the Counseling Services to make an appointment. To make a referral, contact the Counseling and Disability Support Services at 204 Norwood Hall or by calling (573) 341-4211 (x4211).

⁷ Adapted from: <http://www.salp.wmich.edu/lbg/GLB/Manual>

Scenarios

Below are some example situations and reactions you could have as an ally to the GLBTIQ²A community. Take these reactions as suggestions for things you might say. Use your own style and stick to what you feel comfortable saying. Remember, if you don't feel comfortable speaking up with a lot of people around, you almost never have to confront someone in a group. You could pull someone aside and tell them one on one how you feel.

You're sitting with a group of friends, and a couple of them make an obnoxious comment about gays.

- Ignore it.
- Refuse to laugh.
- Casually leave.
- Offer Information to give a different perspective.
- Use “soft” confrontation and tell them it is not funny and possibly offensive.
- Tell them your supportive feelings about GLBTIQ² people.
- Ask them not to make such comments around you.

A friend comes up to you and tells a rumor that a floor member or classmate is supposedly a lesbian.

- Ignore them.
- Tell them you don't care.
- Tell them it doesn't matter what affectional orientation she is.
- Tell them it's harmful to pass on such information
- Say that if she is a lesbian, let her come out on her own terms,
- Ask them not to spread it.
- Talk about some of the discrimination and abuse that GLBTIQ² people could face on the hall floor or in class.
- Ask why that information is relevant, or why the individual is sharing this information with you.

A student complains to you that they can't find a bathroom that's safe for them to use in buildings where their classes are held.

- Listen to them thoughtfully and compassionately.
- Let them know that S&T's HR policy is that people use the bathroom according to the gender they present.
- Tell them of a bathroom you know of that's safe and unisex.
- Notify appropriate staff and/or administration of the lack of safe facilities, while maintaining the confidentiality of the student.
- Support students in their suggestions of creating more unisex bathrooms on campus. (ask them how they feel about this—it can be offensive for those who present themselves as the gender opposite of their birth sex.)

Some of your friends make fun of a student or coworker, remarking that he/she is “disgusting” because “you can't tell what sex they are.”

- Ignore it.
- Refuse to laugh.
- Tell them you find their behavior rude.
- Say you don't care.

A professor refers to intersex people as “strange medical anomalies” during a lecture or meeting.

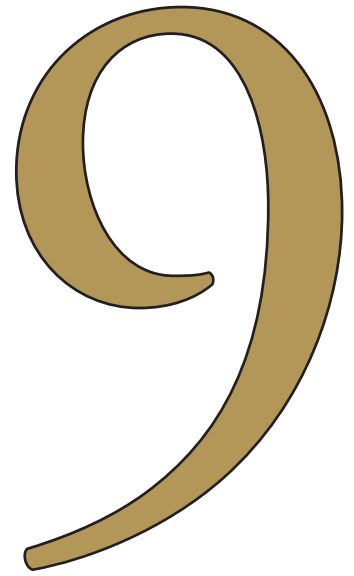
- Speak up in class and provide a more accepting/positive view of intersexuality.
- Tell the professor afterwards that you found their language inappropriate.
- Send the professor information or literature that is positive towards intersex people.

What's difficult about these responses?

- You could be ridiculed.
- They might think or accuse you of being gay.
- Friends might get mad at you.
- It might create an awkward situation.

What are the trade-offs? What do you gain?

- Self-respect.
- Respect from friends.
- You could possibly support a person in the group who is closeted GLBTIQ² person or has friends or family who are GLBTIQ².
- Model acceptance of difference for friends.
- Build a sense of personal integrity.



Appendix

Programs at Other Schools

Many other schools have a Safe Space-like program or GLBTIQ²A Resource Center. For links, check out the following:

- Consortium of Directors of LGBT Resources in Higher Education
<http://www.uic.edu/orgs/lgbt/>

Resources

Check out <http://users.wpi.edu/~bilaga/> for more internet links on many topics from coming out and military/ROTC information to religion/spirituality and family support.

Broido, E. M. (2000). Ways of being an ally to lesbian, gay and bi-affectionate students. In V.A. Wall and N.J. Evans (Eds.), *Toward acceptance: Affectional orientation issues on campus* (pp. 345-369). Landham, MD: University Press of America.

Thompson, C., (1992). *On being heterosexual in a homophobic world. Homophobia: How we all pay the price*, Beacon Press.

Washington, J., Evans, N. J., (1991) *Becoming an Ally*. In N. J Evans and V. A. Wall (Eds.), *Beyond tolerance: Gays, lesbians and bi-affectionates on campus*. Alexandria, VA: American College Personnel Association.

Windmeyer, Shane and Pamela W. Freeman (ed.). *Out on fraternity row: Personal accounts of being gay in a college fraternity*. 1998.

Resources related to Same Gender

Loving People of Color Issues

Ambiente Joven. (<http://www.ambientejoven.org/>) (website for Latino/Latina LGBT/SGL youth.)

Bergmann, Emilie and Paul J. Smith (Eds.). *Entiendes? : Queer readings, hispanic writings*. Duke University Press. 1995.

Black Stripe. (<http://www.blackstripe.com>) (website pertaining to African Americans and contains the "Blacklist" bios of current and historical Black individuals who were same-gender-loving.)

- Boykin, Keith. *One More River to Cross: Black and Gay in America*. Anchor Books, 1996.
- Boykin, Keith. *Respecting the Soul: Daily Reflections for Black Lesbians and Gays*.
- Brandt, Eric. *Dangerous Liaisons: Blacks, Gays, and the Struggle for Equality*. New Press. 1999.
- Brown, Lester B (ed.). *Two Spirit People: American Indian Lesbian Women and Gay Men*. 1997.
- Chavez-Silverman, Susana (ed.). *Reading and Writing the Ambiente: Queer Sexualities in Latino, Latin American, and Spanish Culture*. University of Wisconsin Press. 2000.
- Constatine-Simms, Delroy (ed.). *The Greatest Taboo: Homosexuality in Black Communities*. Alyson Publications. 2001.
- Eng, David. *Q&A : Queer in Asian America (Asian American History and Culture)*. Temple Univ Press. 1998.
- Moore, Lisa C. (ed.). *Does Your Mama Know? An Anthology of Black Lesbian Coming Out Stories*. 1998.
- LLEGO. National Latina/o Lesbian, Gay, Bi-affectionate & Transgender Organization. <http://www.llego.org>.
- Munoz, Jose Estaban. *Disidentifications: Queers of Color and the Performance of Politics*. University of Minnesota Press. 1999.
- Riggs, Marlon (dir.) *Tongues Untied*. (a film that focuses on issues regarding SGL African-Americans and homophobia.)
- Janis Bohan, Ph.D.
<http://clem.mscd.edu/~glbtss/safezone.html>
 - <http://www.trans-academics.org/lgbtqiterminology.pdf>