THE CONSEQUENCES OF HOMOPHOBIA: ANALYSIS OF DISCRIMINATORY MEDICAL AND LEGISLATIVE POLICIES AND THEIR INFLUENCE ON HEALTH DISPARITIES

Kaiden J. Fandel
University of South Dakota

THE CONSEQUENCES OF HOMOPHOBIA: ANALYSIS OF DISCRIMINATORY MEDICAL AND LEGISLATIVE POLICIES AND THEIR INFLUENCE ON HEALTH DISPARITIES

by

Kaiden Fandel

A Thesis Submitted in Partial Fulfillment

of the Requirements for the

University Honors Program

_____

Department of Biology

The University of South Dakota

May 2024

The members of the Honors Thesis Committee appointed

to examine the thesis of Kaiden Fandel

find it satisfactory and recommend that it be accepted.

Melissa Dittberner

Dr. Melissa Dittberner, Ph.D., Department of Addiction

Counseling and Prevention

Committee Director

Cindy Struckman-Johnson

Dr. Cindy Struckman-Johnson, Ph.D. Psychology

Department of Psychology

Harry Freeman

Dr. Harry Freeman, Ph.D. Human Development

Department of Counseling and Psychology in Education

Table of Contents

Abstract

Are there specific roots that influence the introduction and incorporation of discriminatory medical policies? What are the sources of such stigma, discrimination, and prejudice, in what forms does such discrimination take place, and what negative impacts does such hatred have on health outcomes, quality of care, and health disparities? Through a review of existing literature on this topic, intertwining the examination of the evolution of discriminatory policies and other explanatory literature in the United States, this thesis aims to answer the questions above, and explain the roots of such homophobic discrimination and its prevalence in the United States. Through the examination of changing medical and legislative policies over time, this review aims to dissect the evolution of the pro and anti-LGBTQ+ movements, political targeting of identity in recent legislation, and the challenges faced by SGM individuals across the country. From the Stonewall Riots to recent anti-LGBTQ+ policies, the LGBTQ+ community is historically and continuously discriminated against, erased, and ignored at all levels of education, still plaguing the community today. These issues not only affect health outcomes in the medical world, but also social development and performance in schools for LGBTQ+ youth, depicting an imperative need for inclusive education, safe spaces, and LGBTQ+ protections for youth and adults.

Introduction to the Issue

Homophobic discrimination is a common phenomenon in the United States, and can be found in numerous aspects of society, from education and state legislature to public encounters and even medical practices. To understand bias and prejudice in medicine, it is important to

study the roots of homophobia and the resulting impacts that have on healthcare access and health outcomes. It is also imperative to examine the evolution of the modern Anti-LGTBQ+ movement in both legislative and medical policy. Traditional misconceptions that even stem from biblical misrepresentation and generational stereotypes work to further promote damaging stereotypes and homophobic discrimination. Homophobia is defined as an "irrational fear of, aversion to, or discrimination against homosexuality or gay people," (Merriam-Webster). Transphobia is defined by the same fear, aversion, and discrimination but in relation to transgender individuals. Homophobia takes many forms, ranging from mere discomfort or aversion to outright hatred. Homophobia is not always violent or hateful but may even take the form of microaggressions that display inherent bias or fear. Homophobia itself is an attitude or mindset that can affect one's behavior or actions in varying severity. It can also be entrenched in institutions such as healthcare, education, and the military for example.

The clear lack of LGBTQ+ inclusive education, including sex education, results in LGBTQ+ erasure, resulting in many LGBTQ youth being sexually uneducated and at risk of STD's and falling into the pressures of hookup culture. The failure to include education that appropriately addresses identities, behaviors, and experiences for these youth have the potential for extreme and damaging consequences. Not only is education lacking in sexual education for LGBTQ+ youth across the United States, but it also lacks in historical education and representation. This large prominence of such erasure and homophobia, especially in medicine, dangerously affects healthcare access and health outcomes. This explosion of anti-LGBTQ+ sentiment, not only in medical settings and schools, but also in state legislatures, has clear implications on physical and mental health of not only LGBTQ+ youth but adults as well. Within the last year, there has been a marked increase in legislation that impacts LGBTQ+ individuals,

especially those that are transgender or gender nonconforming. Through the examination of the history of the modern anti-LGBTQ+ movement, an analysis of the recent anti-LGBTQ+ legislative push, and the damaging influences on health outcomes for LGBTQ+ individuals, this analysis will examine the historical evolution of LGBTQ+ discrimination.

Understanding the Problem: Root Causes of Homophobic Discrimination

In many regions across the United States, the plethora of both social and regional roots that exacerbate homophobia and heterosexist attitudes serve to maintain such negative perspectives. From lack of exposure to varying forms of diversity, to religious misrepresentation and perceived violations of traditional norms, there are a myriad of different issues that lead to the promotion of these toxic viewpoints and harmful prejudice. As discussed in "Gay Stereotypes: The Use of Sexual Orientation as a Cue for Gender-Related Attributes," "Understanding current stereotypes concerning sexual orientation is an important first in countering such discrimination. Furthermore… some stereotypes have shown remarkable consistency across ages and cultures" (Blashill, et al. 783). This wide range of applications is crucial to understanding that these homophobic stereotypes, as discussed in this study, are not restricted to one social group. These roots are generational, spanning between individuals across all age groups, gender identities, races and ethnicities, and various cultures.

Geographic Isolation in Rural Regions

One root of homophobia is the lack of exposure to outside viewpoints that stray from the generational traditions and stereotypes of heteronormative culture. As stated by Blashill and

Powlishta, "Some researchers have proposed that discrimination against gay males and lesbians results not only from their sexual orientation, per se, but also from their real or perceived violations of traditional gender roles" (783). These stereotypes are often inaccurate, and no longer apply to modern society as they once did in the past. The dehumanization of this community merely serves to promote an "Us. Vs. Them" mentality that further divides the LGBTQ+ community from those that identify with the "traditional" cis-heteronormative societal standards. Unfortunately, lack of changing traditions and maintenance of these stereotypes is often promoted due to this lack of exposure to diversity. As elaborated upon by Zebrowitz, et al., "Exposure to other-race faces increases likelihood for strangers of that race" (1). Though the article references race theory, the idea is applicable to sexual orientation and sexual identity. The basis of this argument is a result of exposure theory, which explains that the more an individual is exposed to aspects of society that deviate from traditional expectations, the more open and less prejudiced the response may be. Increased exposure to diversity has a direct proportional relationship with increased acceptance and decreased prejudice. Unfortunately, both societal and geographical isolation are all too prominent in regions such as the Midwest or the South and, as such, remain extremely resistant to social and political change.

Intersectionality of Religion and SGM Identity

Despite the clashing of religious identities and SGM identities across the US, the intersectionality of race, religion, culture, and sexual/gender identities became increasingly intertwined the LGBTQ+ movement gained traction. LGBTQ+ individuals in ministry and church became outspoken about the clashing claims of religious text and SGM identities. Even as homophobic attacks continued to grow, many LGBTQ+ members were able to find solace in

LGBTQ+ religious spaces, from churches to synagogues, where their identities were seen as their truth rather than their sin. For example, Pentecostal minister Troy Perry moved to California after he was expelled from his congregation in Tennessee following his coming out. Upon moving, he set out to create "a church for all of us who are outcast" (Morgan & Rodriguez, 59). He began his chapter out of his living room, with membership quickly and rapidly growing as LGBTQ+ sought a religious space where they would feel welcome. Through his church, he protested discriminatory policies of businesses, police, and the government, and was even an official for some of the "nation's first public gay wedding ceremonies in 1969" (Morgan & Rodriguez, 58). During the march on Washington in 1979, he took a train across the US to bring support, seemingly bringing "the LGBTQ+ movement to previously isolated communities" (Morgan & Rodriguez, 58). Despite his demonstration that religion and SGM identities are not mutually exclusive, many social contexts and geographic regions believe that anyone outside the gender binary and cis-heteronormative society is someone committed to a life of sin, resorting to religious scripture as a mechanism to perpetuate hate and prejudice.

Traditional Religious Beliefs: Mechanisms to Perpetuate Homophobia

Another mechanism through which homophobia is spread and maintained is the "traditional" viewpoints offered in many examples of religious scripture. In many instances, religion serves as a mechanism to drive LGBTQ+ hatred and discrimination. Through the use of religion as a method of promoting social isolation, it becomes a wedge issue in which those in power may push such prejudice to split apart a given demographic in order to cause social and political strife. Religion, deeply ingrained in many regions like the Midwest and the South, is often wielded as a tool to foster social isolation and political division. According to a study

performed by the Pew Research Center, 51% of adults in the Midwest claim that religion is very important, with another 27% stating that it is somewhat important. Additionally, 32% of adults in the Midwest claim that homosexuality should be discouraged (Pew Research Center). This relevance of religion on the Heartland may reveal why religion-based homophobia occurs at such high rates, such as homophobia found within medicine. Many justify the maintenance of harmful stereotypes and hatred with ideas provided in the Bible, or more specific, ideas provided in distinct passages of the Bible. "In general, those who see homosexuality as sinful refer to roughly three passages from the Hebrew Bible [and the New Testament for Christian individuals]. [These individuals] see these passages as clearly prohibiting same-sex sexual behavior for all time—either for all of humanity, or for their particular community" (Moon 1218). These passages are generally the primary scriptures used to reinforce the argument against same-sex behaviors and relationships. Such promotion of discrimination with the use of religious scripture often leads LGBTQ+ individuals to struggle to accept their identity in conjunction with their faith. These individuals struggle to align with religion when so many individuals use it as a means to nourish their homophobic discrimination. Despite diverse religious perspectives on homosexuality, some use religion to justify discrimination, further alienating the LGBTQ+ community.

Those that stand in opposition to these ideas believe that though scripture may be divinely inspired, "human beings' understandings of its apparent discussions of homosexuality are constrained by culture, historical context, language, and perception" (Moon 1218). This evidence suggests that these stereotypes may stem from misinterpretations or misrepresentation found in biblical passages, and that such misinterpretations may be a result of cultural and language restrictions. This is to say that the culture and traditional viewpoints that may be found

in the Midwest may be eliciting these specific, and harmful, interpretations of the Biblical

literature. However, this misinterpretation and application to the LGBTQ+ community further

facilitates the promotion of these harmful stereotypes, which have extensive consequences in

society in the Midwest today. As stated by Moon, there are many diverse religious views on

homosexuality in the United States, "ranging from the 'God Hates Fags' view through 'Love the

Sinner, Hate the Sin,' 'We Don't Talk About That,' [and the idea that] 'They Can't Help It'…"

(1216). The manner in which these toxic claims are made using religion as a justification pushes

the idea that the LGBTQ+ community is a monstrosity, rather than a community of human

beings just like any other. Using a euphemism such as "We Don't Talk About That" or "They

Can't Help It" elicits the response that being LGBTQ+ is something unpleasant that shouldn't be

discussed, while not outright saying so. Religious views inform much of the common debate

about homosexuality. Therefore, it is imperative to disrupt the stereotype that being gay is a

sinful choice frowned upon by God, an opinion commonly used to "characterize religious views

of homosexuality in the United States" (Moon 1215). Nonetheless, these religious opinions are

applied to many aspects of the discrimination that the LGBTQ+ community faces, whether in the

work force, education, family settings, or even medicine, especially in the Heartland. In other

regions, such hatred is on open display as well. "A North Carolina preacher recently called for

lesbians and gay men to be fenced in and allowed to die off, and many ultra-conservative

religious leaders go further, claiming biblical authority for killing homosexuals" (Taylor, 322).

Despite this extremist point of view, many individuals feel a divine right claimed by biblical text

to justify their anti-LGBTQ+ sentiments and actions.

Regional Implications: Intersectionality of Geographic Isolation & Religion

When examining homophobia, especially in regions such as the Midwest or the South, it is critical to acknowledge that it still occurs frequently, even though advances have been made in some aspects of social acceptance. As discussed by Blashill, et al. in a recent study, "gay males were viewed as less masculine/more feminine than heterosexual males, and lesbians were viewed as more masculine/less feminine than heterosexual females," (783) similar to studies conducted 20 years ago. Even in regard to same-sex marriage, religious justifications of outright discrimination and violence continues to be a perpetuating force. "The same-sex marriage debate had a strong geographic component in that people living in rural areas were much more likely than urban dwellers to support the bans" (Boso, 920-21). Even controlling for factors such as education, race, sex, and age, the odds of being against gay marriage was "more than twice as high in rural communities of fewer than a thousand people as they are in cities of 250,000 people or more" (Boso, 921). The argument against marriage is not simply just about gay marriage. For many individuals, "[m]arriage symbolized a greater cultural clash over LGBTQ acceptance, tradition, and competing identities. Rural Americans, and white rural Americans in particular, feel that their distinctively rural way of life and their place-based identities are under attack" (Boso, 921). This is further exacerbated by the idea that in most rural areas, LGBTQ+ individuals remain largely invisible, ostracized by the limitations placed on them by rural identity to align with cisgender heteronormative society.

Even legal policy, though aimed to protect the rights of LGBTQ+ individuals, are argued to conflict with this rural identity. "Judicial opinions and legislation protecting LGBTQ people from discrimination are perceived as serious threats to rural dwellers because they directly conflict with several core tenets of a shared rural identity: community solidarity, self-reliance,

and compliance with religiously informed gender and sexual norms" (Boso, 921). Homophobic attitudes persist in various regions, particularly in rural areas where traditional values are deeply ingrained. These attitudes, reinforced by religious beliefs, contribute to stereotypes and discrimination. Such discrimination has many consequences, including higher rates of depression, anxiety, and suicide among LGBTQ+ individuals. The impact extends to healthcare, where prejudice leads to inferior care, treatment refusal, and even denial of access to facilities. Such discrimination is perpetuated by religious justifications, contradicting the values of medicine and hindering LGBTQ+ individuals' access to quality healthcare.

The harsh reality of society today is that many regions across the US, from the Midwest to the deep south, are a breeding ground for stigmatization and discrimination. The Midwest, for example, has many common foundations in which homophobia can take root, such as adherence to traditional forms of Christianity justified with misunderstandings of scripture, geographic and societal isolation, lack of exposure to diversity, and conformity to traditional generational stereotypes all serve as a foothold for discrimination. Each of these foundations serves as ammunition for the promotion of harmful stereotypes and discrimination, which can be found in many aspects of society such as medicine, healthcare policies, and even legislative bodies.

As elaborated upon by Schlub, et al., "Religion is an important factor in the attitudes formed about groups, specifically homosexuals" (15). It is apparent that homosexuals are not universally accepted throughout the United States. Unfortunately, many justify such discrimination based on religious texts or ideas, contributing to a form of religious persecution of those in the LGBTQ+ community by using religion as a mechanism to drive LGBTQ+ hate. In many instances, it becomes an issue set in political division and social separation. "Societal values, especially as determined by religion, are important factors related to the formation of

attitudes and stereotypes about specific groups. Specifically, homophobic attitudes…" (Schlub &

Martsolf, 15). Because religion plays a critical role in various regions of US society, it is

common for homophobic attitudes and stereotypes to be justified with scripture, often as a device

to spread political separation and social strife. The religious based homophobia, an example

common in the Midwest and Southern states, serves as a paradox in itself, as elaborated upon

further by Schlub. "The Christian religious belief system teaches that humans should love one

another, but many in the Christian community believe that homosexuality is a sin," (15) and is

used by many as a justification for the promotion of this harmful discrimination. Such prejudice

can even be found in educational settings, such as nursing programs, which causes harmful

consequences for those seeking quality healthcare. "Stereotypes about an unfamiliar lifestyle

may cause inferior care from a professional, educated nurse… In particular, nurses may ignore or

be unwilling to care for homosexuals based on fear of perceived lifestyle behaviors. Access to

healthcare facilities may also be denied for the same reason" (Schlub, 15).

Discriminatory Legislation & Perpetuation of Homophobia

Criminalization and Targeted Attacks on the LGBTQ+ Community

The United States has seen a resurgence in anti-LGBTQ+ legislation across the country,

with countless bill proposals and approvals. Not only are all members of the LGBTQ+

community made target, but the transgender community, including both youth and adults, is at

the forefront of facing backlash and legislative targeting at the hands of harmful legislation.

Lawmakers in state houses across the country have continued to introduce and pass a record-

breaking number of anti-LGBTQ+ bills in recent years, weaponizing public policy to target these

SGM individuals and perpetuating the oppression of the existence and basic rights of the LGBTQ+ community.

Since the age of the Stonewall Riots and even before, the LGBTQ+ community has faced criminalization of sexual and gender identity, targeted by police and legislation in many various contexts. Social stigma influences many of these targeted attacks that criminalize the LGBTQ+ community, stemming from prejudice that can even be related back to the AIDS/HIV crisis. Same-sex sexual behavior and marriage was not only prohibited but persecuted in the age of sodomy laws dating back to colonial times. Though the laws did not specifically state heterosexual or homosexual sexual activity, it did clarify any non-procreative sexual activity, innately targeting any same-sex sexual activity. As a result, the laws were often used to harass and arrest gay men and target any gay or lesbian individuals. It was not until the early 1960s into the 1970s that states began to roll back sodomy laws. Laws that once existed before the rollback of criminal persecution of identity had very few legal protections, with increased vulnerability of criminal prosecution and social persecution. More modern restrictions even prevented the adoption of children by LGBTQ+ couples. Persistent discrimination and social stigma often influence health outcomes and resources.

Even for youth, the justice system disproportionately criminalizes behavior of SGM individuals. "Gay, transgender, and gender nonconforming youth are significantly over-represented in the juvenile justice system – approximately 300,000 gay and transgender youth are arrested and/or detained each year, of which more than 60 percent are black or Latino" (Hunt & Moodie-Mills). In many instances, these youth are abandoned by family and often face victimization in schools, putting them at heightened risk of entering the juvenile justice system. Despite the idea that school systems should be a safe place for education, schools do not always

provide a reprieve for these SGM youth, with LGBTQ+ students facing verbal harassment, physical harassment, and physical assault from peers. Discussed later on, many schools have also been forced to remove GSA organizations and safe spaces, further otherizing LGBTQ+ youth and adults.

Violence against the LGBTQ+ community has waned over time, decreasing in many regions but still affecting the community today. The criminalization of identity and targeted discriminatory attacks have changed in their presentation from outright attacks and open violence to legislation/laws often buried under the guise of protections (especially in schools) from SGM individuals or ideals (e.g. religious freedom laws in schools to prevent the teaching of LGBTQ+ curriculums). Propagated forward by the anti-LGBTQ+ sentiments in recent legislation, there has been a recent uptick in harmful discrimination and prejudice across the United States. 2SLGBTQ+ rights have continuously been countered by this resurgence, with laws that have shifted toward targeted attacks against individual liberties such as parental rights and the well-being of children. "These laws are increasingly successful despite favorable public opinion towards LGBTQ2S+ rights and increased protections for LGBTQ2S+ Americans. Following the legalization of same-sex marriage in the United States, conservative opposition to LGBTQ2S+ rights shifted away from emotional discourses of disgust to legal rights-based discourses of religious freedom and individual liberties" (Bates, iii). These laws have been centered in Southern and Midwestern states, effectively banning 2SLGBTQ+ curriculum in public education, denying use of school facilities that align with a student's gender identity, denying gender affirming care for minors, banning the participation of transgender students on sports teams, and even drag shows in the presence of children. As explained by Logan Bates, emotional discourses have historically been used by conservative individuals that stand in opposition to

16

2SLGBTQ+ rights to demonize these SGM individuals. "For example […] fear and security were used in the post-war period to openly persecute lesbian and gay government employees. During the HIV/AIDS epidemic, disgust was used to block legislation granting LGBTQ2S+ Americans rights and government benefits" (Bates, 2). Modern representations of anti-LGBTQ+ sentiment in legislation hide discrimination and prejudice under the guise of religious reservations and a self-made moral code that continuously infringes on the basic rights of the 2SLGBTQ+ community, regardless of the protections that have been installed since the legalization of gay marriage. Looking to legislative trends, continuous religious freedoms bills and the explosion of discriminatory anti-transgender and anti-LGBTQ+ policies show that full equality has yet to be achieved despite the advances that have been made.

Despite a progressive movement forward in the fight for 2SLGBTQ+ rights, the community continues to be discriminated against, erased, and ignored at all levels of education. This large prominence of such erasure and homophobia, especially in medicine, dangerously alters healthcare access, mental health, social development, and health outcomes. This explosion of anti-LGBTQ+ sentiment, not only in medical settings and schools, but also in state legislatures, has clear implications on physical and mental health of not only LGBTQ+ youth but adults as well. Within the last year, there has been a marked increase in legislation that targets LGBTQ+ individuals, especially those that are transgender or gender nonconforming. As of an early 2023 snapshot done by the Human Rights Campaign, anti-LGBTQ+ State Legislative Activity has been at an all-time high. "Over 520 anti-LGBTQ+ bills have been introduced in state legislatures, a record; over 220 bills specifically target transgender and non-binary people, also a record; and a record 70 anti-LGBTQ+ laws have been enacted so far this year" (Peele, 2023). 15 of these laws banned gender affirming care for transgender youth, 7 requiring or

allowing misgendering of transgender students and other gender identities, two laws targeted drag performances, three laws created a license to discriminate, and four laws censored school curriculums, including books and any other inclusive educational materials. "There have been more anti-LGBTQ+ bills introduced in state houses this year than in each of the previous five years; with the increase in LGBTQ+ Erasure bills, bills that strip away dozens of legal protections and rights for LGBTQ+ people, coming as the newest form of attacks on the community" (Peele, 2023). In 2022, the year before the roundup of anti-LGBTQ+ legislation done by Peele, over 315 discriminatory anti-LGBTQ+ bills were introduced, with 29 passed into law. Of the 149 discriminatory bills targeting the transgender and non-binary community, most focused on children, who bore the brunt of such legislation. By the end of the 2022 legislative session, a record 17 such bills became law, using outdated and discriminatory tropes often disguised as religious morality (Peele). Anti-LGBTQ+ groups across the country have continued to push for the rollback of LGBTQ+ rights in various forms, including targeted attacks on LGBTQ+ youth in school systems. These attacks strip away the rights of these youth and their parents while also erasing LGBTQ+ inclusive educational materials. Some of these laws even require the forced outing of a student suspected of being LGBTQ+ to their parents, prohibit the use of restrooms that align with one's gender identity, restrict transgender students from participating in sports, and ban faculty from creating safe spaces or Gay Straight Alliances within their schools.

The modern anti-LGBTQ+ movement is still present throughout all aspects of society today, pursuing an end to the expansion of LGBTQ+ rights. However, the movement has since transitioned from open attacks and bar raids to legal means of stripping rights away from any SGM individual. However, the LGBTQ+ community has continued to gain footholds in many

aspects of the country today. For instance, "Pete Buttigieg became the most visible LGBTQ person to seek the presidential nomination. The economic clout and organizational skills of the LGBTQ community have worked to discourage discriminatory policies aimed at LGBTQ employees, patrons, and students" (Morgan & Rodriguez, 116-117). Despite the 2011 Williams Institute estimate that roughly 9 million Americans identified with the LGBTQ+ community, occupying all aspects of everyday life, the community's visibility has yet to achieve full equality amidst the onslaught of religious freedom bills and discriminatory transgender policies.

Transition to Anti-Transgender Sentiments in Legislation

Gender minority individuals have had an arduous history, facing targeted attacks perhaps even more frequently in recent years than other sexual minorities. Even historically, "murders of transgender people have been under-investigated, under-convicted, and under punished" (Morgan & Rodriguez, 110), with hate crimes and murders still disproportionately affecting the transgender community today (Morgan & Rodriguez, 110). The issues faced by gender minorities have long been swept under the rag, cast aside even by those who advocate for the rights of sexual identity minorities. "Transgender issues had been historically neglected by mainstream gay and lesbian advocacy organizations. Gay and lesbian anti-discrimination measures often did not include protections for transgender people," (Morgan & Rodriguez, 111) without a prioritization to include protections for gender minorities until recent years. One source of continued bias against transgender rights has been repetitively issued in the military of the United States. "In 2015, the Obama administration […] lifted a ban on transgender people from serving in the armed forces" (Morgan & Rodriguez, 114). Years later, President Trump issued

tweets in the goal of reinstating the ban but was later denied following multiple lawsuits against the administration. However, by the year of 2019, the Department of Defense has successfully implemented targeted policies to effectively restrict transgender service members from enlisting or serving in the military" (Morgan & Rodriguez, 114).

Outside of military restrictions on transgender individuals, several states have passed laws restricting bathroom choices based on sex listed on a person's birth certificate, regardless of their gender identity. These policies have been adopted in school systems and have led to harm towards sexual and gender minority (SGM) youth, including mandatory outing to parents of students suspected of identifying as LGBTQ+. In 2017, the Department of Justice filed a brief with the Supreme Court asserting that federal law does not protect transgender individuals from discrimination. The Departments of Housing and Urban Development, Labor, Health and Human Services, and Education have also removed protections for transgender individuals. Although the Supreme Court's 2020 ruling in Bostock v. Clayton County, Georgia expanded anti-discrimination protections to include sexual orientation and gender identity, most states lacked laws or policies prohibiting the firing of LGBTQ+ individuals due to their SGM identity (Morgan & Rodriguez, 115). The fight for equal rights for the LGBTQ+ community has been one that has yet to be fully achieved, with continuous legislative targeting of SGM individuals across the country. The battle continues, especially for gender minorities that do not fall within the gender binary and their own fight for the right to gender affirming care. From targeted attacks against crossdressers and drag queens, to barring of transgender youth and adults from using restrooms designated for their gender identity, and the criminalization of gender affirming care in many states across the US, gender minorities continue to become increasingly targeted. It

has become increasingly common in educational systems and medicine, with impacts on mental health and health outcomes.

Transgender activism truly began to take center stage in 1970, with issues faced by gender minorities becoming a focus of the LGBTQ+ movement. Individuals like Silvia Rivera and Marsha P. Johnson separated "from New York's Gay Activists Alliance to start the Street Transvestite Action Revolution (STAR)," which "advocated for transgender rights and opened STAR House to provide shelter for transgender youths at risk" ((Morgan & Rodriguez, 60). However, organizations like these quickly faded under persistent hate and violence. Furthermore, the United States has seen a recent resurgence in anti-LGBTQ+ sentiment that has been at the center of proposed legislation across the country, with numerous bill proposals and approvals. Not only are all members of the LGBTQ+ community made target, but the transgender community, including both youth and adults, is at the forefront of facing backlash and legislative targeting at the hands of harmful legislation.

Many more conservative activists and politicians utilize misinformation and fear to warrant legislative decisions targeting gender minorities, especially when in relation to gender minority youth. "When conservative activists are not blaming misdirection on doctors, they blame the transgender/nonbinary young people themselves. Conservative groups claim that minors who want GAC are seeking an irreversible solution to what these anti-trans activists claim is a temporary problem" (Schipper, 31). In many cases, transgender youth are targeted because of their identity, which falls outside of the gender binary of cis-heteronormative society. Similar to the rhetoric pushed by psychological professionals when declaring homosexuality as a mental illness, many of these individuals stake their claim on these youth not truly knowing what they want and claiming that it will be a mistake that they will want to reverse in the future. Under

the guise of protecting youth from harm, many advocating for a ban on gender-affirming care claim that the minds of transgender youth are misguided and misinformed, misdirected by outside sources that have an ulterior motive (i.e. doctors often become the scapegoats, with many claiming they are influencing youth to partake in a life full of drugs and surgeries that are unnecessary in their minds).

Especially for transgender youth, these legislative attacks continue to bring harm to these individuals, with many losing access to, or at risk of losing access to, gender affirming care, which is defined as "age-appropriate care that is medically necessary for the wellbeing of many transgender and non-binary people who experience symptoms of gender dysphoria, or distress that results from having one's gender identity not match their sex assigned at birth (Human Rights Campaign Foundation, 2023). Despite decades of research supported by every major medical association, many of these bills prevent these youth from accessing medically necessary and safe health care. Furthermore, one survey performed by the Trevor Project discovered that "almost nine in ten transgender and non-binary youth experienced worsening mental health as a result of the wave of anti-transgender legislation, and almost half had been cyberbullied as. Result of discussions of these bills" (Human Rights Campaign Foundation, 2023). Since early 2020, many state legislations (e.g. South Dakota, Alabama, Tennessee, etc.) have introduced and/or passed laws that would criminalize providing gender affirming medical care to transgender and gender minority youth. In these cases, medical professionals and physicians can face a wide range of punishments, from misdemeanors with up to a year in jail all the way up to a felony and spending life in prison. There are many punishments and regulations put into place by these laws, as discussed by Abreu and his partners. "For example, in Alabama a bill passed that would put physicians in prison for prescribing puberty blockers" (Abreu, et al., 501).

With many of these bills, families and transgender youth have even gone as far as relocation, leaving the state in which they are being legislatively targeted and relocating to safe states that still to provide such care. In these instances, education and advocacy persist as one of the primary methods to counter the continuous introduction and passing of such discriminatory laws against gender minorities and gender minority youth.

Beyond the consequences faced by providers who may attempt to provide such gender-affirming care, gender minority youth, adults, and their families also face many long-lasting consequences, from increased anxiety and depression to worse health outcomes due to lack of necessary care, and worsening stigma and violence towards these individuals. "Minority stress posits that LGBTQ people experience increased identity-based stress compared with their heterosexual and cisgender counterparts" (Abreu, et al., 502). Broken down into both proximal and distal stressors, these attacks fall under the category of distal stressors for these individuals and their families. "Distal stressors refer to stressors that happen outside of the individual's sphere, including but not limited to harassment, violence, and structural stigma. Structural stigma refers to cultural norms, laws, and policies that decrease the well-being of LGBTQ people and their allies and families" (Abreu, et al., 502). These stressors, in this case, include antitransgender political administrations and the passing of antitransgender laws and regulations that target these gender minority youth, adults, and their families.

Recently in the United States (and ranging beyond the US), there is even evidence of "structural transphobia, homophobia, and biphobia in public health practices [such as] the example of COVID-19 Surveillance" (Sell, et al. 1620). Sexual and gender minorities are often much more vulnerable than other minority groups in society today. Social determinants such as lower rates of health insurance and increased poverty rates predispose these individuals to more

severe consequences and harms that were seen during the COVID-19 pandemic. This decreased

access to lifesaving care is one of innumerable disparities faced by the LGBTQ+ community.

Discrimination is often deeply entrenched in social structures, commonly including the

institutions of medicine and healthcare.

Political Battles Against the LGBTQ+ Community

LGBTQ+ individuals have long suffered due to lack of protections and legal limitations

that deny fundamental rights such as right to marry and every benefit that comes with legal

marriage. Furthermore, grueling legal battles were often necessary simply to recognize the

survivor's rights to housing, inheritance, and child custody after the passing of their partner (due

to the lack of protections of same-sex couples and marriage rights). These individuals were also

barred from tax and insurance benefits, and American citizens in same-sex couples could not

prevent their non-citizen same-sex partners from being deported out of the United States. In

relation to child custody or adoption issues, an individual's LGBTQ status could be and was

frequently "used to dismiss the custody claims of separated gay or lesbian parents" (Morgan &

Rodriguez, 101-102). In 1996, 16 US states had banned same-sex marriage and the federal

government had passed the Defense of Marriage Act, denying same-sex couples the same

benefits and rights that were deemed appropriate for their heterosexual counterparts (even if their

marriage was recognized at the state level).

Even up until 1986, the United States Supreme Court ruled that private and consensual

acts would remain illegal, threating civil rights of SGM individuals on a fundamental level.

"Many lower courts used the precedent to rule that LGBTQ people could be judged implicitly

criminal and unfit for a number of rights," (Morgan & Rodriguez, 99) even including the

removal of a child from LGBTQ+ parents with no explanation other than their sexual identities.

It took until 1996 for the United States Supreme Court to rule that lesbian and gay individuals

were "equal to any other citizen and could not be denied participation in society and politics,"

(Morgan & Rodriguez, 99) finally providing legal standing to prevent governmental

discrimination against SGM individuals.

History of the Modern Anti-LGBTQ+ Movement

The LGBTQ+ rights movement has gained immense recognition and power in recent

American history. However, alongside its growth, anti-LGBTQ+ sentiments persist, leading to

the pathologizing, criminalization of identity, discrimination, and violence against sexual and

gender minority (SGM) individuals. The Stonewall Riots stand as a pivotal moment in the fight

against identity-based oppression and violence, showcasing the intersectionality of race,

ethnicity, and SGM identity. This historical backdrop, often overlooked, is crucial to

understanding the trajectory of the modern LGBTQ+ movement and the discrimination faced by

the community.

Middle to Late Twentieth Century Discrimination

Despite LGBTQ+ representation dating back to some of the earliest human civilizations,

gay, lesbian, and other SGM minorities only began to gain visibility in America in the late

1800's with the development of industrialized urbanization. Oppressive social conditions faced

by the LGBTQ+ community included widespread discrimination and oppression that bordered

on outright hatred as the community gained visibility. Police enforced the regulation and raiding

of bars that served as safe spaces for the LGBTQ+ community, actively targeting those that appeared to be part of the LGBTQ+ community (e.g. individuals who cross-dressed, feminine men or masculine women). "Because bars were the primary public places where gay and lesbian people congregated, the raids created an atmosphere of fear that permeated the community" (Morgan & Rodriguez, 12). Police raids on LGBTQ+ spaces, fueled by societal prejudice and religious moralism, instilled fear while perpetuating violence. Terms like "homosexual" and "queer" were used derogatorily, contributing to the pathologizing of LGBTQ+ identities outside traditional gender norms and heterosexual relationships.

Bisexual Visibility and Lesbian Feminism Take Hold

In the middle to late 20th century, there were many social changes that occurred within the modern LGBTQ+ movement across the United States. "In the late 1940s and early 1950s, Alfred Kinsey et al.'s (1948, 1953) studies on human sexuality shocked many with high estimates of same-sex sexual experiences among both men and women," (Goldsen, et al.) making claims that most individuals were bisexual in their attractions, at least to some extent. To most of the public, this meant that homosexual behavior was more common than previously thought by many. Many viewed bisexuality as a perversion of natural behavior, and to this day, bisexuality faces alarming stigma both within and outside of the LGBTQ+ community. These individuals often face identity invalidation, stigma, and prejudice, which in many cases, "directly impact[s] bisexual people's mental health, including contributing to depression, stress and exacerbated or triggered anxiety," (Blum, 2021) sometimes even worse than other sexual minorities within the LGBTQ+ community.

Lesbian Feminism began to take root in the 1970s, advocating for rights of lesbian women while dually fighting for women's rights in the hopes of recognizing a woman's right to define her lifestyle and her sexuality (Morgan & Rodriguez, 62). Unfortunately, faced many negative labels that associated negative stigma with the movement.

Criminalization of Sexual and Gender Minorities

Openly LGBTQ+ institutions in the late 1900's also became target as visibility grew, with open hate crimes, violent protests, and even arson attacks becoming recurrent. Arson fires and bomb attacks also destroyed gay bars throughout the US in prominent advocacy cities in the LGBTQ+ movement (Morgan & Rodriguez, 66). In cities like San Francisco, Harvey Milk (once a school teacher, actuary, financial clerk, and Wall Street analyst) was the first openly elected LGBTQ+ individual in a public office in California in 1977. He worked to counter rising anti-LGBTQ+ sentiment in legislature, actively fighting for equal rights for all SGM individuals. However, Harvey Milk and San Francisco Mayor George Moscone were assassinated in their offices. While some suspect that it was in retaliation of open support for LGBTQ+ rights, other sources claim that the assassinations were entirely separate from Milk's activism. The assassin, Dan White, was appointed to the San Francisco board of Supervisors as Democrats (despite White's more conservative affiliations) at the same time as Harvey Milk. White struggled with depression and announced his resignation from his role as a supervisor (which he later rescinded). Days later, he states he has reconsidered his resignation and wishes to withdraw it. However, upon not being reappointed as supervisor, he decided the next morning to attack, resulting in the assassination of Mayor George Moscone and Harvey Milk. He received a mere 7-

year sentence for both murders, leading to the largest LGBTQ+ riot ever recorded in San Francisco.

Soon after, open activism for the LGBTQ+ community became a national movement that continued to gain attention. Two years after the assassination of Harvey Milk, a march on Washington occurred to depict the diversity of individuals and organizations that fought for the LGBTQ+ cause. At this time, sodomy laws had been rolled back at the state level with promises for change at the national level. However, one of the stark ideas demonstrated by this march was just how much still needed to be changed.

By 1980, little had progressed to counter the anti-LGBTQ+ sentiment across the US. At this point in time, there was "no federal or state anti-discrimination legislation for LGBTQ citizens. There were no same-sex partner benefits, even on the municipal level. Challenges against same-sex marriage and gay and lesbian participation in military service had yet to achieve any success," with bans in place that still prevented LGBTQ individuals from entering the United States (Morgan & Rodriguez, 68-69). At the individual level, state level, federal level, and national level, LGBTQ+ individuals continuously had rights basic denied, restricted, and controlled, with little change despite advocacy efforts.

Pathologizing of SGM Identity

Although the terms denoted by the abbreviation for the LGBTQ+ community are now used as inclusive terms, the early and mid-20th century was one full of derogatory terms and open verbal attacks. The term homosexual was the commonly used for lesbian and gay individuals; however, queer was commonly used as a derogatory term rather than the inclusive connotation for the term today. The term homosexual came to be following the use of the term by mental

health professionals, opening the door to social pathologizing of LGBTQ+ individuals. "As the profession of psychiatry grew in prominence, mental health doctors grew increasingly presumptuous they could identify and ultimately transform gay, lesbian, transgender, and intersex people into heteronormative adults" (Morgan & Rodriguez, 8). Homosexuality was even codified by the American Psychiatric Association, or the APA, as a mental disorder in the Diagnostic and Statistical Manual, with many mental health experts employing a variety of harmful therapies in the attempts of curing homosexuality in patients.

Freud's psychotherapy, with therapy techniques such as hypnosis, psychoanalysis, group therapy, and verbal techniques, was one of the primary methods used to cure homosexuality. It is important to note here that Freud was not inherently discriminatory in nature; however, many of his methods were implemented in relation to fighting homosexuality. These psychiatric theories and diagnoses even surfaced within the media, villainizing any member of the LGBTQ+ community. Articles advised how to rear children to ensure they did not become homosexual. Tabloids printed conspiracy theories of a gay and lesbian underground targeting children and family values" (Morgan & Rodriguez, 14). The idea that homosexuality or any other behavior outside of cis-heteronormative behaviors could be codified as a mental health disorder contributed significantly to the continuous trauma, discrimination, and stigma faced by the LGBTQ+ community. Behavior modification therapy also became increasingly common in the 1950s, with "[m]aximum-security mental health facilities, such as Atascadero State Hospital, allow[ing] mental health professions to employ more extreme methods," (Morgan & Rodriguez, 8). Some of these methods included lobotomies, sterilization, electric shock, and drugs such as succinylcholine, a drug that simulates the feeling of dying, all with the hopes of curing patients of their homosexual behaviors/tendencies.

These psychiatric therapies were further implemented in the military, another source of continuous pathologizing of LGBTQ+ individuals. During and in the years following WWII, the US military used psychiatric evaluations from these professionals at the time as a basis for military discharge on the account of homosexual behavior. The US Military has a long history of persecution and discrimination against SGM individuals often hidden under the guise of policy. Starting in the 1950s, the period known as the Lavender Scare began in which targeting of LGBTQ+ individuals within the military as well as civil servants was at an all-time high. "Thousands of members of the military and civil servants would be dismissed because of rules against homosexual behavior," with the government reasoning that "homosexuals were a grave security threat because they could be blackmailed by foreign governments" (LGBTQ+ Victory Institute). This activity to reduce the threat to security was deemed necessary due to anti-LGBTQ+ crusaders who "argued that gay and lesbian people's innate immorality and mental instability left them vulnerable to blackmail by communist agents" (Morgan & Rodriguez, 11). The bill titled Directive 1332.14 made homosexuality a mandated disqualifier from military service and remained in place until the "compromise" by President Bill Clinton titled "Don't Ask, Don't Tell." This bill allowed gay and lesbian individuals to serve in the US military so long as they didn't share their sexuality publicly. The compromised "Don't Ask, Don't Tell" still stands as one of the most controversial policies targeting the LGBTQ+ community, with lingering effects still present in the military today. Policies like these supposedly aimed to support inclusion of SGM individuals ultimately still resulted in discharges at alarming rates, (Morgan & Rodriguez, 98) and despite being repealed in 2011, still has lingering effects in modern society.

Furthermore, the "Immigration and Nationality Act of 1952 denied entry in the country to those with 'psychopathic inferiority,' a psychiatric term that was explicitly intended to deny access to, and later deport, gay and lesbian people" … "Print media in the 1950s published psychiatric-based articles on the homosexual threat to gender norms and on how to prevent homosexuality in children. Even the Revised Standard Version of the Bible added the mental health term 'homosexual' in 1946 (Morgan & Rodriguez, 9). These psychiatric identifications of homosexuality as a mental disorder also led to the criminalization of identity against LGBTQ+ individuals. "Police selectively arrested gay, lesbian, and transgender people for such transgressions as wearing clothing of the opposite sex, behaving as someone of the opposite sex, or even holding hands with a member of the same sex" (Morgan & Rodriguez, 12). Furthermore, many of those arrested were vulnerable to violence from police and inmates if they were ultimately placed in jail. Many of these individuals were extremely vulnerable to extortion and other violence, fearful of filing charges out of fear of repercussions and the possibility that they themselves would be arrested instead of those they filed charges against. "Perpetrators of violence against gay, lesbian, and transgender people could even claim what become known as a 'gay panic' or 'trans panic' defenses which justified any violence, including murder, in the name of protecting oneself against a same-sex advance" (Morgan & Rodriguez, 13). The pathologizing, criminalization, and otherization of the LGBTQ+ community breached all realms of society, with long lasting consequences for the LGBTQ+ community and the discrimination they face.

Infringement Upon Fundamental Rights: LGBTQ+ Marriage

For decades, the LGBTQ+ community has experienced a persistent infringement of their fundamental rights, solely based on their sexual or gender identity. This injustice has taken various forms, such as criminalization and discrimination in areas like military and blood donor bans, adoption restrictions, and the denial of marriage rights. The struggle for same-sex couples to gain the right to marry was a continuous one, with severe consequences for those denied this right. The inability to marry meant that same-sex partners were often denied visitation and decision-making power when their partner was hospitalized, and surviving partners were denied benefits after the death of their loved one (Morgan & Rodriguez, 101-102). Despite these challenges, many LGBTQ+ couples chose to hold private marriage ceremonies to affirm their commitment to one another, even if their relationships were not legally recognized. In 2000, Vermont legalized civil unions for same-sex couples, providing them with the same rights as married heterosexual couples. In 2003, the Massachusetts Supreme Court ruled that criminalizing and preventing same-sex marriage was unconstitutional. In response, 22 states banned same-sex marriage. Between 2004 and 2011, only six more states made same-sex marriage legal (Morgan & Rodriguez, 102). In 2012 and 2013, 11 more states legalized same-sex marriage. As of 2013, only 18 out of 50 states supported same-sex marriage. Despite being a seemingly fundamental right, LGBTQ+ individuals were denied the right to marry. In 2015, the U.S. Supreme Court held in Obergefell v. Hodges that state bans on same-sex marriage are unconstitutional (Boso, 920), regardless of geographical location (Morgan & Rodriguez, 103). However, anti-gay activists have continued to participate in widespread campaigns to supersede and circumvent such political decisions.

Following the legalization of gay marriage in the United States, President Barack Obama signed an executive order in 2014 that legally prohibited open discrimination based on sexual orientation or gender identity for all federal contractors (Morgan & Rodriguez, 99). However, multiple challenges to rights continued to appear, with many disputing their right to marry despite marriage bans for same sex couples. However, the fight for rights was supported by President Obama as the White House stood in solidarity with the LGBTQ+ community, lighting the White House in rainbow colors following the Supreme Court ruling.

Outrage Erupts Over Gay Marriage Legalization

Although the legalization of same-sex marriage marked a significant civil rights victory for the LGBTQ+ community, it also sparked outrage among those who opposed it. The legalization of same-sex marriage represented a new era of social inclusion and acceptance for LGBTQ+ individuals, but there were still inadequate policy protections against discrimination and prejudice, as well as structural and familial stigma. A mixed-methods study was conducted to examine the impact of the legalization of gay marriage in the US among sexual minority women and individuals who identify outside of the gender binary. Data for the study was collected from a sample of 18+ year old individuals who identified as lesbian, bisexual, queer, same-sex attracted, or gender nonconforming, as well as those who identified as transgender or gender nonbinary (e.g., genderqueer, trans woman, trans man, nonbinary, or gender nonconforming) (Drabble, et al.). Following the legalization of marriage for same-sex couples, there have been significant changes in the complex perceptions of the topic, outlined by four main themes: "(a) establishing a victory in civil rights, social inclusion, and acceptance; (b) creating a paradox between positives of legalization and limitations of marriage as an institution;

(c) amplifying concerns for unaddressed safety and rights issues; and (d) contributing to the erosion of queer identity and community" (Drabble, et al.). Another study was conducted before, after, and 1 year later from the Obergefell v. Hodges Supreme Court Decision, with 407 adults from 49 US states and territories divided by identifying as conservative, moderate, or progressive. "Although no overall changes emerged over time in support for gay rights or sexual prejudice, the conservative group showed a marked polarization after the SCOTUS decision, becoming less supportive of gay rights and more prejudiced" (Perrin). The demonization and dehumanization of LGBTQ+ individuals continues to be propagated by the anti-LGBTQ+ sentiments in recent legislation.

Early 21st Century Discrimination: 2000 to 2015

Visibility of the LGBTQ+ community has continued to grow, with advocacy for the expansion of inclusivity and equal rights for all at the forefront of the LGBTQ+ movement. Yearly pride parades, festivals, and inclusive events have exploded country wide, drawing millions of participants and LGBTQ+ individuals and allies. National Coming Out Day was established to acknowledge and celebrate the difficulty of coming out and declaring one's sexual orientation or gender identity, promoting truth of one's identity despite the challenges continuously faced by SGM individuals. "As of 2013, more than 500 openly LGBTQ people served at all levels of government. In 2016, Oregon elected Kate Brown as the nation's first openly gay governor; and in 2017, Virginia elected Danica Roem as the nation's first openly transgender state representative" (Morgan and Rodriguez, 116). In 2011, the Williams Institute

(a national LGBTQ think tank) made an estimate that roughly 9 million American individuals identify as LGBTQ+, occupying every aspect of life and visible in every culture and society.

However, continuous religious freedoms bills and the explosion of discriminatory anti-transgender policies show that full equality has yet to be achieved despite the advances that have been made. "Discrimination and hate crimes continue to proliferate" (Morgan & Rodriguez, 117). Despite being in a political environment that has allowed the LGBTQ+ community to be the most well-positioned to meet the challenges posed by discriminatory policies and to advocate for equality for the LGBTQ+ community, the prejudice, bias, and targeted hate depicted by the anti-LGBTQ+ movement continues to ignite across the country, present more than ever in policy and legislature. Furthermore, the targeted attacks against gender minorities have been at the height of activity in the political resurgence of the anti-LGBTQ+ movement. However, as Queer Nation, a militant activist group for LGBTQ+ rights, once said, 'We're here. We're queer. Get used to it,'" (Morgan & Rodriguez, 117) a rallying cry for generations to come and the continuous fight for equity and equal rights for all members of society, including SGM individuals.

Homophobic Discrimination in Professional Healthcare Settings

Religious Justification of Discrimination in the Medical World

The religious justification of homophobia and persecution is contradictory to the core values of medicine itself, with deep roots in many discriminatory practices found in various forms of healthcare. To lack of access to LGBTQ+ inclusive care and accepting physicians, to outright treatment refusal, the LGBTQ+ community continues to face prejudice in healthcare. Such victimization has even led to the inability to afford decent care. Such refusal of treatment

often leaves LGBTQ+ individuals without a trustworthy physician or treatment option, as there are many rural areas where there are few available physicians. Unfortunately, these issues do not stop at Midwestern borders; they continue to plague states across the country at levels of discrimination higher than ever before.

It is important to note that, though the article may date back to 1999, the implications of such homophobia based in religious reservations within nursing and other forms of medicine are still prominent today, causing many adverse consequences to homosexual individuals who seek treatment. This pattern is also represented in a study performed at the University of Illinois at Chicago in the Midwest. This study consisted of 100 second year medical students, with 72 individuals completing the questionnaire provided. More than half of these students were male, and 95% of the sample population was heterosexual. A quarter of the students in the study elaborated upon by Klamen, et al. "reported believing homosexuality is immoral and dangerous to the institution of the family and expressed aversion to socializing with homosexuals. Nine percent believed homosexuality to be a mental disorder and 14% felt more homophobia since AIDS" (53). Such prejudice and discrimination with medical schools in the Midwest, such as the University of Illinois at Chicago, exemplifies the obstacles that homosexual individuals face, and a source of such hindrance: traditional beliefs and education. Such references to the "institution of the family," as mentioned above, acknowledge generational biases and harmful traditions and stereotypes that are not as flawless as once believed. The conclusions of this study embody the overall effects of such stereotypes and prejudice. "Medical student homophobia, if left unchallenged, will hinder care provided to homosexual patients. Physician homophobia may disallow a healthy doctor-patient relationship and may cause a decrease in patients' ability to disclose sensitive issues" (Klamen et al. 53). Though the study dates to 1999 and social

acceptance of LGBTQ+ individuals has proceeded in the right direction since the year of publication, homophobia is still present and has extreme consequences on the overall health care delivered. Not only is it clear that this prejudice is present within nursing programs, but the elaboration upon the study referenced by Klamen et al. highlights the homophobic tendencies in medical schools as well. Understanding the pattern and the scope of these harmful views is extremely important to combating such bias within all levels of the medical world, starting from the base (education) and moving up into the professional healthcare world.

Such discrimination has a clear hold on medicine, which can even be seen in undergraduate and graduate medical school programs. Unfortunately, such prejudice also has extreme consequences. The article by McNair goes on to elaborate, while referencing another study, that "medical students are especially vulnerable to the effects of negative attitudes" (Timouth and Hamwi). These students are in a state where they are easily influenced, under a constant state of stress, and where concern about the future is high. This vulnerability has harmful effects on their education, as they often experience the silencing of LGBTQ+ curriculums (Townsend et al.), and these individuals not only face homophobia within medical school, but in the jobs that they pursue after graduation. "Their sexual orientation affects their choice of career path, and a great deal of energy is expended 'trying to find a balance between self-protection and self-disclosure'" (Risdon et al., 334). This constant fight to find equilibrium often leads to burnout, or results in detrimental effects on said individuals' mental health. Some of these persons even go to the lengths of hiding their sexual orientation and sexual identities out of fear of the negative impacts it may have on the progression of their medical careers, and the resulting stress that it may cause. The consequences of such bias and prejudice can be found at virtually all levels of the path to a professional medical career, each having extreme impacts on

the health and stability of those facing such prejudice. Combating such personal bias is something that has proven to be difficult, whether due to religious beliefs, or traditional stereotypes commonly found in the Heartland (such as the idea that being homosexual is sinful, it is a choice, etc). However, in order to provide all encompassing and quality health care for all individuals, it is crucial to identify and acknowledge the root causes of such homophobia in a manner that allows for further reduction of such stigma and hatred.

Not only are these levels of homophobia and heterosexist opinions present in healthcare situations, but they are even present in the education provided before entering professional healthcare fields. Therefore, resolving the root of these issues begins with education at many different levels, from younger ages through graduate programs such as medical schools, and the reduction of stigma and discrimination towards homosexual individuals through such education. Left unresolved, this lack of education and harmful prejudice can have a large toll on both social acceptance, mental health, and physical wellbeing of students across all ages, consequences that will be addressed further on in this analysis.

LGBTQ+ Doctors Facing Discrimination

Homophobia and stigma towards the LGBTQ+ community persist in medical settings, impacting both patients and healthcare providers. A study involving 4,501 female doctors in the USA revealed that 41% of lesbian doctors experienced harassment related to their sexual orientation, compared to 10% of heterosexual doctors (Brogan et al). This high rate of discrimination within medicine is concerning, yet the discrimination faced by LGBTQ+ doctors from colleagues and patients is often overlooked. LGBTQ+ doctors encounter various forms of

discrimination in the workplace, such as denial of job promotions, rejection from medical schools, exclusion from postgraduate training, lack of referrals, social ostracism, and other professional biases (McNair, et al. 43). This prejudice hampers the performance of affected doctors, leading to negative health outcomes for patients, mental health issues, and burnout. The roots of homophobia in healthcare can be traced back to education and societal norms, shaping discriminatory practices in the medical field. Religious beliefs and societal traditions heavily influence medical professionals, impacting their values and attitudes towards LGBTQ+ individuals. In regions with strong foundations for homophobia, discrimination may occur without awareness among medical professionals. "Medical treatment often has more to do with doctors; values and attitudes than with objective realities… doctors are susceptible to changes in moral values as the rest of the population [may be]" (Rose 586). As societal attitudes evolve, doctors' personal norms and opinions also change, influencing their treatment of colleagues and patients. The persistence of harmful stereotypes and societal norms poses challenges in combating discrimination within the medical field, affecting the work performance of LGBTQ+ physicians and the health outcomes of LGBTQ+ patients.

Discriminatory Medical Techniques and Practices

System Wide Discrimination

Dating back to the original definition of homosexuality as a mental illness within the DSM-5, the intersectionality between sexual orientation, gender identity, medicine, and health disparities has continued to demonstrate the lack of equality for all SGM individuals. Whether a sexual identity or gender identity (such as nonbinary, transgender, gender nonconforming), there has been a long history of maltreatment of the LGBTQ+ community at the hands of both medical

and mental health professionals. Even today, many 2SLGBTQ+ individuals still struggle to find inclusive and accepting healthcare providers, and many transgender youth and adults have been stripped of the right to seek gender affirming care across the United States. While progress towards acceptance and understanding of the LGBTQ+ community and the rights they deserve has been made, many challenges still present themselves amidst the modern-day resurgence of the anti-LGBTQ+ movement, especially when targeted and enforced by legislation.

The demonization and otherization of the 2SLGBTQ+ community is a visible occurrence that has been perpetuated throughout the history of the anti-LGBTQ+ movement. Media representation often perpetuates negative stereotypes of the intersectionality of sexual orientation, gender, and race. For individuals of color and individuals that do not conform to traditional gender norms, media representation often dehumanizes and otherizes SGM individuals. Representation in media often hyper fixates on the identity of perpetrators and individuals rather than the actions that occurred. The use of identity as a source for otherization (or use of the "evil other") detracts from the occurrence itself by a fixation on the criminalization of identity. Though progress in societal understanding and representation of the unique issues faced by the 2SLGBTQ+ community has been made, media representation and otherization of the community continues to take root, especially with recent resurgence in anti-LGBTQ+ (especially anti-transgender) sentiments.

Discrimination Against Sexual Minorities in Medicine

The Blood Donor Ban and the HIV/ AIDS Epidemic

Many regions across the United States have seen the devastating impacts of intersectionality of medicine and policy. In the Midwest, for example, homophobia still has a

prominent grasp on medicine, altering both social and health outcomes for many individuals. For instance, the prejudice and stigma that led to the barring of any man who has had sex with a man from donating blood. The basis of this policy is cemented in the AIDS (Acquired Immune Deficiency Syndrome)/HIV (Human Immunodeficiency Virus) epidemic, which began in 1981 and had devastating impacts on the LGBTQ+ community. At the height of the epidemic, a severe fallacy at the hands of both political and medical professionals led to thousands of individuals that identified with the LGBTQ+ community dying. This stigma promotes the idea that HIV and AIDS are "gay illnesses," further ensuring the propagation of harmful stereotypes that impair the functioning of these individuals in modern society. The first reported cases of the disease were strictly in gay men, further heightening the stigma towards SGM individuals, quickly becoming known as the "gay plague." This term became a targeted attack towards the gay men, despite also affecting other individuals within the LGBTQ+ community and heterosexual individuals as well. Blood donor guidelines have been rolled back but continue to remain in some form, with "blood donor guidelines for gay man [changed] from indefinite deferral to one year since the last sexual contact." The specificity of these guidelines alienates gay men from their heterosexual counterparts and even serve to alienate them from other SGM identities, further enforcing the idea that HIV and AIDS are "gay diseases," rather than a disease that can be contracted by all individuals, heterosexual or homosexual. When HIV first emerged in society, it was during a period of "widespread prejudice and discrimination reflected by individuals and most of society's institutions," (Purcell, 1231) with little known about the origins of the disease. Furthermore, because the first reported cases of the epidemic were in gay men, the growing health crisis was termed the "gay plague," effectively serving to reinforce any stigma that had already existed before the epidemic came to be.

As elaborated upon by Lynn Rose, it is common for attitudes towards patients with AIDS to vary. However, "while all doctors professed their belief in the need to treat all patients regardless of their illness (while knowing of non-gay doctors who did not have such beliefs), it became evident that this did not always occur in practice, and when it did it was often unwillingly" (587). This inability to find "sympathetic practitioners" (587) only serves to negatively impact health outcomes of LGBTQ+ individuals and healthcare provided. Demonstrating the intersectionality of religion and identity, politics and medicine, a homophobic rhetoric from both religious and governmental leaders (especially at the height of the epidemic) exacerbated the social chaos in the wake of the explosion of the disease. "Future White House Communications Director Pat Buchanan wrote: 'The poor homosexuals -- they have declared war upon nature, and now nature is extracting an awful retribution.' Moral Majority leader Reverend Jerry Falwell said: 'AIDS is not just God's punishment for homosexuals; it is God's punishment for the society that tolerates homosexuals'" (Morgan & Rodriguez, 78-79). The rhetoric pushed by social leaders in politics and religion exacerbated the public's opinion towards the LGBTQ+ community, blaming those with AIDS for the disease and escalating fear of SGM individuals. This intersectionality also demonstrates the use of religion as a political weapon, a method of political exploitation to garner votes and instill fear in the general population.

This otherization, or the process of "making a person or group of people seem different," (Cambridge Dictionary) is a habitual occurrence when referencing such homophobic stigma. During this time, "same sex behaviors and relationships had no legal protections, gay parents often lost their parental rights during divorce, violence and victimization was too common, and, in almost all circumstances, discrimination was legal in employment (including the military),

housing, and social services" (Purcell, 1231). Throughout the first ten years following the emergence of HIV as an epidemic, "criminal laws were passed in more than 35 states that punished behaviors that might transmit HIV" (Purcell, 1231). Furthermore, little action by the federal government allowed for confusion and escalation of discrimination against the LGBTQ+ community. "Coming out in support of increased funding for AIDS research meant personal visibility and vulnerability in a society in which one could be legally fired or evicted for being LGBTQ" (Morgan & Rodriguez, 82). Despite the astronomical number of deaths and the extreme health crisis, governmental aid in the crisis itself was limited until the Reagan administration, with Reagan's Commission on AIDS urging protection of those with the disease against discrimination while also expanding services and funding to fight the disease and provide further education. Despite the report, the government took no legal action to protect individuals facing the disease from discrimination, nor took any legal action to ensure funding and other services until 1990.

Upon the origins of the epidemic itself, it burned its way through the LGBTQ+ community. "Scientists at the CDC and other institutions in the United States and France eventually determined that the retrovirus HIV caused a breakdown of the body's immune system. A test for the virus became available in 1985," (Morgan & Rodriguez, 80) further confirming that sex was one of the primary mechanisms of disease spread and leading to an explosion of sexual education within activist movements led and organized by the LGBTQ+ community. However, there is still a sizable presence in modern society of the HIV/AIDS epidemic. As noted by the CDC, "at the end of 2019, an estimated 1,189,700 people aged 13 and older had HIV in the United States, including an estimated 158,500 (13%) people whose infections had not been diagnosed" (CDC, 2021). It is important to note that these individuals are not only sexual and

gender minorities, but also those that identify within the cis-heteronormative community. Grievously, the social prejudice that was present in these laws and stipulations are still used to justify the perpetuation of medical and social discrimination. Despite the increasing prevalence across both individuals of SGM and cis-heterosexual individuals, there is still a maintained stigma in modern society that stems from the policies that were implemented.

However, with new treatments bringing the disease to undetectable levels with prolonged lives for those affected, a new awareness has taken hold. "World AIDS Day, first held in 1988 to unite the fight against HIV and commemorate those who have died, is honored in hundreds of events around the world" (Morgan & Rodriguez, 116), with a continued fight for advocacy, research, funding, education, and services to fight AIDS and break down the stigma surrounding the disease itself.

In the modern healthcare world, the recent explosion of monkey pox across the US has drawn alarming parallels with the HIV/AIDS crisis. Many professionals feared that the public health emergency declaration for monkeypox would cause an eruption of the same stigma and discrimination towards the LGBTQ+ community as did the HIV/AIDS crisis when it first surfaced. Misinformation labeling monkeypox as a "gay disease" parallels the rhetoric that surrounded the AIDS epidemic in the 1980s into the 1990s, perpetuating the stigmatization of the gay community (especially in relation to health crises). The same governmental neglect came from the monkeypox epidemic, adopting a wait-and-see mentality rather than the proactive use of vaccinations against the disease that were "tied up in bureaucratic red tape" (Gutterman Tranen, 2022). Many individuals throughout society voiced concerns that monkeypox would garner the same label as AIDS, a "gay disease" dating back to the initial AIDS epidemic before it was even officially named. Around this time, the epidemic that garnered the label as a gay

disease was "known as GRID, or Gay-Related Immune Deficiency, a sociological name that quickly became a tautology: one would get GRID if they were gay, and if one had GRID, it was because they were gay. What followed was the homophobic conflation of AIDS with queerness, and the violent belief that queer people deserved to contract HIV, develop AIDS, and die" (Gutterman Tranen, 2022). This same eruption of anti-LGBTQ+ sentiment had to be considered as a concern when crafting a public health announcement about monkeypox as well, truly showing that despite the apparent progress made towards equality for the LGBTQ+ community, many advancements still need to be fought for and enforced.

Structural Discrimination in Medical Surveillance

In addition to the stigmatized views surrounding blood donation by gay men, there are also more examples of such homophobia in medicine and public health. In the United States, there is even evidence of "structural transphobia, homophobia, and biphobia in public health practices [such as] the example of COVID-19 Surveillance" (Sell, et al. 1620). Though societal standings in terms of acceptance have improved in recent years, there are still many instances of this prejudice in healthcare. Serving as one modern example of such homophobic discrimination, the reference to COVID-19 surveillance "points out how populations, on the basis of geography, age, and race and ethnicity, are being impacted disproportionately…" (Sell and Krims, 1620) and "highlight[s] how the public health surveillance system fails some communities, including sexual and gender minorities" (Sell and Krims, 1620). However, it is apparent that such failures to help these populations are a more common occurrence than one may think. These Sexual and Gender Minority, or SGM, communities are much more vulnerable than other non-minority groups in society today. As elaborated upon in this article, "there are [many] social determinants and inequities that put SGM people at higher risk for infection and other harms during the COVID-

19 pandemic… For example, SGMs are health insured at lower rates than cisgender heterosexual people and have higher poverty rates… [resulting] in decreased access to lifesaving healthcare" (Sell and Krims, 1622). With such vulnerability, this merely serves as an extension of the malpractices and negative consequences that these individuals face at the hands of homophobia found within medicine and public health.

These SGM communities are commonly harmed in terms of modern medical practices. However, it is also clear that these individuals are, in a sense, completely neglected in some respects. With their research, Sell and Krims "report[ed] that not a single public health surveillance reporting system at any level (e.g., local, state or federal) in the United States has publicly reported the impact of COVID-19 on sexual gender minorities (SGM's)" (Sell and Krims, 1620). Furthermore, such exclusion of "SGM communities from public health data collection has previously been identified as public health malpractice" (1621). Malpractices such as this are perceptible in current medicine, whether in terms of doctor patient interactions, policy, or public health practices such as COVID-19 surveillance. Even though the first case of COVID-19 was documented well over a year ago, the lack of surveillance and documentation is highly concerning. "However, for SGMs, these data are not just incomplete, they are non-existent" (Sell and Krims, 1621). Even though data, such as that resulting from COVID-19 surveillance of these communities, is crucial to more positive clinical outcomes and understanding the disproportionality of which these communities are impacted, the lack of such data clearly highlights the structural homophobia and transphobia affecting these individuals.

Homophobic discrimination doesn't solely occur in reference to sexual orientation. Discrimination based on gender identity is also common in both the world of healthcare and political legislation. Trans-gender healthcare rights serve as yet another example of the prejudice

that LGBTQ+ individuals face not only when seeking treatment, but in the policies that affect

such treatment. As elaborated upon by Bakko and Kattari, "Transgender and non-binary (TNB)

individuals have a variety of health needs that require accessible, affordable, and quality

healthcare" (35). However, such need doesn't equate to full access. A study in the US with

27,715 individuals states that "23% of [the] respondents avoided seeking healthcare due to fear

of mistreatment within the past year… Insurance-based coverage denials are [also] a common

barrier for TNB individuals in accessing medically necessary gender-affirming care" (Bakko and

Kattari). Unfortunately, there are also numerous policies that curb the rights of these individuals

nationwide, serving as an example of the discrimination that is still present in healthcare today.

Consequences of Discriminatory Practices & Homophobia in Medicine

Not only are there stigmatized healthcare practices in relation to homosexual individuals,

but there are also higher instances of non-disclosure in regions where homophobia is common.

"Gay men were less likely to disclose their sexual orientation to their physicians if they felt the

physician held a negative attitude about homosexuality, even if the patients were HIV positive"

(Klamen, et al. 54). However, such information about an individual's sexuality is crucial as

"awareness of a patient's sexual orientation is important clinically, since a thorough

understanding of the patient's social environment is necessary for comprehensive health care

(Klamen, et al. 54). This lack of social acceptance is clear within healthcare. However, the

difficulties for LGBTQ+ individuals to be forthcoming with their sexual orientation or identity

stems from fear of backlash and victimization from medical professionals. However, such issues

have strong roots in the Midwest, for many different reasons including religious based promotion

of homophobia, unconscious homophobic remarks or actions, lack of exposure to societal diversity, and generational stereotype.

There are numerous substantial impacts of this discrimination in the professional medical field, from psychological and mental consequences, to physical and health related consequences.

"Negative beliefs and actions can affect the physical and mental health of gay, bisexual, and other men who have sex with men, whether they seek and are able to get health services, and the quality of services they may receive. Such barriers to must be addressed at different levels of society, such as health care settings, workplaces, and schools…" (CDC).

As referenced by this article, these negative beliefs are present in virtually all levels of the professional healthcare world and must be addressed in all settings to ensure quality healthcare and societal treatment. Unfortunately, it is common for gay and bisexual individuals to be rejected by their families and peers in school settings at a young age. Such rejection serves as an example of toxic homophobic beliefs that negatively affect the lives of LGBTQ+ individuals. In addition, insufficiency of LGBTQ+ sex education serves as a form of LGBTQ+ erasure, meaning that many LGBTQ youth are sexually uneducated and at risk for consequences such as STD's and harmful perceptions of relationships. These negative attitudes have comprehensive ramifications on the health outcomes of these homosexual individuals. They can lead to societal rejection (by family, friends, or other), "discriminatory acts and violence, and laws and policies with negative consequences" (CDC). Homophobia, discrimination, and stigma around these individuals affect income, ability to get or keep a job and health insurance, limit access to quality healthcare responsive to specific health issues, give rise to poor mental health (depression, anxiety, etc.) and coping mechanisms (e.g. substance abuse, suicide attempts, etc.), and make it

48

more difficult to be open about one's sexual orientation, which may all lead to higher stress, limit social support, and negatively impact health (CDC). However, it is apparent that higher levels of social acceptance by family and peers may promote higher self-esteem, a more positive self-identity, and overall greater mental health.

Social acceptance from family and friends is an extremely important aspect of reducing stigma and improving acceptance of LGBTQ+ individuals. However, it is also critical to address such discrimination in education. "Schools can also help reduce stigma and discrimination for young gay [and] bisexual [individuals]" (CDC), providing a safe environment for youth to accept and explore their own identities. Despite such goals of reducing stigma, the presence of prejudices in home life, school settings, and society also translates to discrimination in the healthcare world. This sustained discrimination perpetuates comprehensive consequences for those that face such homophobia. Furthermore, one of the most severe consequences of such homophobia is the risk that it poses on the mental health of those facing it.

This minority group is extremely vulnerable in the sense that it faces high rates of stigmatization and discrimination, which can also be seen in medicine. Unfortunately, this has extreme consequences for the LGBTQ+ community. As elaborated upon by Meyer, "The concept of minority stress is based on the premise that gay people in heterosexist society are subject to chronic stress related to their stigmatization" (38). Stressors affecting these individuals included internalized homophobia, stigma relating to expectations of rejection and discrimination, and actual experiences of discrimination and violence (Meyer, 38). It is important to note that though this article was published in 1995, the research has many modern applications to society today. Internalized homophobia is a common reaction to coping with one's sexual identity and orientation and refers to the process of "homosexually-oriented people

internaliz[ing] societal anti-homosexual attitudes" (Meyer, 40). Unfortunately, this is an extremely common occurrence that the LGBTQ+ community faces with comprehensive consequences, such as harms to mental health. "Research also suggests that internalized homophobia may also be associated with more chronic forms of self-harm," (Williamson, 103) including alcoholism and substance abuse. Consequently, such alcohol and substance abuse serves as a "predictor of youth suicide, as these individuals are more vulnerable to suicide ideation and behaviors" (Williamson, 103). Additionally, stigmatization of these individuals also plays a large role in the mental health of these individuals. As Meyer elaborates, these individuals maintain a level of "anxiety with which the stigmatized individual approaches interaction in society" (41). The list of psychological and physical harms to these individuals as a result of homophobic discrimination is extensive, and also serves as an explanation to the harms that may result from homophobia within medicine.

A Step in the Right Direction: Sanford Health

Homophobic discrimination is as present as it has ever been in many hospitals across the United States. However, large healthcare giants, such as Sanford Health, are taking steps to combat such prejudice for both patients and employees. In general, Sanford Health serves as a positive example for healthy and beneficial changes that not only protect sexual minorities such as transgender individuals or other members of the LGBTQ+ community but does so for both employees and patients within these groups. Sanford works diligently to ensure that all individuals involved feel safe and welcome, and in a time with so many Legislative bills being introduced in legislative bodies that may harm the LGBTQ+ community, Sanford serves as a prime example to betterment of health, safety, and anti-discrimination, serving as a positive

example for acceptance and positive change in healthcare. According to Mick Garry of Sanford Health, "LGBTQ+ patients can find high-quality care at Sanford Health" (2022). Through investments in Healthcare Equality Index (HEI) accreditation, Sanford Health proactively pursues progress towards equity and inclusion of LGBTQ+ patients and employees. The HEI evaluates these facilities based on policies and practices that relate to the equity and inclusion of marginalized communities, such as LGBTQ+ individuals (whether employee, patient, or visitor). These providers measure such inclusion based on four different areas: "Non-discrimination and staff training, patient services and support, employee benefits and policies, and patient and community engagement" (Garry, 2022). As elaborated upon by many, there is an urgent need for change for those in the LGBTQ+ community. Garry references a quote from Michael Burson, a senior social worker at the Sanford Roger Maris Cancer Center, in which he states that many "members of this community have lost trust in the medical field, and it is having a grave impact on their health" (2022). Changes have been made in recent years, with policies and procedures now in place to focus on issues that may not have been considered before, and a focus on inclusive and non-discriminatory wording and language.

The HEI of 2022 denotes drastic healthcare disparities for those in the LGBTQ+ community, directing possible methods of improvement taken into consideration by Sanford Health. According to the national numbers of 2022, "56% of lesbian, gay or bisexual patients surveyed have experienced some type of discrimination in health care, and 73% of transgender respondents believe they would be treated differently by medical personnel because of their LGBTQ status; 29% of lesbian, gay and bisexual respondents believe the same" (Garry, 2022). In many cases, the LGBTQ+ population is hesitant to disclose their gender identity or sexual orientation out of fear, negatively impacting their care. Many even resort to performing research

to determine whether a doctor is or is not an ally. However, a large part of ensuring adequate care for all can be traced back to the training in which employees receive in their work environments. "Making sure that all staff are trained appropriately and have good knowledge about not only how to treat LGBTQ patients but the history behind some of the struggles and concerns" (Garry, 2022).

Advances in care for the LGBTQ+ community are not only inclusive of various sexual orientations but also those with non-heteronormative gender identities (transgender or gender nonconforming individuals). In fact, many of these individuals have faced more discrimination that other members of the LGBTQ+ community. "70% of transgender or gender nonconforming patients surveyed have experienced some type of discrimination in healthcare. 52% of transgender respondents believe they would be refused medical services because of their LGBTQ status; 9% of lesbian, gay and bisexual respondents believe the same" (Garry, 2022). A huge aspect of counteracting these instances of prejudice and discrimination has been alterations in staff training. Natasha Smith, who serves as the head of diversity and equity and inclusion at Sanford Health, has spearheaded over 100 inclusivity trainings at four major medical centers. These trainings focus on culturally relevant and gender affirming care, unconscious bias, microaggressions, empathy-building and psychological safety" (Heinert, 2023). Sanford Health serves as a positive example for positive changes that not only protect sexual minorities such as transgender individuals or other members of the LGBTQ+ community but does so for both employees and patients within these groups. Sanford works diligently to ensure that all individuals involved feel safe and welcome in a time when harmful anti-LGBTQ sentiments are on the rise in legislation across the United States.

Not only will such positive advancements help reduce homophobia, but it will also decrease the presence of homophobia within the healthcare world. This reduction will result in increasing positive health outcomes for LGBTQ+ individuals and the reduction of harmful stigma. Furthermore, these advancements may have a positive effect on reducing the harsh consequences that such prejudice in medicine may pose to the LGBTQ+ community in the Midwest, throughout the United States, and world-wide.

FIGHTING THE SURGE IN ANTI-LGBTQ+ SENTIMENT

State Legislation's Impact on Wellbeing of LGBTQ+ Students

In the last few years, there has been a marked increase in anti-LGBTQ+ sentiment in state legislature, especially affecting LGBTQ+ youth in schools across the United States. As elaborated upon by Sam Markley, "2022 marked a significant increase in legislation targeting LGBTQ+ individuals. More than 300 anti-LGBTQ+ bills were introduced in legislatures, with several becoming codified into law" (96). These bills have enforced a wide range of attacks on sexual and gender minorities, including targeting medical transitioning for transgender individuals and preventing "LGBTQ+ youth from competing in sports that don't align with their biological sex" (Markley, 96). Another primary source of legislative attack takes place on youth, especially in school environments. Furthermore, bills even include those categorized as Forced Outing Bills, which require educational faculty in education systems to inform the parents of a student if they "express a gender identity different from their biological sex" (Markley, 96), with states even explicitly pushing for said policy such as Indiana, Iowa, Arizona, Georgia, Missouri, and Kentucky (Markley, 96-97). Were these bills implemented, it may place LGBTQ+ youth in

the face of incredible danger, subject to both abuse at home and even from peers in the classroom. As a result, many students act in specific manners as to hide their identity, disincentivizing students from openly talking about their gender or sexual identities out of fear of being outed. Additionally, there have even been bills implemented detrimental to LGBTQ+ teachers throughout the United States. "Similar, but distinct form Forced Outing Laws are Forced Closeting Laws" (Markley, 97), in which LGBTQ+ faculty in school systems are prohibited from disclosing their own sexuality or gender identity with students unless permission is disclosed by parents of the students under the teachers care. Hand in hand with Forced Outing Laws, LGBTQ+ students are repeatedly denied the opportunity to discuss their identities in a safe environment, and unable to identify supportive teachers with whom they can disclose their identity. Maintaining these discriminatory cultures threatens many individuals and their right to life, liberty, and security, whether that be "sexual and gender minority children and youth, children and youth with sexual and gender minority parents, and conventionally gendered heterosexual children and youth who are [even] sometimes targeted as well" (Taylor, 309). In many instances, discrimination is often hidden under the umbrella attack of religious freedom.

However, many people that are opposed to LGBTQ+ relationships and freedom of gender expression/fluidity often fail to recognize the right of every SGM individual to an everyday life with dignity. Furthermore, many social conservative religious individuals often defend their stance, claiming that the rights to "freedom of religion are violated when they are restrained from teaching students that same-sex relationships are evil, and when they are required to take steps to make schools more inclusive" (Taylor, 317). Examples of legislature such as "Don't Say Gay" in United States schools stripped the rights of students and teachers to explore and identify with their sexuality or gender identity, removing safe spaces from schools and promoting forced

outing of any student suspected of being LGBTQ+. Some states even went as far as to attempt to exempt faith-based homophobia from bullying laws, arguing that the freedom to act on their religious beliefs is being harmed. "The Church officially condemns homophobic bullying, but has rationalized it as a natural reaction to homosexuality's threat to 'the nature and rights of the family," (Taylor, 321) condemning said discrimination in one breath and rationalizing it as a normal response to homosexuality in the next. Several "courts have ruled that exposure to views different from one's parents is not grounds for exemption from instruction that is meant to foster respect for human rights. Courts have also affirmed that school systems have a duty to maintain an inclusive environment with respect to sexual orientation" (Taylor, 319). In many cases, teachers and ministers/preachers "claimed accordance with divine will and invoked the 'common good' of society to justify the harm done to marginalized communities" (Taylor, 320) such as when school systems were racially segregated to more modern applications of LGBTQ+ inclusion. Where some schools have attempted to protect LGBTQ+ students across the country, legislatures have been timid and have outright failed at truly protecting LGBTQ+ students within the education system.

Impacts of Education on Stigma and Homophobia

Harmful stereotypes in relation to members of the LGBTQ+ community are not uncommon when thinking of medical and legislative practices. In recent years, the surge in anti-LGBTQ+ sentiment in policy has spilled into education systems of all levels. The mounting dehumanization and stigmatization of these individuals has begun to impact not only LGBTQ+ adults, but youth that identify with the community as well. Whether it be stigma and homophobia in medical university programs, to patients receiving homophobic backlash from doctors,

55

LGBTQ+ doctors facing homophobia from other doctors in the workplace, surges in harmful policy, or a dereliction of LGBTQ+ youth protection in schools, this prejudice is more prominent than it has been in years.

Roots of homophobia often begin with all levels of education, from a young age through graduate programs and professional training courses. This education may be in the traditional sense, in a school environment, or the learning of traditional norms or stereotypes from family, peers, or society as a whole. The extreme lack of LGBTQ+ sex education serves as a form of LGBTQ+ erasure. To reduce such prejudice and discrimination, it is important to provide a safe and accepting environment that promotes education and embraces diversity, whether that be inclusive education information, or even a positive educational environment with inclusive groups such as a Gay Straight Alliance organization, which can be key to ensuring a "setting for LGBTQ+ and heterosexual youth to receive support, socialize, and engage in advocacy" (Markley, 95) and "challeng[ing] homophobia and transphobia in the school environment" (Markley, 96). Furthermore, teachers in the education system play an imperative role in the overall feelings of safety in school environments for LGBTQ+ students across the US. Markley discusses such importance, claiming that "Research demonstrates that supportive school faculty can greatly improve the success of LGBTQ+ students as well as decrease the rates of victimization that these students experience" (94). Furthermore, LGBTQ+ teachers themselves help students to identify and relate to adults that identify within the community, further promoting safety and inclusivity.

However, many schools across the United State face continues legal blockades that prevent the incorporation of inclusive teaching practices. Markley continues, discussing how the surge in legislation that continues to target the LGBTQ+ community in educational settings

include policies "restricting ways that schools can contribute to a safe environment for transgender students, to mandating that school faculty inform parents if their student is transgender" (93), effectively denying students a school environment that can serve as a protective factor for youth. These protective factors are defined by their ability to "build resilience for marginalized students" (Markley, 93) in order to ensure physical, mental, and academic wellbeing. The lack of such factors has implicit harms to LGBTQ+ youth, which marked increases in "risk for substance abuse, suicide, and mental health issues. This is largely due to the victimization, discrimination, and harassment that LGBTQ+ students face based on their identity" (Markley, 93). Curriculum restrictions via state legislations that are targeting the material present in these schools are a form of literary erasure. In many instances, the goal of these restrictions in turn result in bans of specific material that may reference gender or sexuality. As Markley discusses, "states implementing these policies include North Dakota, New Hampshire, Indiana, Oregon, Kentucky, and many others" (98-99). As a result, the American Library Association reports that "7 out of the top 13 most challenged books for 2022 were challenged as a result of 'LGBTQIA+ content,' racking up 511 individual challenges nationwide" (Markley, 99). Not only do these challenges serve as a form of LGBTQ+ erasure in schools but serve as a manner of historical erasure that denies students the ability to learn about the course of LGBTQ+ history and rights.

Since the recent surge in legislature's attack on LGBTQ+ youth and adults, the physical, mental, and educational wellbeing of these individuals continue to face challenges difficult to overcome. Religious freedoms have been a primary method of discrimination propagation, with states starting to introduce laws in an attempt to curtail the freedoms provided after the legalization of same-sex marriage. Support of these ideas was rampant in many religious regions,

with states attempting to introduce these religious freedoms into schools without government interference. Many believed that the decision to incorporate religion into schools should be one that remain untouched by the government. "From 2015 to 2017, over 20 state legislatures introduced religious freedom bills that permitted discrimination against gay and lesbian couples in fostering or adopting children, while two others addressed religious freedom in schools and counseling" (Morgan & Rodriguez, 114). These attacks are framed in a manner of protecting youth, guising harmful policy fueled by religious persecution as a means to shelter US youth.

The attack on inclusive sex education has been one of the topics targeted by legislatures across the country. As elaborated upon by the Gay Lesbian & Straight Education Network, "whether legally barred or simply ignored, LGBTQ-inclusive sex education is not available for most youth" (1). This article goes onto elaborate that minority stress factors, in combination with exclusionary sexual education, often lead to harmful sexual health outcomes for these youth. In 2015, Millennials were surveyed regarding sex education classes. Results showed that only "12 percent said that their sex education classes covered same-sex relationships" (GLSEN, 2). Furthermore, there are many varying laws and policies still in place that either explicitly or virtually prohibit the inclusion of LGBTQ+ content in sex education classes. In total, there are 8 states in the US with explicit restrictions, including Alabama, Arizona, Louisiana, Mississippi, Oklahoma, South Carolina, Texas, and Utah. Many of these states include policies that "prohibit instruction that 'promotes a homosexual lifestyle' or require teachers, in Alabama for example, to "emphasize that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under the laws of the state" (GLSEN).

Even though many states do not have such limitations, there are few to no states that require the inclusion of varying sexual orientations or gender identities. California, Colorado,

Iowa, and Washington, in addition to Washington, D.C., have state laws or regulations to require sex education that is inclusive of LGBTQ+ youth. 12 states require that sexual orientation be discussed but provide no guidance for educational content and material. With that being said, the result is "too often… the exclusion of LGBTQ youth (GLSEN, 3). Even in states where educational systems may be allowed to include LGBTQ+ inclusive information, many of them do not. "Between 2017 and 2019, many discriminatory state-level bills that were introduced during this time focused on restricting transgender students' participation in school sports teams, and limiting their access to public spaces, including bathrooms and locker rooms" (GLSEN, 3-4). In many instances, while more favorable attitudes towards LGBQ people have been noted, there is a much more negative attitude towards transgender and gender identity minority individuals and their rights. Despite increasing visibility of transgender and nonbinary issues in modern media, this heightened visibility also often comes hand in hand with an increase in transphobic rhetoric and sentiments, adding to the seemingly endless opposition faced by these individuals.

LGBTQ+ erasure in school systems across the United States serves to alienate and otherize LGBTQ+ students and teachers alike from their cisgender heterosexual counterparts. Because these bills are so expansive in their topics of coverage, the harms are vast to physical, mental, and educational wellbeing alike. As noted by the 2019 National School Climate Survey done by GLSEN, the report attempted to provide a better understanding of the policies, practices, and conditions that perpetuate anti-LGBTQ+ discrimination and victimization in a school environment. Whether due to feeling unsafe at school or outright fear of discrimination, many LGBTQ+ students missed school, changed schools, avoided school functions, and avoided school bathrooms and locker rooms simply because of the backlash faced by their SGM identity. In all these instances, feeling unsafe or fearful in one's school environment results in a reduced

ability to thrive and succeed academically, with many students outright avoiding school altogether. These high rates of avoiding school activities indicate that LGBTQ students may be discouraged from full participation in school life, and for some, are being denied access to their education because they avoid school altogether for safety reasons" (GLSEN, 18). Many religious conservatives, for instance, justify the maintenance of homophobic and transphobic educational culture by arguing that any curriculum that is inclusive of LGBTQ+ history, education, or inclusive sex education will coerce youth to become or stay gay, despite their belief that being LGBTQ+ is a choice. "The majority of LGBTQ students and students with LGBTQ parents feel unsafe at school and suffer weak school attachment," (Taylor, 309) with harms to education and academic success, social development, mental health, and even just simple individual growth. Despite inclusive education being a prime focus in recent years, especially in relation to racial or ethnic minorities, it is as though all these principles are suspended when attempted to be applied to LGBTQ+ students. "They have not seen members of their identity groups openly reflected in the curriculum. They have not seen themselves represented openly in the teaching staff. They have not been made welcome in the broader school community or in school clubs and activities" (Taylor, 310). Despite the fluid nature of sexuality and often gender identity or expression, most scholars in the field of sexual attraction, sociology, and psychology agree that homosexuality or heterosexuality are not choices, highlighted by the consistent failure of conversion therapy to alter one's sexuality (sexuality may be fluid in some senses, but not fluid in the sense of having a choice).

The range of discrimination, social stigma, and violence faced by LGBTQ+ students and faculty within the education system is extensive, ranging from verbal violence and targeted remarks to physical harassment and assault depending on severity. This victimization can even

take the form of sexual harassment, property theft or damage at school and electronic harassment (e.g. cyberbullying). Many students, those who experienced such victimization in severe instances, reported experiencing physical harassment based on their sexual orientation, gender, or gender expression, with the most common subject being due to sexual orientation. Students were less likely to report physical assault; however, 16.4% of the students surveyed in the 2017 National School Climate Survey were assaulted at school during the past year based on the three identities listed above (i.e. sexual orientation, gender, or gender expression). These instances were worsened when considering the intersectionality of identity. For students who identified with a disability, varying religions, varying ethnic or racial identities, etc. in tandem with their LGBTQ+ identity, these students experienced victimization at even higher rates than when solely considering SGM individuals in schools. The hostile school climate and experiences of discrimination at school include a wide variety of experiences, from restricting LGBTQ+ expression and limiting LGBTQ+ inclusion in extracurricular activities to enforcing adherence to traditional gender norms and limitation of bathroom usage for gender nonconforming students.

The hostile school climate adversely affects students' educational outcomes and psychological well-being, with many students refraining from reporting harassment or assault due to doubts about effective intervention, fears of worsening the situation, concerns about confidentiality, and the risk of being labeled a snitch. For some students, the surge in legislation that targets LGBTQ+ youth in schools were also fearful of reporting harassment, assault, or victimization over concerns of being outed, whether it be to other faculty or guardian figures such as their parents. According to the 2017 National School Climate Survey from GLSEN, "nearly one-tenth of victimized students (8.9%) in our survey said that school staff members were actually part of the harassment or assault they were experiencing… The idea of staff acting

61

as the perpetrators of victimization is particularly disturbing and underscores the negative school climate that many LGBTQ students often experience" (29). This negative school climate is even further perpetuated by biased language and symbolic violence often used in more conservative school systems.

However, inclusive education and educational culture are not new concepts. "We know how to shift school culture so that LGBTQ students can feel safe and respected, because we have been practicing the basics for decades in some schools. However, in most parts of North America, we have not been extending practices of safety and respect to LGBTQ students" (Taylor, 2007). Despite the awareness of the need for a change in school culture to one that is accepting of all SGM youth and any other marginalized community, ignorance has perpetuated the lack of active change within these school systems. The curriculum within these schools serves as a mirror for individuals and their lived experiences, while also introducing and providing the opportunity to learn about and understand experiences and perspectives of those with different identities than oneself. "An inclusive curriculum should be balanced and include diverse windows and mirrors for every student. Having LGBTQ-inclusive mirrors and windows in school curriculum can help create a more positive environment and healthy self-awareness for LGBTQ students, while raising the awareness of everyone" (GLSEN). Schools should be safe spaces for youth, not ones with hostile school climates chalk full of bullying and discrimination based on sexual orientation or gender identity. Without change, youth will continue to face threats to their physical, mental, and emotional well-being that will last into adulthood.

Inclusive Education as a Path to Resolution:

Advances in acceptance and LGBTQ+ inclusive education will ultimately help to reduce homophobia starting at a young age, in turn also helping to reduce such discrimination within the healthcare world. Education, at its core, works to counteract social biases that are often instilled at a young age. LGBTQ+ inclusive sex education, in hand with the creation and maintenance of accepting and positive environments for LGBTQ+ students (and faculty), will work to combat the recent resurgence of anti-LGBTQ+ sentiment that has been present in schools, medicine, and legislature. This reduction will result in increasing positive health outcomes for LGBTQ+ individuals and the reduction of harmful stigma, regardless of age. Furthermore, these advancements may have a positive effect on reducing the threat that such prejudice in education, medicine, and legislation may pose to the LGBTQ+ community in the Midwest, throughout the United States, and world-wide.

Creating Safe Spaces for LGBTQ+ Students:

Despite attempts to ensure that schools are safe and affirming spaces for all students, including students who identify with the LGBTQ+ community (sexual orientation, gender identity, and gender expression), explored experiences of LGBTQ+ youth in school environments are often full of anti-LGBTQ+ language, discrimination, and victimization that impact the well-being of these students. Federal government roll back of LGBTQ+ supportive actions have continued to send the message that LGBTQ+ youth safety is not a priority. Under the Trump administration, Title IX (which acted to protect the rights of transgender students including access to school facilities such as bathrooms and locker rooms in accordance with their own gender identity) was rescinded, and many complaints of anti-LGBTQ+ discrimination

against students within schools were going uninvestigated by the Department of Education. "Further, the Trump administration has worked to expand religious exemptions from federal civil rights laws. Such exemptions allow private religious schools to discriminate against students and teachers based on their sexual orientation or gender identity without any legal consequences" (GLSEN, 3). However, the Biden Harris administration has since reenacted Title IX, working to impose safeguards for inclusion that prevents discrimination upon the basis of sex and gender identity. The active targeting of SGM identity within school environments is one of the numerous detrimental harms of the resurgence in anti-LGBTQ+ sentiments within legislation. GSAs (Gay Straight Alliances), Inclusive Education, and Safe Classrooms all have the potential to improve and support LGBTQ+ youth within school systems. Supportive educators, inclusive and supportive school district policies, and LGBTQ+-inclusive curricular resources have continued to diminish in the face of anti-LGBTQ+ legislation and policies that have been implemented in many schools countrywide. Few schools depicted positive representations of LGBTQ+ people, history, or events, with less than 10% ever receiving LGBTQ+-inclusive sex education at school (GLSEN, 55). Furthermore, very few schools have comprehensive anti-bullying/harassment policy that protected students based on sexual orientation, gender identity, or gender expression (though there are some that do have official policies to support transgender and gender nonconforming students).

However, there has been continuous growth and advancement amidst the political attacks that have been targeted towards LGBTQ+ youth in schools. "In addition, as there has been tremendous growth in the number of GSAs in schools across the United States over the past 20 years, we provide a deeper examination into the role of these supportive clubs in schools and LGBTQ students' experiences with them" (GLSEN, 5). Some research has been done that shows

that LGBTQ+ students may be participate in their school's GSA following experiences of harassment and discrimination. Overall, it is imperative that schools have resources and support available for LGBTQ+ students in the school climate. Student clubs that may address issues faced by LGBTQ+ students, school faculty that are inclusive and supportive of LGBTQ+ students, LGBTQ+ inclusive extracurricular activities and school curriculums, and supportive school policies (that allow for safe spaces for these students) may help to foster a more inclusive and positive environment for all students, especially those that identify as LGBTQ+.

One of the largest concerns for LGBTQ+ youth is the lack of inclusive material and curriculums in courses, especially in sex education. For youth, this part of the curriculum is imperative to learning about contraception, pregnancy, HIV/AIDS, sexually transmitted infections (STIs), dating, marriage, sexual violence, puberty, and even sexual identity. However, few states mandate inclusive sex education in schools. Furthermore, many schools not only fail to mandate LGBTQ+ inclusive sex education, but actually prohibit teachers and students from discussing homosexuality in a positive way, regardless of whether it be in general courses or in health/sex education classes. This lack of inclusive education often puts SGM students at greater risk for contracting STIs, HIV/AIDS, experiencing sexual violence, or other consequences that may arise from lack of knowledge about their own sexuality. LGBTQ+ students are also faced with experiencing poorer school climates due to the lack of inclusive education or inclusion of negative information about the LGBTQ+ community. School environments are often non-inclusive, hostile, and harmful for SGM youth and faculty. Supportive teachers, principals, and other school faculty serve as an important resource for these students, providing a positive experience for students who may be struggling with verbal harassment, physical harassment, or even physical/sexual assault. As previously mentioned, the way faculty act in instances where an

LGBTQ+ student may be facing discrimination or harassment sets the tone for the school climate, either positively enforcing inclusion or negatively reinforcing stigma and discrimination. For instance, "educators can demonstrate their support for LGBTQ youth is through visible displays of such support, such as Safe Space stickers and posters" (Kosciw, et al. 60). In most cases, LGBTQ+ students experience more positive, safe, and inclusive school environments when their schools had a Gay-Straight Alliance (or Gender and Sexuality Alliance/GSA), received positive curriculum representations of LGBTQ+ individuals, history, and events, had supportive school staff who intervened and responded effectively to reports of harassment/assault, and had policy in place to protect SGM students. In all of these scenarios, LGBTQ+ students felt positively represented, accepted, and safe in their school environments, further demonstrating the importance of inclusive education as a path to supporting, preventing, and fighting anti-LGBTQ+ sentiment at the start of an individual's life of learning.

Conclusion

In summary, despite strides forward in the realm of LGBTQ+ rights, discrimination and erasure persist, particularly targeting transgender individuals, both in legislative measures and societal attitudes. The rise in anti-LGBTQ+ sentiment, exemplified by the staggering number of discriminatory bills introduced in state legislatures, underscores the ongoing struggle for equality. This sentiment permeates various spheres, from education to healthcare, affecting mental and physical well-being. Moreover, the intersectionality of religion and LGBTQ+ identity further complicates matters, perpetuating harmful stereotypes and justifying discrimination in regional settings. The recent resurgence of anti-transgender and anti-LGBQ+ sentiment and the parallels drawn with past public health crises highlight the urgent need for continued advocacy

and education. While progress has been made, the fight for full equality and acceptance remains ongoing, demanding sustained efforts to challenge systemic discrimination and promote inclusivity. The prevalence of LGBTQ+ erasure within school systems in the United States not only marginalizes and ostracizes LGBTQ+ students and educators but also perpetuates harmful stereotypes and discrimination. The far-reaching impacts of such erasure extend beyond educational outcomes to encompass mental and physical well-being. Despite efforts to create inclusive environments, the persistence of discriminatory legislation and biased attitudes hinders progress. Addressing LGBTQ+ erasure requires comprehensive strategies, including inclusive education, supportive school policies, and the promotion of safe spaces such as Gay-Straight Alliances. By fostering acceptance and understanding from a young age, we can mitigate the detrimental effects of anti-LGBTQ+ sentiment, promote positive health outcomes, and create a more inclusive society for all.

Works Cited

Abreu, Roberto L., et al. "'I Am Afraid for Those Kids Who Might Find Death Preferable':

   Parental Figures' Reactions and Coping Strategies to Bans on Gender Affirming Care for

   Transgender and Gender Diverse Youth." *Psychology of Sexual Orientation and Gender*

   Diversity, vol. 9, no. 4, Dec. 2022, pp. 500–10. *EBSCOhost*,

   https://doi.org/10.1037/sgd0000495.

Advocates for Youth, Answer, GLSEN, Human Rights Campaign Foundation, Planned

   Parenthood, SIECUS. (2021). *The 2019 National School Climate Survey - Glsen*. A Call

   to Action: LGBTQ Youth Need Inclusive Sex Education.

   https://www.glsen.org/sites/default/files/2021-04/NSCS19-FullReport-032421-

   Web_0.pdf

American Psychological Association. (2008, October 29). *Understanding sexual orientation and*

   homosexuality. https://www.apa.org/topics/lgbtq/orientation.

Bakko, M., Kattari, S.K. Transgender-Related Insurance Denials as Barriers to Transgender

   Healthcare: Differences in Experience by Insurance Type. *J GEN INTERN*

   MED **35,** 1693–1700 (2020). https://doi.org/10.1007/s11606-020-05724-2

Bayer, Ronald. "Science, Politics, and the End of the Lifelong Gay Blood Donor Ban." *Milbank*

   Quarterly, vol. 93, no. 2, June 2015, pp. 230–233. *EBSCOhost*, doi:10.1111/1468-

   0009.12114

Bittker, Bobbi M. "LGBTQ-Inclusive Curriculum as a Path to Better Public Health." *American*

   Bar Association, American Bar Association, 5 July 2022,

www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/intersection
-of-lgbtq-rights-and-religious-freedom/lgbtq-inclusive-curriculum-as-a-path-to-better-
public-health/.

Blashill, Aaron J., and Kimberly K. Powlishta. "Gay Stereotypes: The use of Sexual Orientation
as a Cue for Gender-Related Attributes." *Sex Roles*, vol. 61, no. 11-12, 2009, pp. 783-793.
ProQuest, https://usd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-
journals/gay-stereotypes-use-sexual-orientation-as-cue/docview/225363069/se-
2?accountid=14750, doi:http://dx.doi.org/10.1007/s11199-009-9684-7.

Boso, L. A. (2019). *University of Florida Scholarship Repository; Florida Law Review*. Rural
Resentment and LGBTQ Equality.
https://scholarship.law.ufl.edu/cgi/viewcontent.cgi?article=1419&context=flr

CDC. "Statistics Overview: HIV Surveillance Report." *Centers for Disease Control and
Prevention*, Centers for Disease Control and Prevention, 10 Aug. 2022,
www.cdc.gov/hiv/statistics/overview/index.html#:~:text=An%20estimated%2036.3%20mi
llion%20people,of%20all%20new%20HIV%20infections.

Christmas, Phil. "On Being Midwestern." *The Hedgehog Review*, 2017,
hedgehogreview.com/issues/the-end-of-the-end-of-history/articles/on-being-midwestern-
the-burden-of-normality.

Dinkel, Shirley, Patzel, Brenda, McGuire, Michael J, Rolfs, Elaine and Purcell, Kelly. "Measures
of Homophobia among Nursing Students and Faculty: A Midwestern

Perspective" *International Journal of Nursing Education Scholarship*, vol. 4, no. 1,

2007. https://doi-org.usd.idm.oclc.org/10.2202/1548-923X.1491

Flonnoy, Sydney M. *Too Queer to be here: The Negative Effects of Homophobia on Lesbian,*

Gay, and Bisexual Individuals, California State University, Long Beach, Ann Arbor, 2020.

ProQuest, https://usd.idm.oclc.org/login?url=https://www.proquest.com/dissertations-

theses/too-queer-be-here-negative-effects-homophobia-on/docview/2470675910/se-

2?accountid=14750.

Garry, M. (2023, June 6). *LGBTQ+ patients can find high-quality care at Sanford Health*.

Sanford Health News. https://news.sanfordhealth.org/news/healthcare-equality-index-

accreditation/

Gibb, R. (2018, December). Neighbors in Exclusion: State Proposal of Anti-LGBTQ Legislation.

https://scholarworks.unr.edu/bitstream/handle/11714/4859/Gibb_unr_0139M_12756.pdf?s

equence=1

Gutterman Tranen, Joshua. "What the AIDS Crisis Can Teach Us about Monkeypox." Boston

Review: Gender and Sexuality, Race, Boston Review, 3 Mar. 2024,

www.bostonreview.net/articles/what-the-aids-crisis-can-teach-us-about-monkeypox/.

Hiegert, D. (2020, December). *Patchwork protections in Kansas: The Rise of Religious*

Exemption Laws ... Patchwork Protections in Kansas: The Rise of Religious Exemption

Laws Demands State-Level LGBTQ+ Antidiscrimination Protections.

https://lawjournal.ku.edu/wp-content/uploads/2020/12/7_Hiegert_Patchwork-

Protections_V30_I1.pdf

Heinert, P. (2023, July 18). *National "DEI officers to know" list includes Natasha Smith*.

    Sanford Health News. https://news.sanfordhealth.org/inclusion-at-sanford/national-dei-

    officers-to-know-list-includes-natasha-smith/

Hunt, Jerome, and Aisha C. Moodie-Mills. "The Unfair Criminalization of Gay and Transgender

    Youth." Center for American Progress, CAP, 29 Mar. 2024,

    www.americanprogress.org/article/the-unfair-criminalization-of-gay-and-transgender-

    youth/.

Khayambashi, S., Salter, A., Tyry, T., Cutter, G. R., Fox, R. J., & Marrie, R. A. (2019, October

    12). *Gender identity and sexual orientation affect health care satisfaction, but not*

    utilization, in persons with multiple sclerosis. Multiple Sclerosis and Related Disorders.

    https://www.sciencedirect.com/science/article/pii/S2211034819304286

Klamen, Debra L, Grossman, Linda S., Kopacz, David R.. "Medical Student Homophobia."

    Journal of Homosexuality, vol. 37 (1), 1999, pp. 53-63. The Haworth Press.

    https://usd.illiad.oclc.org/illiad/pdf/620131.pdf

Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Truong, N. L., & Clark, C. M. (2018). *The 2017*

    National School Climate Survey - GLSEN. The 2017 National School Climate Survey.

    https://www.glsen.org/sites/default/files/2019-12/Full_NSCS_Report_English_2017.pdf

Markley, S. (2023). *State Legislation's Impact on LGBTQ+ Student Wellbeing in U.S. Schools*.

    View of state legislation's impact on LGBTQ+ student wellbeing in U.S. schools.

    https://pubs.lib.umn.edu/index.php/aisthesis/article/view/5419/3395

McNair, R. P. 2003. Women & Health, 37, 89-103.

Mosack, K. E., Brouwer, A. M., & Petroll, A. E. (2013, October 31). *Sexual identity, identity disclosure, and health care experiences: Is there evidence for differential homophobia in primary care practice?* Women's Health Issues. https://www.sciencedirect.com/science/article/abs/pii/S1049386713000595?casa_token=5RtB0xgEpKYAAAAA%3ApDdyq9BIod9gmNU7BEHS_XPHoCEkaIUqud3RIXlDWlandZZPZYECf3UGFDWAQEwjtwirTAuUBc0

Moon, Dawne. "Beyond the Dichotomy: Six Religious Views of Homosexuality." *Journal of Homosexuality*, vol. 61, no. 9, Sept. 2014, pp. 1215–1241. *EBSCOhost*, doi:10.1080/00918369.2014.926762.

New Day Films. (2014). *Out in the Night*. United States. Retrieved November 14, 2023, from https://www.kanopy.com/en/product/out-night-criminalization-race-gender-iden.

No Author. "Advocate for Inclusive & Affirming Curriculum." *GLSEN*, GLSEN, www.glsen.org/inclusive-curriculum#:~:text=An%20inclusive%20curriculum%20should%20be,raising%20the%20awareness%20of%20everyone. Accessed 21 Mar. 2024.

No Author. "Attacks on Gender Affirming Care by State Map." *Human Rights Campaign*, HRC Foundation, 13 Nov. 2023, www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map.

No Author. "Homophobia Definition & Meaning." *Merriam-Webster*, Merriam-Webster, 2 Apr.

2024, www.merriam-webster.com/dictionary/homophobia#:~:text=Medical%20Definition-

,homophobia,against%20homosexuality%20or%20gay%20people.

No Author. "National Report on Hate Violence Against Lesbian, Gay ..." *National Report on

Hate Violence Against Lesbian, Gay, Bisexual, Transgender, Queer and HIV-Affected

Communities Released Today*, National Coalition of Anti-Violence Programs, 4 June 2013,

avp.org/wp-content/uploads/2017/05/2012_NCAVP_HVReport_MR.pdf.

No Author. "Religion in America: U.S. Religious Data, Demographics and Statistics." *Pew

Research Center's Religion & Public Life Project*, 9 Sept. 2020,

www.pewforum.org/religious-landscape-study/region/midwest/.

No Author. "1950s - Explore a Decade in LGBTQ+ History: Pride & Progress." *Explore a

Decade in LGBTQ+ History | Pride & Progress*, LGBTQ+ Victory Institute,

www.prideandprogress.org/years/1950s. Accessed 13 Mar. 2024.

Peele, C. (2023, May 23). *Roundup of anti-LGBTQ+ legislation advancing in states across the

country*. Human Rights Campaign. https://www.hrc.org/press-releases/roundup-of-anti-

lgbtq-legislation-advancing-in-states-across-the-country

Purcell, David W,J.D., PhD. "Forty Years of HIV: The Intersection of Laws, Stigma, and Sexual

Behavior and Identity." *American Journal of Public Health*, vol. 111, no. 7, 2021, pp. 1231-

1233. *ProQuest*, https://usd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-

journals/forty-years-hiv-intersection-laws-stigma-sexual/docview/2561528727/se-

2?accountid=14750.

Reece-Miller, P. C. (2010). Chapter 7: An Elephant in the Classroom: LGBTQ Students and the

    Silent Minority. *Counterpoints*, *356*, 67–76. http://www.jstor.org/stable/42980600

Risdon, C., Cook, D. and Willms, D. 2000. *CMAJ*, 162, 331-4

Robinson, Joseph P., and Dorothy L. Espelage. "Bullying Explains Only Part of LGBTQ—

    Heterosexual Risk Disparities: Implications for Policy and Practice." *Educational*

    Researcher, vol. 41, no. 8, 2012, pp. 309–19. *JSTOR*,

    http://www.jstor.org/stable/23272324. Accessed 4 Apr. 2024.

Robinson, Joseph P., and Dorothy L. Espelage. "Inequities in Educational and Psychological

    Outcomes Between LGBTQ and Straight Students in Middle and High School."

    Educational Researcher, vol. 40, no. 7, 2011, pp. 315–30. *JSTOR*,

    http://www.jstor.org/stable/41239204. Accessed 4 Apr. 2024.

Ruben, M. A., & Fullerton, M. (2018, May 2). *Proportion of patients who disclose their sexual*

    orientation to healthcare providers and its relationship to patient outcomes: A meta-

    analysis and Review. Patient Education and Counseling.

    https://www.sciencedirect.com/science/article/pii/S0738399118301988

Russell, Stephen T, et al. "Promoting School Safety for LGBTQ and All Students." *Policy*

    Insights from the Behavioral and Brain Sciences, U.S. National Library of Medicine, 11

    Sept. 2021, www.ncbi.nlm.nih.gov/pmc/articles/PMC8454913/.

Schipper, Kellie. "Conservative Political Tactics to Obstruct Gender-Affirming Healthcare for

    Transgender Youth in the USA." Columbia University Academic Commons, Columbia

    University , May 2022, academiccommons.columbia.edu/doi/10.7916/keds-5594.

Schlub, Sherri M., and Donna S. Martsolf. "Orthodox Christian Beliefs and Homophobia in
      Baccalaureate Nursing Students." *Nursing Forum*, vol. 34, no. 2, 1999, pp. 15-22. *ProQuest*,
      https://usd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/orthodox-
      christian-beliefs-homophobia/docview/194982402/se-2?accountid=14750, doi:
      http://dx.doi.org/10.1111/j.1744-6198.1999.tb00982.x.

Sell, Randall L., and Elise I. Krims. "Structural Transphobia, Homophobia, and Biphobia in
      Public Health Practice: The Example of COVID-19 Surveillance." *American Journal of
      Public Health*, vol. 111, no. 9, Sept. 2021, pp. 1620–1626. EBSCOhost,
      doi:10.2105/ajph.2021.306277.

Sherman, C. (2023). *A Double List Analysis Assessing the Impact of Anti-Queer Legislation*.
      Florida State University Libraries.
      https://diginole.lib.fsu.edu/islandora/object/fsu:854105/datastream/PDF/view

Solazzo, A. L., Tabaac, A. R., Agénor, M., Austin, S. B., & Charlton, B. M. (2019, July 30).
      *Sexual orientation inequalities during provider-patient interactions in provider
      encouragement of sexual and Reproductive Health Care*. Preventive Medicine.
      https://www.sciencedirect.com/science/article/abs/pii/S0091743519302634

"Stigma and Discrimination Affects Gay and Bisexual Men's Health." *Centers for Disease
      Control and Prevention*, Centers for Disease Control and Prevention, 29 Feb. 2016,
      www.cdc.gov/msmhealth/stigma-and-discrimination.htm.

Taylor, C. (2014). CHAPTER EIGHTEEN: Our Right to Choose: Religious Conservatives Versus

LGBTQ Inclusive Schools. *Counterpoints*, *437*, 309–325.

http://www.jstor.org/stable/42981946

Tinmouth, J. and Hamwi, G. 1994. *J of American Medical Association*, 271, 714-715.

Townsend, M., Wallick, M. and Cambre, K. 1991. *Academic Medicine*, 66, 361-363.

Wilkerson, Abby. 1994. "Homophobia and the Moral Authority of Medicine." *Journal of

Homosexuality*, vol. 27, no. 3, pp. 329. *ProQuest*,

https://usd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-

journals/homophobia-moral-authority-medicine/docview/204981544/se-

2?accountid=14750.

Williamson, Iain R. 2000. "Internalized Homophobia and Health Issues Affecting Lesbians and

Gay Men." *Health Education Research*, vol. 15, no. 1, Oxford University Press, pp. 97–

107, http://www.jstor.org/stable/45109478.

Zebrowitz, Leslie A et al. "Mere Exposure and Racial Prejudice: Exposure to Other-Race Faces

Increases Liking for Strangers of That Race." *Social cognition* vol. 26,3 (2008): 259-275.

doi:10.1521/soco.2008.26.3.259

Gay Lesbian & Straight Education Network. A Call to Action: LGBTQ Youth Need Inclusive

Sex Education. n.d. https://www.glsen.org/ sites/default/files/2020-06/A%20Call%20to%20

Action%20LGBTQ%20Youth%20Need%20 Inclusive%20Sex%20Education%20FINAL.pdf

2022 National Survey on LGBTQ Youth Mental Health. The Trevor Project. (2022a, January 21).

https://www.thetrevorproject.org/survey-2022/