

ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

AIDS Memorial Service
Opening Reception
Business Meetings
CHIP Meeting
Lesbian Dinner
Awards Luncheon
Closing Party

Sunday
Sunday
Mon & Tue
Tuesday
Tuesday
Wednesday
Wednesday

Vespers
7-9 pm
5:30-7 pm
Midday
7 pm
12:15-1:45 pm
Evening

CHICAGO '87



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Hospitality Suite (Sheraton Plaza) Programs

Being a Lesbian in Psychiatric Practice
Open Discussion on the Personal Effects of AIDS
Substance Abuse in the Gay/Lesbian Community
Clinical Case Discussion for Lesbian Psychiatrists
Significant Others Discussion Group
Members-in-Training Discussion Group
Clinical Issues with Gay and Lesbian Patients
Being Circumspect about Sexual Orientation
Issues Committee Meeting
Education Committee Meeting
Membership Drive Committee Meeting
Research/Literature Review Committee Meeting

APA Events

Course #13: **Psychotherapy with Gays and Lesbians**
Sunday 9 am-4 pm Crystal Rm, Palmer House
Course #33: **Mental Health Challenges of AIDS**
Monday 9 am-5 pm Palmer House
Workshop: **Homosexuality and the Family**
Monday 9-10:30 am Rm 9 McCormick PI East
Workshop: **When the Therapist is Gay**
Wednesday 9-10:30 am Rm 11 McCormick PI East
Workshop: **Clinical Issues for Lesbians**
Wednesday 11-12:30 pm Rm L-8 McCormick PI North
Workshop: **Treating AIDS in the General Hospital**
Wednesday 2-5 pm
Workshop: **Psychiatric Aspects of HIV-Related Disease**
Thursday 9-10:30 am McCormick Place
Symposium: **New Thinking on Sexuality & Homosexuality**
Tuesday 2-5pm Rm 6 McCormick PI East
Symposium: **Public Symposium on Aids**
Wednesday 12-1:30 pm
Video Presentation: **NO SAD SONGS with AIDS discussion**
Monday 4 pm
Video Presentation: **AN EARLY FROST**
Thursday noon

The Association of Gay and Lesbian Psychiatrists

Welcomes you to its annual meetings at the APA Annual Meeting in Chicago May 10-14, 1987

For further information or membership information, write to:

Robert Cabaj, M.D.
President, AGLP
93 Ivy Street
Brookline, MA 02146

SHERATON PLAZA CHICAGO SELECTED AS AGLP HOTEL

AGLP members attending the APA Convention in Chicago this year are urged to select the Sheraton Plaza for accommodations. Optionally, "AGLP" should be added to the Official Housing Form to be grouped with other AGLP members. The Hospitality Suite will be in the Sheraton Plaza also. The hotel is located at 160 E. Huron Street just off Michigan Avenue in downtown Chicago {(312) 787-2900}. Deadline for reservations is April 24th.



CHICAGO '87

ASSOCIATION OF GAY & LESBIAN PSYCHIATRISTS

February, 1987

Vol. XIII(1), Page 2

EDITOR'S COLUMN David Scasta, M.D.

These are **exciting times**. Eight months into the membership campaign to reach 1000 members by 1990, AGLP crossed the one quarter mark. Two hundred and fifty four people were registered as full, dues-paying members by the end of 1986 in addition to 30 or 35 dues exempt individuals (officers of the APA and other associated organizations) and a dozen people subscribing to the *Newsletter*. AGLP has more than doubled in size. A **brochure** has been completed. Two are enclosed with this *Newsletter* (one to keep, one to give to a colleague). The **Survey of Attitudes Towards Homosexuality** has been distributed to members with a response that has been nothing less than startling. Approximately half of the membership has responded despite the complexity of the survey, difficulties with the wording of questions, and less than clear mailing instructions. I had hoped to receive responses from at least a hundred members. That number was surpassed by the end of January and more are trickling in. AGLP started placing a routine **classified ad** in *Psychiatric News* under the "Nationwide" section in February. We have already received inquiries from the ad - some from psychiatrists isolated by their geography, others isolated by fear - who are making their first tentative contacts with the gay and lesbian psychiatric community. These are indeed exciting times.

If there is any way, by hook or by crook, come to the **Convention** in Chicago. It is the one time of year when we

get a chance to meet in person to share and learn together. The educational (and social) program continues to expand each year. It is becoming increasingly difficult to schedule everything without overlapping. In fact, this year, I do not think we can avoid it. Dr. Bob Cabaj again has been sweating in the trenches getting everything set up and planned. It is an immense amount of work and, if you can come to the Convention, I hope you will let Bob know his work is appreciated. If you are comfortable with putting "AGLP" on your housing form for the Convention, an effort will be made to house you near other members staying at the Sheraton Plaza. If you are reluctant to be so forward, just ask to stay at the Sheraton like any of the other dozens of APA conventioners that are not a part of AGLP and then drop by the Hospitality Suite to find out what is going on. Our members in Chicago are working feverishly to make this year's meetings more enjoyable than ever. David Ostrow, M.D., AGLP member and President of AAPHR, will be sponsoring the closing meeting at his house. Frank Pierre, M.D. and his crew have taken on the assignment of putting together a **convention booklet** which you will receive with the next *Newsletter*. The booklet will be similar to the one that was made last year except that the list of gay entertainment establishments will be prepared separately and available at the Hospitality Suite. The logo for the Convention which is on the front page of this *Newsletter* was prepared by Frank's group. Look for it when looking for information about the Convention. Thank you, Frank.

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The Newsletter of the
**ASSOCIATION OF GAY AND LESBIAN
PSYCHIATRISTS**

Editor
David Scasta, M.D.

Published quarterly and as needed from: 1721 Addison Street; Philadelphia, PA 19146.

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The views expressed in the *Newsletter* are those of the writer and do not necessarily represent the

opinions of the Association of Gay and Lesbian Psychiatrists. The sexual orientation of any writer or any person mentioned in the *Newsletter* should not be inferred unless specifically stated. Mailing lists for the *Newsletter* are confidential, to be used only by the Association of Gay and Lesbian Psychiatrists, and do not imply sexual orientation.

Information for Authors

Persons wishing to submit articles for publication should send them to: Editor, *The Newsletter of the AGLP*; 1721 Addison Street; Philadelphia, PA 19146. Submissions should be clearly readable and become the property of AGLP. Submissions will not be returned unless requested

and accompanied by a self addressed and stamped envelope. The *Newsletter* reserves the right to make editorial changes and to shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission - even if the author requests anonymity in publication (which is discouraged).

Officers of the Association of Gay and Lesbian Psychiatrists

<i>President</i>	Robert P. Cabaj, M.D.
<i>President-Elect</i>	Norman B. Hartstein, M.D.
<i>Vice-President</i>	John O'Donnell, M.D.
<i>Secretary</i>	Phil Cushman, M.D.
<i>Treasurer</i>	Norman B. Hartstein, M.D.
<i>Past President</i>	Terry S. Stein, M.D.

President's Column

Robert P. Cabaj, M.D.

As you will be able to see from this issue of the *AGLP Newsletter*, the last few months have been busy with planning for the upcoming Annual Meeting events for May 9-14, 1987 in Chicago, IL, as well as addressing the issues that were generated at the AGLP Fall Planning Meeting.

The **APA has responded favorably** to our request that there be a warning printed in the Annual Meeting materials if the meetings are located in a state with active anti-sodomy laws (see "APA Meeting Sites and Sodomy Laws" in this issue). In addition, we will be consulted on all future legal issues brought to the APA concerning gays and lesbians, as well as cases involving HIV-Related Diseases discrimination.

The **APA candidates for President-Elect** have responded to our questions, and their responses are printed in this issue. If you are an APA member, please remember to vote for the candidates of your choice.

We are actively **working with** the American Association of Physicians for Human Rights (AAPHR) around common issues. Many of our members are very active in the AAPHR organization - Dr. David Ostrow is AAPHR's new president; Dr. Margery Sved is serving as the link with AGLP and AAPHR; and Drs. Nanette Gartrell and Elizabeth Harrison are active in organizing the AAPHR Women's Events. We are still linked with the Association of Women Psychiatrists (Dr. Peggy Hanley-Hackenbruck is our liaison) and we are working on formalizing our links with the American Psychological Association's Committee on Lesbian and Gay Concerns.

I would like to extend the **congratulations** of the AGLP membership to Dr. David Scasta for his appointment as Editor of the new *Journal of Gay and Lesbian Psychotherapy*. Having him in this position will assure that gay and lesbian psychiatrists will have a strong voice in the direction of the *Journal*, and, hopefully, over the future of research and evaluation of therapeutic issues of concern to the gay and lesbian community.

There is a long list of events in the planning stage for the Annual Meeting elsewhere in this issue. We are very pleased that this year Dr. Judd Marmor will be able to join us at the **AGLP Annual Awards Luncheon** as guest of honor and the first recipient of the AGLP Annual Award for his contributions to the study of gay and lesbian mental health concerns. Details will be in the next *Newsletter*.

Many events will be planned for the **Hospitality Suite, which will be at the Sheraton Plaza**. That hotel will be AGLP's "official" hotel from the list of APA official hotels. If any member has a specific topic they would like to present or discuss in the Suite, please contact me soon. The APA has accepted most of the AGLP-sponsored Courses, Symposia, and Workshops this year, so we will be better represented than ever before. This busy schedule will result in overlaps but we are attempting to reduce conflicts to a minimum.

The annual meeting also means it will be **election time**. We will need nominees for the offices of Treasure and Vice-President; Dr. Norman Hartstein is our President-Elect and will assume the office of President at the May meetings. If you are interested in an office or would like to work more actively on one of our committees (Issues, Education, Membership, and the newly forming Research/Literature Review Committee) please contact me soon.

Finally, we are still **collecting cases to present to the APA** regarding problems in the following areas: ethical issues of psychiatrists and gays or lesbians in the military; ethical issues of psychiatrists and gays or lesbians in the courts; and examples of the adverse effects of the HTLV-antibody blood test. If you know of any situations, or wish to respond to issues raised above, please contact me at:

Robert P. Cabaj, M.D.
93 Ivy Street
Brookline MA 02146
(617) 734-1958.

JGLP CALL FOR PAPERS

David Scasta, M.D., Editor of the new publication from Haworth Press, Inc. called the *Journal of Gay and Lesbian Psychotherapy*, announced a Call for Papers for the charter issue to be released in early 1988. The *Journal* is soliciting papers which will provide practical treatment information for psychotherapists who treat gay or lesbian clients. The editorial board which is being composed of psychiatrists, psychologists, and social workers will begin reviewing submissions in April of this year. Deadline for submissions for the charter issue is July 1, 1987. Submissions should be sent to:

David Scasta, M.D.
Editor, JGLP
1721 Addison Street
Philadelphia, PA 19146



Boris M. Astrachan, M.D.
 Candidate for President-Elect
 American Psychiatric Association

1. What role would you expect the Association of Gay and Lesbian Psychiatrists to play within the American Psychiatric Association?

The Association of Gay and Lesbian Psychiatrists serves as a significant reference group for several hundred members of our organization and has substantial overlap with the Caucus of Homosexually Identified Psychiatrists, a minority caucus within the American Psychiatric Association. As such, it represents an important interest group and should be consulted on a wide range of issues that affect its members. The AGLP can and should play a sensitizing and educational role for our association, identifying critical issues which need to be brought to the attention of our members, both directly through the caucus and informally. I strongly support a process in which interested parties raise and comment upon issues which impact their lives, and participate in the development of policy which is more reasoned and objective as a result of their contributions.

2. The American Psychological Association requested that the American Psychiatric Association join them in an *amicus curae* brief to the Supreme court in the case of *Hardwick vs. the State of Georgia*. The American Psychiatric Association chose not to join the brief. The subsequent decision by the Supreme Court narrowly upheld the right of states to enact laws providing criminal penalties for consensual homosexual behavior. What should be the stance of the American Psychiatric Association in future years when similar cases are presented to the Supreme Court?

I spoke to several members of the Commission on Judicial Action about their recommendation to the Board of Trustees in regard to the proposed brief. Currently, our Association provides funds which support only a limited number of amicus briefs before the Supreme Court. The Commission tends to reserve its support for amicus briefs that are especially important to the practice of our members or to the care of our patients. One member of the Commission who voted not to recommend that we file an amicus brief stated, that while he perceives the Georgia law as invading privacy and as stigmatizing, in the light of budget constraints he is convinced that issues relating to practice must have priority. Another member of the

ASTRACHAN continued page 5



Paul J. Fink, M.D.
 Candidate for President-Elect
 American Psychiatric Association

1. What role would you expect the Association of Gay and Lesbian Psychiatrists to play within the American Psychiatric Association?

The Caucus of Homosexually Identified Psychiatrists and the Committee on Gay and Lesbian Psychiatry, which are part of the Council on National Affairs, has played a significant role within organized psychiatry. I would expect that those groups along with The Association of Gay and Lesbian Psychiatrists would continue to sensitize the organization to issues particularly related to gay and lesbian concerns.

The need of the organization to understand the diverse make-up of its membership is enhanced by the minority caucuses which work through the assembly and the committee and council structure to make us a responsive, interested, outspoken and concerned organization. The Board of Trustees is not infrequently confronted with problems which concern the gay community. Certainly, organized psychiatry has an intense interest in the AIDS problem and has lobbied for research dollars, particularly in the Neurotoxic and Biobehavioral aspects of the disease. Similarly we were appalled and distressed by the Supreme Court decision not to review the Georgia Sodomy case.

We have been working, for a number of years, on the problems of gay and lesbian psychiatrists in the military. Recently we finalized a statement on foster parenthood to make it consistent with the views of gay and lesbian psychiatrists.

It is my sincere belief that the organization and components related to homosexual concerns will continue to have an important voice in the ongoing activities of the APA.

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FINK continued page 5

Announcements

Fink...

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The APA has joined in cases in which they have felt that they had an important point to make, or in which they felt the weight of their presence was needed. Perhaps our not joining was an error. I would certainly support every effort to join an amicus in subsequent suits on this subject. It is a difficult and controversial area, but at this point, it has less to do with homosexuality than it has to do with freedom. In that sense, the APA has consistently been concerned with the freedom that people must have to choose their own direction and not be constrained by government in private matters.

Many members of the APA were aghast at the final decision of the Supreme Court which was unexpected. I would hope that when opportunities arise to work with groups such as yours to help promote a free and open society, that the APA will be in the forefront.

The APA as an organization, struggles with walking a very thin line between involvement in activities which are narrowly focused to the role of the psychiatrist versus a broad involvement in a wide range of social issues. In recent times we have moved to the former, sometimes with the result that we have failed to act in a decisive and appropriate way on behalf of many of our members. This dilemma will continue to be an issue confronting the organization and in individual situations, we will be more accurate in determining which are the issues that require organizational backing.

Astrachan...

In considering the stance of the APA, should further cases arise, as a first step it is crucial that all relevant parties be heard. I would hope that our Association and its components act to ensure adequate discussion. I believe that criminal penalties for consensual adult homosexual activity are barbaric. The Board of Trustees is made up of a large number of individuals with disparate views and Commission who voted to support the amicus brief agreed that funds were limited, but argued that the Georgia law is both stigmatizing and stressful, and our Association has a responsibility to limit bias and stigma even if it means spending more. In these discussions and in the presentation to the Board, the AGLP was not involved, and their concerns were not directly heard.

The **International Lesbian and Gay Association** will hold a conference in Amsterdam December 10-12, 1987 entitled "Internal Homosexuality - Beyond Disease." The conference will address the issue of removing the diagnosis of homosexuality from ICD-9. For further information, write to: Homostudies; R.U.U.; P.O. Box 80140; 3508 PC; Utrecht, Netherlands; or call +31.30534 779.

The **1987 Annual Meeting of the American Association of Physicians for Human Rights (AAPHR)** will be held from August 4-7, 1987 in the Hyatt Regency Hotel in Minneapolis, Minnesota. Highlights will include several scientific papers on AIDS and a paper on working with gay adolescents. A **Call for Papers** has been issued for 20 minute papers on such topics as: aging gays and lesbians, violent relationships, sex addiction, economics and AIDS, safe sex education, families and gays, and the gay/lesbian medical student. The papers will be read at the conference. For information about registration and the conference write to: Conference Coordinator; 4600 Park Avenue South; Minneapolis, MN 55407 or call (612) 824-1772. For information about papers (deadline is April 15, 1987) write to Diane Campbell in care of the above address.

The **Caucus of Homosexually Identified Psychiatrists (CHIP)** will tentatively meet on Tuesday, May 12, 1987 from 12:00 to 1:00 pm in Chicago to elect the Minority Representative and Deputy Representative to the Assembly. Of four nominated candidates, only one has agreed to accept nomination. At least one more candidate needs to be nominated.

PSYCHIATRIST WANTED: The AIDS Health Project (an AIDS risk reduction and mental Health promotion program of the University of California, San Francisco and the San Francisco Department of Public Health) announce a quarter time position for a psychiatrist interested in the neuropsychiatric problems of people with AIDS. The applicant must have some academic interest in the area, good clinical assessment skills, a willingness to provide consultation to community based groups, and public speaking skills. Scheduled for April 1, 1987, the position may later be increased to half-time. Minority applicants are encouraged to apply. Applicants should send a resume with a letter of interest to: James W. Dilley, M.D.; Project Director; UCSF AIDS Health Project; Box 0884; San Francisco, CA 94143-0884.

backgrounds having a wide spectrum of views on homosexuality. They need to be educated about the importance and impact of events such as Hardwick. This educational task should be welcomed by the AGLP.

EDITOR continued from page 2

Before you vote for **APA president**, read the responses that each of the two candidates gave to two questions posed by the *Newsletter*. Their answers are published in this issue. Although I have not left much space between the lines of their answers, there is reading that can be done there also.

As I indicated above, the response to the **SATH questionnaire** has been excellent. We need more responses from psychiatrists who are not connected with AGLP to learn how to reach them and what their concerns are. If you have a gay or lesbian colleague who is not part of AGLP, give him or her the SATH questionnaire included with this *Newsletter*. Their answers will be completely anonymous. I am planning to send a thousand surveys to non-homosexually identified psychiatrists. The APA is acting very cagey about giving us mailing labels. We can accomplish the survey without mailing labels by using the *Quick Reference to the Biographical Directory* but it may be more important to persist so that remnants of homophobia in the APA hierarchy can be confronted. A large, informed membership that votes in APA elections is very helpful in issues such as this.

Finally, you may notice that the *Newsletter* has **undergone another style change**. Since many of our members are unable to come to the Convention, about the only direct advantage they get from membership is the *Newsletter*. I am trying to include a broader variety of information in shorter formats to make reading a little more interesting. My new computer connected to a new laser printer allows me to create a little more polished product without driving up costs significantly with typesetting fees. I hope you like it. I always appreciate feedback. I also appreciate articles and interesting bits of information to include in the *Newsletter*. If you have either feedback or information, send them to me: David Scasta, M.D.; 1721 Addison Street; Philadelphia, PA 19146.

1987 DUES NOW DUE

Members will find enclosed with this *Newsletter* an invoice for 1987 dues. Included as part of the invoice is an address verification/update form. Please fill out the form even if you have already paid your 1987 dues. Errors have slowly crept into the mailing list. We would like to get as many corrected as possible now that the mailing list is being placed on a new computer. Those who were on the mailing list last year who have not paid dues or subscribed to the *Newsletter* have been removed from the mailing list this year. If you have not paid 1987 dues, please help us by getting your dues in promptly. Rebilling is an annoyance to you and creates a significant increase in the work of maintaining the membership of AGLP.

UPCOMING EVENTS OF INTEREST TO LESBIAN PSYCHIATRISTS:

Lesbian physicians and medical students should save these dates - July 31 to August 2, 1987 - for the **4th National Lesbian Physicians Conference**, in Minneapolis, MN. These meetings will be followed by the American Association of Physicians for Human Rights Annual Conference, and visits to PRIDE Institute, the nation's first gay and lesbian chemical dependency treatment unit. More information will follow in future *Newsletters*. To be placed on the mailing list for conference information, write to:

AAPHR
Box 14366
San Francisco, CA 94114

At the APA and AGLP Annual Meeting in May in Chicago, look for the **Lesbian Psychiatrists' Dinner** on Tuesday, May 12th, 7 p.m., at 1053 W. North Shore Ave., Chicago, IL.

In the AGLP Hospitality Suite at the Sheraton Plaza Hotel in Chicago, look for the clinical case discussion for Lesbian psychiatrists, led by Dr. Nanette Gartrell, and "**Being a Lesbian in Psychiatric Practice - A Rap Session**," led by Dr. Peggy Hanley-Hackenbruck.

The **APA Workshop on Clinical Issues for Lesbians**, organized by Dr. Peggy Hanley-Hackenbruck, will be on Wednesday, May 13th from 11 a.m. to 12:30 p.m. in Room L-8, Lower Level, McCormick Place North. See the list of other events elsewhere in this *Newsletter*.

FOCUS-UCSF AIDS PUBLICATION GOES NATIONAL

James W. Dilley, M.D., Director of the AIDS Health Project, announced that *FOCUS: A Review of AIDS Research*, will now be offered on a subscription basis nationally. *FOCUS* is published by the AIDS Health Project, an organization concerned with AIDS prevention and health promotion funded by grants from the California State Department of Health Services and affiliated with the University of California at San Francisco. The periodical is designed to keep professionals abreast of the rapidly changing knowledge about AIDS. A sample issue has been included with this *Newsletter* along with subscription information. For further information, write to: Dr. James Dilley; AIDS Health Project; 333 Valencia Street, 4th Floor; San Francisco, CA 94103.

THE GAY VIRGINS

Rick Cicinelli, M.D.

(Editor's Note: Dr. Cicinelli, who lives on St. Croix, was asked to write about Gay life in the Virgin Islands.)

Moving five thousand miles away from Gay Mecca to the Caribbean has been a mid-life adventure worth more than any sunken treasure. I left a very comfortable Berkeley private practice of ten years in addition to another ten year job with a criminal justice mental health program. Everything was going well with both of my part-time jobs, so I figured it was time to leave. Why not? Life is only so long. I never realized, however, after being one of 69 Berkeley psychiatrists how much need there is for people of our profession out in the small towns and remote islands. So far, my job as staff psychiatrist of the Christiansted Mental Health Clinic has been the most challenging and rewarding experience of my career. And of course, the beauty of the island and the weather is beyond description.

Being gay has been interesting only in the sense that the subject never comes up. It seems to be conveniently ignored even by people who may know that much about my personal life. But from the beginning, I noticed an unusual tolerance in the Virgin Islands for people who are different, including gays. I began to run across, for instance, a number of people who had already raised families but who had come out gay later in life. But for anyone to move to such a remote area is in itself a statement of being different. It doesn't matter how one is different, but feeling different usually leads to greater tolerance of other peoples' differences. Even among mental health professionals, the subject surprisingly rarely arises. It makes me wonder if it has to do with the possibility of a greater incidence of bisexuality, or if there is just a greater incidence of pre-adulthood homosexual experimentation among heterosexuals than exists in the States. I also thought about Mediterranean countries in which a lot of men have their wives, children and boyfriends, yet would reject the notion that they had homosexual inclinations. The confusion is that I have seen the latter situation associated with both greater tolerance toward gays as well as increased homophobia.

All of these possibilities seem to be playing a part in the situation here. Some of this bothers me because I recall Shilts' book on Harvey Milk and his view that it is better to have dialogue, even hostile dialogue, rather than passive permissiveness. Somehow, the permissiveness seems to be leading to a possible explosive situation. The west side of the island of St. Croix, for instance, is turning into a sort of secret gay resort area. The area is also shared by some of the most militant and hostile Cruzans on the island which causes concern about how the two populations will mix, especially with the issue of homosexuality not being more openly discussed in the newspapers, much less in the mental health clinics.

But more optimistically, I am presently presuming that Cruzans and other Virgin Islanders are probably just less homophobic than the typical American mainlander and that there is nothing to worry about. However, I cannot be tickled by the fact that out of all of my fellow mental health workers and administrators, not one has asked me point blank about my sexual orientation. Some ask if I have a wife. This sometimes causes a moment of hesitation, or I will say that I have a partner, but so far, few eyebrows seem to be raised no matter how I respond. I am happily celebrating my tenth anniversary with Wayne this March, and maybe by then I will have some more thoughts to share about what it is like to be a gay psychiatrist working in the Virgin Islands.

EDITOR OF OUR FAMILY REMOVED

Readers may recall the brief article about the publication of "A Psychoanalytic Look at Homosexuality and AIDS" by Marvin Anchell, an apparently uncertified, non-APA member U. S. psychiatrist and family practitioner, in the Catholic publication *Our Family*, published by the Obligate Fathers of Saskatchewan. The article was inflammatory; the information presented as fact about AIDS was so uninformed as to be classified as outright bizarre. Henry Chuang, M.D., the Canadian AGLP member who brought the article to the attention of the *Newsletter*, sent an article from the *Alberta Report* (Dec. 15, 1986) indicating that the editor, Reverend Albert Lalonde, had been fired. Father Lalonde was "rebuked" by the Saskatchewan Human Rights Commission for depicting "gay people and people disabled by AIDS in hateful terms." Provincial Gerald Wiesner, who removed Father Lalonde, apologized noting that the Anchell article "had crossed 'the line between honest discussion and unbalanced opinion.'" Future articles will be subject to a review by a board of the Order. The next publication will include the Vatican statement about homosexuality - which was sent to the *Newsletter* by Dr. Chuang and, given enough room, will be published in its entirety in the April issue of the *Newsletter*.

CONGRESSIONAL TESTIMONY ON GAY & LESBIAN VIOLENCE

(Editors Note: Given by Greg Herek, Ph.D. on October 9, 1986 before the Criminal Justice Subcommittee of the House Judiciary Committee)

Mr. Chairman, members of the Subcommittee, I am Dr. Gregory M. Herek, Assistant Professor of Psychology in the Graduate School of the City University of New York. I have conducted extensive empirical research on the social psychological bases of hostility toward lesbians and gay men, and I am also a member of the **American Psychological Association's (APA) Committee on Lesbian and Gay Concerns**. I am pleased to testify today on behalf of the APA's 87,000 members on the subject of violence against lesbians and gay men.

Since 1974, the APA has been strongly committed to removing the stigma that has long been associated with homosexual orientations in our society, and to eradicating discrimination against lesbians and gay men. Our view is that, aside from the gender of their life partners, lesbians and gay men are not fundamentally different from heterosexual women and men. They are as capable as heterosexuals of leading normal, well-adjusted happy lives. The most significant difference between homosexual and heterosexual persons is that lesbians and gay men continue to be the targets of hostility, discrimination, persecution, and violence solely because of their sexual orientation.

While the topic of homosexuality often generates considerable controversy in our society, we feel that the topic of violence against lesbians and gay men should not be controversial. As citizens of this country and human beings, lesbians and gay men deserve all of the rights and privileges enjoyed by heterosexual Americans. No one in our country has the right to brutalize another human being or group of human beings, to assault them, to cause them injury. When we become aware of such violence, it is our duty as responsible citizens to do what we can to prevent it and to minimize its effects. In my testimony today, I will offer the views of the American Psychological Association on how we can best achieve this goal.

EMPIRICAL RESEARCH ON VIOLENCE AGAINST LESBIANS AND GAY MEN

The available data on violence against lesbians and gay men come primarily from two sources. The first source is surveys conducted by community and state organizations concerned with preventing such violence; the National Gay and Lesbian Task Force has done an admirable job of collecting many of these reports and summarizing their results. The second source of data is scholarly investigations by criminologists and other social scientists, which have been published in academic journals. Using data from both sources, we can form a preliminary impression of anti-gay violence.

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CONDOM NOT SAFE?

The February 6, 1987 issue of the *Journal of the American Medical Association* carried a study by Fischl, *et al* (pages 640-644) which examined the heterosexual transmission of AIDS within families. Of 45 adults with AIDS, 32 of their spouses were HIV negative at the beginning of the study. Forty one per cent of the HIV negative spouses converted to positive during the study (median followup was two years). The study reported that 35 of the 45 couples continued to engage in sexual relations after the diagnosis of AIDS was made. Twelve of the 35 couples used condoms, 23 did not. Of the 35 couples which did not use condoms, 9 spouses were seropositive before the study began. Of the remaining 14 couples who were seronegative at the start of the study, 12 (86%) converted - suggesting that unprotected sexual activity carries a high risk of transmission to unaffected spouses. Of the twelve couples who used condoms, two were seropositive at the start of the study, 10 were not. Of the ten who were not, one (10%) converted despite the use of condoms. Although it is not possible to say that the transmission did not occur through some mode other than condom-protected sexual activity, the occurrence of sexual transmission despite the use of condoms suggests that blanket statements about the safety of sexual activity with condoms should not be made. On the other hand, the risk of transmission clearly appears to be significantly lessened when condoms are used.

NIMH AWARDS APA AIDS TEACHING GRANT

The American Psychiatric Association recently was awarded a National Institute of Mental Health grant to teach about the mental health aspects of AIDS (HIV-related diseases) to psychiatrists and other mental health providers. Entitled the *AIDS Project*, the program is being directed by John Bonnage, with the cooperation of the APA Task Force on AIDS and Carolyn B. Rabinowitz, M.D., Deputy Medical Director of the APA.

The first meeting of the Steering Committee was on January 10, 1987, in Washington, D.C. A "Primer" on the medical, psychiatric, social, and cultural aspects of AIDS will be the first task; once completed, copies will be sent to all APA members. Eventually, an organized presentation that can be taken "on the road" to various teaching sites will be formulated. The "primer" will be expended with case material and management suggestions, and will be updated periodically, as new information is learned.

If any of the members of AGLP would like to participate and/or have an expertise that would help the project, please call Mr. Bonnage at 202-682-6104, or write to:

Mr. John Bonnage, Director
AIDS Project
American Psychiatric Association
1400 K Street, N.W.
Washington, D.C. 20005

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First, the violence is surprisingly common across the United States. Statewide surveys in New Jersey, New York, Maine, and Wisconsin, and community surveys in Philadelphia, Atlanta, Dallas, St. Louis, Los Angeles, Denver, and other cities all indicate that a significant minority of lesbian and gay respondents have been punched, kicked, or beaten because of their sexual orientation; the proportions range from 15% to 25%. It also appears that violence takes different forms with men and women; gay men may be the targets of physical assault more frequently, while lesbians may more often be the target of sexual harassment and assault. Most attacks seem to be perpetrated by young males in groups. The assailants usually do not know their victims personally; they are often armed, very frequently with knives. Attacks against gay people often are characterized by an intense rage on the part of the attackers; thus they tend to be more violent than other physical assaults. Commenting on this phenomenon, sociologists Brian Miller and Laud Humphrys observed, "Seldom is a homosexual [murder] victim simply shot. He is more apt to be stabbed a dozen times, mutilated, and strangled" (*Qualitative Sociology*, 1980, v3 {#3}, p.179). The frequency of attacks seems to have increased during the last few years, apparently fueled by public reaction to Acquired Immune Deficiency Syndrome (AIDS). Many attacks since the beginning of the AIDS epidemic have included spoken references to AIDS by the attackers, usually accusing the victim of spreading AIDS to others. AIDS may thus be providing a convenient excuse for violent expressions of hostility against gay people.

My statements about research findings have necessarily been phrased in very tentative terms. Because funds for research in this area have been minimal, past studies have been on a relatively small scale and so have been inconclusive. They have not been able to use systematic sampling techniques; consequently, we do not know whether their findings underestimate the scope of the problem. Sometimes different investigators have asked different questions of their respondents with the consequence that results cannot always be compared across studies.

If our knowledge about actual attacks on lesbian and gay men is sparse, our data on the aftermath of violence - the problems faced by lesbian and gay survivors of assaults - is even more sketchy. Clearly they must cope with medical, legal, and police personnel who often themselves hold many prejudices against gay people. In this sense, survivors of anti-gay violence can find themselves in a situation comparable to that of women who have been raped. They are likely to be blamed by others for their assault, accused of inviting the attack or deserving it. Because most people are psychologically vulnerable after an assault, such responses from others can significantly lower self-esteem and evoke strong feelings of

guilt, shame, or depression in the lesbian or gay survivor. Another frequent consequence of assault is unique to lesbian and gay men - if the attack happens to be reported in the local news media, the survivor's sexual orientation may become public knowledge and she or he may experience subsequent harassment or discrimination from a variety of sources. Lesbians and gay men in most jurisdictions today can legally be fired from their jobs, evicted from their homes, and denied services simply because they are gay. Anticipating all of these negative consequences, many lesbians and gay men probably never report their assaults to law enforcement officials. Community violence surveys suggest that as many as 80% of attacks go unreported.

As I mentioned earlier, the paucity of empirical data requires that we be extremely cautious in drawing conclusions about the frequency of anti-gay violence, its forms, or its consequences. One inescapable conclusion, however, is that violence against gay people is a serious national problem, sufficiently widespread to warrant close scrutiny and government intervention. But until more extensive and systematic empirical research has been conducted with national samples, we will be in the frustrating position of not knowing the full scope of the problem nor how best to solve it.

SOCIAL PSYCHOLOGICAL BASES OF ANTI-GAY VIOLENCE

Why does anti-gay violence occur? To answer this question requires understanding that violence against lesbians and gay men is only one manifestation of a larger problem: that of prejudice, discrimination, and hostility directed against the estimated 20 million homosexual persons in American society. The term *homophobia* has come to be used to describe this phenomenon. While scientific research on homophobia is at an early stage, my own empirical work and that of other social scientists suggests numerous social and psychological sources for the prejudice.

— Most heterosexuals who are homophobic have not developed their attitudes on the basis of interacting with gay people. National public opinion polls show that only 25-30% of Americans know an openly gay man or lesbian woman, and the majority of them have formed positive feelings as a result of those contacts.

Instead, most Americans' hostility, fear, and ignorance reflect our society's institutional homophobia - the anti-gay ideologies prevalent in our government, our schools, our churches, and our mass media. These societal institutions effectively create a cultural climate in which individual expressions of homophobia are tolerated or even encouraged.

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Unfortunately, actions by the Federal government have contributed significantly to this climate of prejudice, most recently in connection with AIDS and with state sodomy laws. Earlier I mentioned that fear of AIDS has become linked to anti-gay violence. A growing body of scientific data, including my own empirical research, shows that individuals' irrational fears surrounding AIDS (i.e., fears that medical research has shown to be unwarranted, such as fear of transmission through casual contact) are highly correlated with their level of homophobia. I interpret this finding to mean that reducing AIDS hysteria requires confronting its roots in homophobia, and that eliminating homophobia will require education about AIDS. Unfortunately, the United States Justice Department has fueled fears about AIDS (thereby probably contributing to public homophobia) by sanctioning discrimination based on fears of AIDS-contagion. This ruling condones persecution of people who are perceived as having AIDS. Gay people are the most likely targets for such persecution.

The cultural climate of homophobia was intensified when the Supreme Court recently ruled that states can legally prohibit sexual intimacy between persons of the same sex in the privacy of their own homes. Lesbians and gay men, in other words, can be declared criminals simply for sexually expressing love for their partners. It is not difficult to see how such a ruling can be interpreted as legitimizing hostility toward gay people.

Within this cultural climate of prejudice, homophobic violence and even murder are condoned through public indifference, blaming of the victim rather than the perpetrator, lack of serious attention by police and prosecutors, and minimal sentencing if offenders are convicted. One of the most dramatic recent examples was that of Dan White, who was convicted of killing San Francisco's openly gay Supervisor, Harvey Milk, by shooting him repeatedly in the head. For his crime, White received only a seven-year jail sentence.

Homophobia appears to be particularly acute among adolescents and young adults. There are many possible explanations for this pattern, including the need for adolescents to establish a sense of adult identity, which includes sexual and gender issues. For some, such an identity is elusive and they try to affirm who they are by physically attacking a symbol of what they are *not* or don't want to be. Young adults also have particularly strong needs for acceptance by peers; attacking an outsider (such as a gay man or lesbian) can be a way of proving one's loyalty to the in-group. Adolescent perpetrators of homophobic violence are typically tried as juveniles and consequently receive light sentences - if they are sentenced at all. For example, four young males who freely

admitted that they beat a Tucson man to death because he was gay were not punished. The judge dismissed the charges against the four, calling them "model athletes." Four teenage boys who drowned a gay man in Bangor, Maine, have been or will be released from jail on their 21st birthdays. The effect of such minimal responses by the state is to give tacit permission for attacking gay people.

In order to reduce violence against gay people, we must attack the underlying homophobia expressed through the violence. Thus, any intervention strategies must include public education concerning gay men and lesbians. Stereotypes and misconceptions about homosexual persons must be eliminated from our culture.

Such education is particularly important in middle and secondary schools, where information about gay people should be coupled with inculcation of traditional American values concerning respect for individual rights and recognition of the basic humanity and worth of all members of society.

An important strategy for educational programs is to permit heterosexual persons an opportunity to interact freely with their gay and lesbian friends, family members, neighbors, and co-workers. This sort of personal contact appears to be the most effective remedy for homophobia. It requires, however, a social climate in which gay people can comfortably disclose their sexual orientation without fears of reprisal. This cannot occur while discrimination based on sexual orientation remains legal. Until protective legislation is enacted, the majority of lesbians and gay men are likely to hide their orientation, and so the elimination of homophobia and its consequent violence will be delayed.

RECOMMENDATIONS

Based upon these observations, the APA makes the following recommendations concerning violence against lesbians and gay men.

1. Funding for Research. The Federal government should develop a body of knowledge on homophobic violence by providing adequate funding for scientific research through agencies such as the National Institute of Justice and the National Institute of Mental Health. This research should describe both the violence and its consequences.
 - a) The scope of homophobic violence should be documented at the national level, along with the proportion of lesbian and gay men nationally who have been the targets of violence. The characteristics of

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- perpetrators, the forms taken by the violence, the conditions under which violence most often occurs, and regional variations in violence should also be documented.
- b) Survivors' problems should be documented, including those they encounter while obtaining emergency medical care, and interacting with law enforcement and court officials, and the psychological stresses they experience after the attack.
2. Implementation of Research Findings. Once data are available, effective intervention strategies should be developed and evaluated. These should include the following:
 - a) programs for directly reducing violence, including collaborations between police and community groups to monitor neighborhoods;
 - b) programs for reducing the homophobia that underlies the violence among the general public and especially in schools.
 - c) programs for providing adequate medical, social, and legal services to survivors of violence.
 3. Legislation directly addressing homophobic violence. The Congress should enact legislation that identifies homophobic violence as repugnant and unequivocally unacceptable. The areas that should be addressed by such legislation include the following:
 - a) establishing criminal penalties specifically for homophobic violence;
 - b) authorizing the victims of such violence, or their survivors, to file civil suits against their assailants.
 - c) Legislators should also address the problem that many perpetrators of antigay violence are juveniles, and consequently face minimal punishment or rehabilitation.
 4. Legislation addressing the institutional antecedents of violence. The Congress should take action to change the current cultural climate, which fosters homophobia in general and anti-gay violence in particular. There are at least three steps that should be taken with all possible speed.
 - a) Congress should protect the civil rights of persons with AIDS and persons perceived as having AIDS by explicitly including them in existing legislation that safeguards the rights of disabled Americans.
 - b) Congress should protect all Americans from state regulation of their private, consenting sexual conduct.
 - c) Congress should protect all Americans from discrimination in employment, housing, and services based on sexual orientation.

Federal legislation in these areas will not in itself eliminate homophobia or anti-gay violence any more than laws

APA MEETING SITES AND SODOMY LAWS

At the AGLP Fall Planning Meeting, concern was raised over the response both AGLP and the APA should make to the Supreme Court's ruling about the sodomy law in Georgia. A suggestion that we ask the APA to boycott states with anti-sodomy laws was viewed as impractical. Instead, AGLP wrote to Robert E. Hales, M.D., Chairperson of the APA Scientific Program Committee, which helps plan the future meetings, and requested that if the APA meets in states with anti-sodomy laws, a warning be printed in the annual meeting material alerting members to this fact and the potential (albeit remote) legal jeopardy some members might be in if they attended that meeting.

Dr. Hales responded: "Your request that a warning be printed...seems to be a very reasonable request...I also agree...that the sodomy laws of the state should be considered an additional factor when selecting annual meeting locations...The Scientific Program Committee will consider your request when it makes recommendations concerning possible future annual meeting sites..."

This outcome is what we had hoped. Since meetings are planned several years ahead, nothing can be done until new future additional sites are selected.

In addition, the legal council to the APA has promised that AGLP and the APA Committee on Gay, Lesbian, and Bisexual Issues will be informed in the future of all requests made to the APA for help on legal issues which are of concern to gays and lesbians (including request for *amicus* briefs).

MANDATORY HIV TESTING RECOMMENDED FOR HOSPITAL STAYS AND MARRIAGES

Dr. Walter Dowdle, AIDS Director for the Centers for Disease Control in Atlanta recommended that AIDS antibody testing should be given to all patients routinely admitted to hospitals and to couples applying for marriage licenses. Implementation of the recommendation would be up to each individual state. The recommendation has already drawn significant fire from many medical groups as well as gay and lesbian groups. The CDC has scheduled a meeting for invited participants on February 24-25, 1987 to review the recommendations.

against racial discrimination have eliminated racism. But such laws can help to create a climate of openness in which lesbians and gay men can cooperate with the criminal justice system to confront the problem of homophobic violence, and in which American society can confront its own homophobia.

NEW MEMBERSHIP APPLICATION
(or change of address form)

ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

Name: _____ Date of Birth: _____

(Please list preferred mailing address & any special instructions, i.e., mark "personal")
Street: _____

City: _____ State: _____ ZIP: _____

Special Instructions: _____

Telephone: Home:() _____ or Office: () _____

TYPE OF MEMBERSHIP:	Voting (Psychiatrist)	\$50.00	_____
	Affiliate (Non-Psychiatrist)	\$50.00	_____
	Member in Training	\$25.00	_____
	Student	\$5.00	_____
	Mailing List Only	\$10.00	_____

Make check payable to "AGLP" and return this application to: **Norman B. Hartstein, M.D.; 851 N. Kings Road, #309; West Hollywood, CA 90069.** Membership and mailing lists are confidential. If you do not wish your name to appear on these lists (in which case you will receive no mailings from AGLP), please check here: _____

AGLP REFERRAL SERVICE

The Association of Gay and Lesbian Psychiatrists' Psychiatric Referral Service provides a list of psychiatrists throughout the country who are comfortable with and experienced in treating gay men and lesbians. If you would be interested in having your name on the AGLP referral list as a psychiatrist who would welcome gay/lesbian patients, please complete the form below. Please note that there is no requirement that people on the referral list be, or identify themselves as, gay or lesbian, nor will they be so identified in any referral. However, the referral list will be made available for use by groups other than the AGLP, such as the APA and national gay health organizations, in order to increase the use of the Referral Service. Please send this form to **Phil Cushman, M.D.; 5801 N.W. 83rd Terrace; Gainesville, FL 32606**

NAME: _____

ADDRESS: _____

Telephone: Office() _____ Home: (optional)() _____

Specialty areas of interest: _____

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TO: All AGLP Members

FROM: David Scasta, M.D.

RE: *Newsletter Error*

DATE: February 18, 1987

Through an inadvertent error, several lines from Dr. Boris Astrachan's response to question two were not included in the February *Newsletter* on page 5. Below is the entire question as it should have occurred in the *Newsletter*.

2. The American Psychological Association requested that the American Psychiatric Association join them in an *amicus curae* brief to the Supreme court in the case of *Hardwick vs. the State of Georgia*. The American Psychiatric Association chose not to join the brief. The subsequent decision by the Supreme Court narrowly upheld the right of states to enact laws providing criminal penalties for consensual homosexual behavior. What should be the stance of the American Psychiatric Association in future years when similar cases are presented to the Supreme Court?

I spoke to several members of the Commission on Judicial Action about their recommendation to the Board of Trustees in regard to the proposed brief. Currently, our Association provides funds which support only a limited number of amicus briefs before the Supreme Court. The Commission tends to reserve its support for amicus briefs that are especially important to the practice of our members or to the care of our patients. One member of the Commission who voted not to recommend that we file an amicus brief stated, that while he perceives the Georgia law as invading privacy and as stigmatizing, in the light of budget constraints he is convinced that issues relating to practice must have priority. Another member of the Commission who voted to support the amicus brief agreed that funds were limited, but argued that the Georgia law is both stigmatizing and stressful, and our Association has a responsibility to limit bias and stigma even if it means spending more. In these discussions and in the presentation to the Board, the AGLP was not involved, and their concerns were not directly heard.

In considering the stance of the APA, should further cases arise, as a first step it is crucial that all relevant parties be heard. I would hope that our Association and its components act to ensure adequate discussion. I believe that criminal penalties for consensual adult homosexual activity are barbaric. The Board of Trustees is made up of a large number of individuals with disparate views and backgrounds having a wide spectrum of views on homosexuality. They need to be educated about the importance and impact of events such as *Hardwick*. This educational task should be welcomed by the AGLP.