

# BUILDING COMMUNITY ASSETS

Lesbian, Gay, Transgender, and  
Bisexual New Yorkers and Their Families

State of the State Report 2000



The New York State LGBT Health and Human Services Network  
and the Empire State Pride Agenda Foundation

The New York State Lesbian, Gay, Transgender & Bisexual  
Health and Human Services Network  
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**NOTE:**

*The LGTB Health and Human Services Network recognizes the devastating impact of HIV and AIDS upon the LGTB community and acknowledges the individuals, activists, and organizations that built the infrastructure dedicated to resolving this crisis. We support the voice of the AIDS community and the work it has done to focus government resources toward HIV programs. This report focuses on the unmet non-HIV health and social service needs of LGTB people.*

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# Executive Summary and Recommendations

New York State is home to at least one million lesbian, gay, transgendered, and bisexual people. These LGTB New Yorkers are similar to other New Yorkers in ethnic background, religious and political affiliation, and socio-economic status. However, because we are lesbian, gay, transgendered, and bisexual, we are both legally and economically vulnerable:

- ▼ New York State's civil rights laws do not provide protection against discrimination based on sexual orientation or gender identity. We can therefore be fired, lose housing, and be denied credit and public accommodation simply for being lesbian, gay, transgendered, or bisexual.
- ▼ New York State has no hate crimes law providing protection from anti-gay violence.
- ▼ New York State does not allow same-sex couples to marry and, with rare exception, our families are not recognized by law. It is therefore harder for LGTB families to access the family health insurance benefits, social security benefits, and other government support systems that heterosexual families take for granted.

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## The pervasiveness of anti-gay discrimination directly impacts our health and wellness in several ways:

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1. Legal non-recognition of our families makes it difficult to access family health insurance and other benefits.
2. Medical providers and social service institutions routinely discriminate against LGTB people. We receive poor care or are denied care because of our sexual orientation or gender identity.
3. Hostile provider attitudes discourage LGTB people from getting medical treatment. Fearful of bias, LGTB people will withhold important medical information, avoid routine preventive care, and delay seeking help, leaving health problems untreated until they become much more severe.
4. LGTB people must cope with enormous amounts of anti-gay hostility and stigma and as a result are at increased risk for depression, substance abuse, and suicide.
5. Research on LGTB people is discouraged and denied funding. There is therefore relatively little data on LGTB people and almost no data on LGTB subpopulations such as seniors, people of color, and immigrants.
6. Violence against LGTB people in New York is increasing in severity and frequency.
7. LGTB youth are at heightened risk for substance abuse, skipping school, homelessness, and attempted suicide. Our schools fail to provide a safe environment for LGTB youth.
8. LGTB seniors face higher rates of isolation than the general senior population and are at risk for discrimination and poor treatment in nursing homes and other senior living facilities.
9. There is a lack of health and wellness services targeted to the LGTB community. Almost no mainstream providers or social service institutions are trained, knowledgeable, and competent in serving LGTB clients or provide services in a safe and affirming environment. Youth agencies, senior agencies, mental health, substance abuse, and residential treatment facilities, and individual providers receive little to no training on LGTB health issues.

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Organizations within the LGTB community are attempting to meet these needs. However, they are underfunded and thus cannot handle the high demand for services. The current climate of social service cuts is further increasing the strain upon these organizations.

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*Lacking legal protection and economically vulnerable, lesbian, gay, transgendered, and bisexual (LGTB) New Yorkers live in an atmosphere of hostility, isolation, and anti-gay verbal and physical violence. Our health care concerns are compounded by this anti-gay discrimination in a variety of ways, including denial of care, poor and inappropriate care, lack of access to family health insurance coverage, increased risk for certain health problems, and a lack of providers trained in our specific health care needs. We need access to health and social services that are sensitive to and capable of treating the specific health and wellness needs of this underserved population.*

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## Recommendations

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1. We call upon the Governor and the New York State Legislature to expand funding streams and financial support for organizations serving the LGTB community. The New York State Legislature must include a total of \$8 million in the SFY 2000-2001 budget for LGTB non-HIV-related health and social services. This money should be appropriated to the following state agencies for programs that target LGTB health and social services:
  - ▼ \$4 million to the Department of Health
  - ▼ \$4 million to be distributed equally among the following: State Office for the Aging, Office of Children and Family Services, Division of Criminal Justice Services, Office of Alcoholism and Substance Abuse Services, Office of Mental Health, State Education Department, Office for the Prevention of Domestic Violence
2. We call upon the Governor to direct all state agencies that provide health and social services to increase their ability to serve LGTB clients. This includes:
  - ▼ funding programs that have a demonstrated commitment to serving LGTB communities and their families.
  - ▼ targeting agency services to LGTB individuals and including LGTB people in the definition of underserved populations.
  - ▼ insuring that health care providers and medical staff across the state receive training in LGTB issues in order to increase their comfort and ability in treating LGTB individuals.
  - ▼ reviewing existing state rules and regulations to identify and revise those creating unnecessary barriers to serving LGTB people.
  - ▼ changing state documents such as Request for Proposals, service request forms, intake questionnaires, and program evaluation reports to include LGTB populations as targets.
3. We call upon the Governor and the New York State Legislature to pass legislation that will foster a climate conducive to the health and wellness of LGTB New Yorkers. This legislation includes:
  - ▼ expanding the definitions of families beyond married couples and blood relatives in order to encompass the diverse structures of LGTB family relationships.
  - ▼ Sexual Orientation Non-Discrimination Act
  - ▼ Hate Crimes Legislation
  - ▼ Legislation recognizing our diverse family structures
  - ▼ Legislation protecting LGTB youth from harassment and intimidation in schools
4. We call upon the Governor and the New York State Legislature to pass legislation and reforms that will address the crisis of the uninsured and increase the availability of health care for all New Yorkers. This includes:
  - ▼ funding in full the budget request by the New York AIDS Coalition for the SFY 2000-2001. This will increase funding for the AIDS Drug Assistance Program and community-based AIDS service organizations that provide psychosocial support, nutritional services, prevention education, employment training and placement services, home health care, and temporary and permanent housing.
  - ▼ passing Family Health Plus, a proposal to make affordable, comprehensive health coverage available and accessible to working New Yorkers who do not have employer-sponsored insurance and do not qualify for existing public programs such as Medicaid and Medicare.

# An Historic Funding Initiative

## In 1998, New York State launched an historic initiative for LGTB health and human services.

That year, the State Department of Health distributed \$1 million in discretionary funds for non-HIV-related lesbian and gay health and social service programs. This funding enabled 11 community-based organizations from around the state to institute innovative programs that began to meet the needs of New York's LGTB citizens. From outreach programs in Brooklyn and the Bronx, to youth support groups in Rockland, Rochester, Buffalo, and Long Island, to a health project for LGTB people of color in Albany, these programs began to address the wide variety of health and social service needs specific to the one million lesbian, gay, transgender, and bisexual people who reside in the State of New York. The programs also demonstrated the ability of community-based organizations, with government help, to successfully meet these needs in a cost-effective way. The funding initiative continued in the following fiscal year of 1999-2000, when the New York State Legislature – led by the Assembly – appropriated \$2 million to the Department of Health, again for programs designed to meet the non-HIV health and social service needs of LGTB populations.

Despite the incredible work of these programs, the health and social service needs of LGTB New Yorkers are still great. Demand for services continues to exceed the capacity of community organizations. Many programs that could potentially meet these diverse needs are underfunded and cannot yet provide the level of services required. LGTB people remain a vulnerable and underserved population at high risk for several health problems. We must have access to health and social services that recognize and are capable of treating these specific health concerns. This report will highlight some of the major areas that need to be addressed.

# Who are LGTB New Yorkers?

## Lesbian, gay, transgender, and bisexual New Yorkers

can be found in all geographic areas of the state, from all ethnic backgrounds, from all religions, and from all socioeconomic groups. LGTB New Yorkers have diverse family structures: some are single, some are living with committed long-term partners, some are raising children. The Yankelovich Partners' *Perspective on Gays and Lesbians* reports that the gay and lesbian population nationally is similar to the heterosexual population in terms of age, gender, ethnicity, occupation and employment, income, and formal political affiliation.<sup>1</sup>

New York State is home to about one million LGTB citizens.<sup>2</sup> This is a conservative extrapolation from census data based on the figure that LGTB people make up at least six percent of the population. Yet this figure is likely to be an underestimate for several reasons. First, not all those who engage in same-sex sexual behavior or who have same-sex sexual desires actually identify as lesbian, gay, transgender, or bisexual: national surveys have indicated that more people report having had same-sex sexual partners than actually identifying as LGTB.<sup>3</sup>

Second, many people who are LGTB will not disclose this information to researchers or on surveys out of fear of discriminatory repercussions. In addition, sexual identity may change over time; for example, someone who did not openly identify as gay in their twenties may eventually do so in their thirties.

Finally, the LGTB population of New York State is likely to be high for the simple fact that many of its cities – New York, Buffalo, Rochester, Ithaca – have a reputation for tolerance and for thriving LGTB communities in comparison to other areas of the nation. These cities have long been a magnet for LGTB people seeking a safe haven in which to live their lives. Thus, net migration into New York means that the LGTB population of New York State is probably higher than the six percent estimate derived from census data.

## LGBTB People in New York: Economic Concerns

As citizens of the State of New York, LGTB people face the same economic pressures and have the same economic concerns that all New Yorkers do. These include the increasing income gap between rich and poor, access to health care and the rise of managed care, rising health insurance premiums, and cutbacks in social services such as welfare.

### Income Gap Increasing

New York State leads the nation in income disparity. Out of all 50 states, New York is among the top ten with the greatest gap in incomes between the lowest-income and the highest-income families. This gap between the rich and the poor is increasing faster in New York than in all but one state.<sup>4</sup>

### Access to health insurance: Uninsured Increasing

Over three million New Yorkers – one in six – do not have health insurance. The number of New Yorkers without insurance has increased sharply since the beginning of the decade and, partially due to rising premiums, will continue to rise.<sup>5</sup> In fact, the proportion of New Yorkers under 65 years of age without health insurance is greater than the nation as a whole.<sup>6</sup>

Three out of four New Yorkers without health insurance are working. More than two-thirds have incomes below 200 percent of the federal poverty level.<sup>7</sup>

**These uninsured adults are two to three times more likely to have problems with access to health care, and either go without needed care or experience difficulty in obtaining it.** More than half of uninsured adults have no regular place to go for needed health care, and they are less likely than insured adults to have regular check-ups. As a result, they are far more likely to be hospitalized for conditions that could have been prevented.<sup>8</sup>

### Managed Care Serves As Barrier to Quality Health Care

Even New Yorkers with insurance have difficulty accessing health care due to the rise of managed care. Almost nine out of ten doctors say that their patients have experienced managed care health plan denials of coverage for health services over the last two years. Between a third to two thirds of doctors, and about half of nurses, say that these denials have resulted in a decline in health or in adverse health consequences for their patients.<sup>9</sup>

## LGBTB People in New York: Additionally Vulnerable

The above statistics indicate a climate of economic uncertainty for all New Yorkers. Yet in this ominous context, LGTB people are even more vulnerable due to the pervasiveness of anti-gay discrimination. This discrimination pervades our legal and health care systems, making us more susceptible to job discrimination, losing our housing, being denied credit, and being unable to access the family health benefits that heterosexual people take for granted.

### No Protection From Discrimination

Unlike six of its surrounding neighbors in the Northeast (New Jersey, Connecticut, Rhode Island, Massachusetts, Vermont, and New Hampshire), New York State does not protect LGTB people in its civil rights laws.<sup>10</sup> Consequently, we have no recourse if we are subject to discrimination in employment, housing, public accommodations, education, and credit. Simply put, we can be fired, lose housing, and be denied credit simply for being lesbian, gay, transgendered, or bisexual.

## Refusal to Recognize Our Families

Our families are also not legally recognized: LGTB people are denied the right to marry, and although a growing number of municipalities, counties, and public agencies recognize same-sex domestic partnerships, the scope of this recognition is usually quite limited. Most government agencies and regulations use definitions of families that include only married couples and blood relatives.\* Consequently, the benefits automatically afforded to married heterosexual couples – including family health insurance benefits, social security, hospital visitation, and sick leave – are denied to the vast majority of us.

Additionally, hostility toward lesbians and gay men with children frequently results in the refusal to acknowledge such families. Most health and social service agencies do not provide programs that target such families or are aware of their needs.

## Physical Safety At Risk

Our safety is also a serious concern. Unlike 22 other states and the District of Columbia, New York does not have a hate crimes law that includes crimes based on sexual orientation or gender identity.<sup>11</sup> Consequently, LGTB people live in a climate in which the high rates of anti-LGTB violence and attitudes go largely unreported and unpunished.

## Multiple Discriminations

Finally, those of us who are also part of communities that have historically experienced oppression and marginalization – people of color, immigrants, women, the poor – face even greater discrimination. The result is a double or triple burden with which to cope.

## The Consequences: A Population at Risk

Lacking legal protection, and economically vulnerable, LGTB New Yorkers live in an atmosphere of isolation, hostility, and anti-gay stigma and violence. Our health care issues are compounded by this anti-gay discrimination. Discrimination by providers, inadequate services, lack of access to family health insurance coverage, and fear of repercussion from homophobic social service institutions make LGTB New Yorkers less likely to seek care. They are also less likely to receive appropriate care when they do seek it out. As a direct result of societal stigma and inadequate care, LGTB people are at increased risk for a host of health care problems. The following sections will explain the specific health and wellness concerns of LGTB people in the areas of general health, mental health, substance abuse and alcoholism, bias violence, domestic violence, education, youth, seniors, and social services.

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*\*Although New York State as an employer recognizes the wisdom of providing its employees' same-sex partners access to health benefits, this affects only a small minority of the state's citizens.*

# Health and Wellness Concerns of LGTB New Yorkers

## Health

The discrimination that LGTB people face in health care runs the gamut, from lack of training in medical schools on LGTB health issues, to denial of funding for research on LGTB health problems, to insurance plans not covering same-sex households, to poor or outright denial of care by providers.

### Structural Barriers to Care

Same-sex couples are not recognized by law, as heterosexual married couples are. This means same-sex couples and their children often do not have access to family or household health insurance coverage.<sup>12</sup> Those without health insurance are two to three times more likely to have problems with access to health care and to either go without needed care or experience difficulty in obtaining it.<sup>13</sup>

The lack of legal recognition of LGTB family relationships also impedes the ability of LGTB family members to make crucial caretaking decisions. A provider can, with limited exceptions, deny an LGTB person who has cared for his or her partner for years the right to make medical decisions on his or her partner's behalf should the partner become incapacitated. He or she can be excluded from intensive care settings and denied participation in a long-term care plan – all rights and privileges that are automatically granted to spouses.<sup>14</sup>

### Community Resources Strained

The LGTB community has attempted to meet its health care needs with facilities such as the Manhattan-based Callen Lorde Community Health Center, a state-licensed facility dedicated to meeting the specific primary health care needs of LGTB people.

Eighty percent of Callen Lorde's clients are uninsured, and more than half are at or below the federal poverty level.

While Callen Lorde has specialists trained in and sensitive to the specific health and social service needs of LGTB clients, the center is the only one in of its kind in all of New York State, thus leaving the thousands of LGTB citizens outside the metropolitan area without access to such services.

The rise of managed care as the predominant form of health care plan also presents specific barriers to care for LGTB people. In New York State, over 6.8 million people are now enrolled in such programs<sup>15</sup> and thus must choose from a limited number of providers designated by their plan. There is no guarantee that this list will include physicians sensitive to and trained in LGTB issues. These managed care plans also routinely exclude transgender-specific health needs.<sup>16</sup>

### Discrimination by Providers

The societal stigma against LGTB people that pervades the health care system is evident in discriminatory provider attitudes. A national survey of physicians found that nine out of ten had witnessed anti-gay bias in patient care. More than two-thirds knew of LGTB patients who had received poor care or who were denied care because of their sexual orientation.<sup>17</sup>

A recent study of the Boston transgender community, funded by the Massachusetts Department of Public Health, revealed this bias. Transgendered individuals were denied emergency room hospital treatment, refused admittance to homeless shelters, and in one HMO, refused appointments by all but one physician.<sup>18</sup> Other studies have similarly documented reluctance or refusal to treat lesbian and gay patients, negative comments made during treatment, and rough handling during examination.

As a result of this discrimination, LGTB people come to fear mistreatment at the hands of providers and become discouraged from seeking primary preventive care. **Fearful of bias and hostile attitudes, LGTB patients will withhold important medical information from their providers, avoid routine or preventive care, and delay seeking help until health problems are well advanced.**<sup>20</sup>

## Misconceptions and Misdiagnoses

Many providers have misconceptions about the health care needs of LGTB people. For example, providers often assume that lesbians cannot transfer sexually transmitted diseases. This is reflected in STD risk classification schemes that routinely exclude same-sex sexual relations among women.<sup>21</sup> Few, if any, state or local STD reporting systems routinely collect and analyze information on same-sex behavior among women. Yet some studies have indicated that women can transmit STDs to other women.<sup>22</sup> In fact, some studies of lesbians have found high prevalence rates of the sexually transmitted human papilloma virus (HPV), which if untreated can lead to cervical cancer.<sup>23</sup> To further complicate the situation, providers often incorrectly assume that lesbians are not at risk for cervical cancer and do not perform Pap smears – the most important screening and detection tool – thus increasing the chances of fatality.<sup>24</sup>

In fact, most providers assume that their clients are heterosexual. Intake forms, for example, usually do not provide the opportunity to identify as lesbian, gay, transgender, or bisexual.<sup>25</sup> A survey of more than 2000 lesbians and bisexual women revealed that less than ten percent had ever been asked about their sexual orientation.<sup>26</sup> Without this knowledge, a provider will be unable to properly assess the risk factors and health concerns specific to the LGTB patient.

## Training Inadequate, Research Discouraged

Few providers are trained to be sensitive to LGTB patients. **A 1998 survey of 95 family medicine departments revealed that an average of only 2.5 hours are devoted to the study of homosexuality and bisexuality across four years of medical school. Half of the schools did not include these topics in their curricula at all.**<sup>27</sup>

One out of three psychology graduate students are discouraged from doing research on sexual orientation, are told that it will have negative career consequences, or experience interference with or refusal to allow research on lesbian or gay issues.<sup>28</sup> Another survey of researchers found that more than a quarter had problems obtaining grant funding for lesbian-related research.<sup>29</sup> As a result, LGTB people are woefully understudied, and data on specific LGTB sub-groups such as lesbians, ethnic minorities, transgendered people, and senior citizens are limited or non-existent.

## Ending Isolation, Building Communities

Located in Fort Greene, Brooklyn, The Audre Lorde Project (ALP) promotes wellness within lesbian, gay, bisexual, two-spirit\*, and transgender (LGBTST) people of color communities by connecting isolated individuals to an array of supportive community projects and groups. ALP assists coalition-building and community organizing by providing technical assistance and organizational development resources for all people of African/Black/Caribbean, Arab, Asian and Pacific Islander, Latino/a, and Native/Indigenous descent.

With a grant from the State Department of Health, ALP started the development of a Community Health and Wellness Resource Guide. The LGBTST people of color guide will provide a comprehensive listing of health and human services available to these communities. In addition, the guide will contain information related to the health and wellness of five historically underserved subgroups in the LGBTST community: women, immigrants, elders, Native Americans, and youth. The guide will serve as an answer to the hundreds of information and referral requests that ALP receives annually for referrals to culturally competent, LGBTST people of color-sensitive services.

*\*Two-Spirit is the Native American term for gay, lesbian, and transgender.*

## Increased Risk for Certain Health Problems

Despite the barriers to research on LGTB populations, some alarming data is emerging. The research shows that LGTB people are at higher risk than the community at large for several health problems:

- ▼ Substance abuse and depression rates are higher among the LGTB population than the population at large. (see Mental Health and Substance Abuse sections, pp. 11-15)
- ▼ LGTB senior citizens are more likely to be isolated than the general senior population, making them less able to access vital health care services.<sup>30</sup>
- ▼ Gay and bisexual men tend to be at greater risk for many sexually transmitted diseases.<sup>31</sup>
- ▼ Lesbians may be at higher risk for certain types of cancer, due to higher prevalence of certain risk factors among this population.<sup>32</sup>
- ▼ Violence against LGTB people is increasing in frequency and severity.<sup>33</sup>
- ▼ Suicide attempts among LGTB youth are 20-42 percent, compared to 8-13 percent among high school students in general. These rates are consistent regardless of sample, geographic area, or time period.<sup>34</sup>

These findings demonstrate the need for resources specifically targeted to maintaining health and wellness in the LGTB community. We need more research, trainings for providers, and increased funding for programs that address these concerns.

### We Urge the Department of Health to:

- continue its strong efforts to reach out to and include LGTB people in the definition of underserved populations.
- include organizations serving LGTB individuals among those receiving DOH grant proposals.
- insure that health care providers and medical staff across the state receive training in LGTB issues in order to increase their comfort and ability in treating LGTB individuals.
- fund programs that have a demonstrated commitment to serving LGTB communities and their families.

# Mental Health

It has long been recognized by medical and psychiatric authorities that homosexuality is not an illness. "Homosexuality" was removed from the *Diagnostic and Statistical Manual of Mental Disorders* in 1973, and both the American Psychiatric Association and American Psychological Association have officially stated that homosexuality should not be considered illness.<sup>35</sup> The National Association of Social Workers and the American Academy of Pediatrics have made similar statements.<sup>36</sup> Nevertheless, discrimination against LGTB people by providers, as well as by society at large, remains a reality. The mental health problems in the LGTB community arise out of the discrimination we face, and the bias of providers when we seek treatment.

## Specific Mental Health Issues of LGTB People

### Isolation and Depression Lead to Substance Abuse and Suicide

LGBTB people face the burden of adjusting to a sexual orientation that is stigmatized by society at large. Often estranged from their families of origin due to their sexual orientation or gender presentation, LGTB people also face anti-gay attitudes from co-workers, media, and religious and social institutions. These negative messages, combined with an overall lack of social support, frequently lead to feelings of isolation and depression that in turn can have a deleterious effect upon the overall health of this population. Studies have consistently documented higher rates of depression, substance abuse, and suicide attempts among LGTB populations due to these social stresses.<sup>37</sup>

### Alienated Youth

These stresses can have a particularly negative effect on the mental development of LGTB youth. Youth witness the hostility and abuse directed at LGTB people in school and community settings and quickly learn to hide their sexual orientation to prevent such abuse from happening to them.<sup>38</sup> Being forced to hide this part of their identity can cause serious harm to the mental health and social development of these youth. Frequent problems include depression, withdrawal from social interactions, and internalization of the negative attitudes they see.<sup>39</sup> As a result, suicide attempts are extremely high among LGTB youth: 20-42 percent, compared to 8-13 percent among high school students in general. These rates are consistent regardless of sample, geographic area, or time period.<sup>40</sup>

### Depression Among Seniors

LGBTB seniors face higher rates of isolation than the general senior population. Less than one in five are living with a life partner, and only one-quarter have a living child.<sup>41</sup> When same-sex partners pass away, LGTB seniors may find themselves without caretakers, in a homophobic senior facility, and without access to bereavement and therapy groups that are geared toward LGTB people. This lack of support can lead to high rates of depression in this underserved population. (For more information, see Seniors section, p. 26)

## Promoting Wellness in Communities of Color

Being both a person of color and LGTB often means experiencing multiple forms of discrimination – and feeling especially isolated. Project ¡Sano!, a program of the Capital Region-based In Our Own Voices, works to bridge the gap between LGTB people of color and the health, mental health, and social services systems.

Since August 1999, Project ¡Sano! has worked to provide health and wellness information to LGTB people of color communities and ensure that the health and mental health care services received by LGTB people of color are sensitive and culturally competent. Some of its projects include: a guide to resources and agencies in the Capital Region; support groups on coping with grief, coming out, and family acceptance; in-person and telephone information and referral; recreational activities for families; and health education forums on subjects ranging from family planning for same-sex couples to stress reduction and nutrition.

The only program of its kind in all of upstate New York, Project ¡Sano! serves Albany, Rensselaer, Schenectady, Greene, Columbia, Saratoga, and Montgomery Counties. The program has a mailing list of over 500 and reaches thousands more through linkages with eight other community agencies. Through its work, Project ¡Sano! helps to end the isolation from health and wellness systems that LGTB people of color experience.

## AIDS As An Additional Mental Stress

The AIDS epidemic has also increased the mental health problems within the LGTB community. Faced with widespread illness and death among friends and community, as well as dealing with one's own HIV status, LGTB people, particularly gay men, have shown symptoms of significant psychological distress, including depression, sedative use, and suicidal ideation.<sup>42</sup>

## Bias of Mainstream Providers

Both the American Psychological Association and the American Psychiatric Association have called upon members of their professions to take the lead in removing the stigma associated with homosexuality.<sup>43</sup> Nevertheless, bias among mental health providers persists. A Task Force of the American Psychological Association found that psychologists vary widely in their adherence to a standard of unbiased practice with gay men and lesbians.<sup>44</sup> Other researchers have documented bias among clinicians and the difficulties LGTB people encounter in finding counselors who are not homophobic and who are sensitive to their mental health concerns.<sup>45</sup>

## A Lack of Providers

In 1996, the American Medical Association's Council on Scientific Affairs noted the lack of relevant and effective treatment for lesbians and gay men, particularly in the areas of mental health and substance abuse treatment.<sup>46</sup> A recent random sampling of mental health facilities under contract with New York City reflected this lack of appropriate services. **Out of 100 facilities surveyed, 93 did not have any specific LGTB services.** Although 48 of these 93 claimed they had someone "on staff" who had worked with or specialized in gay and lesbian clients, upon further inquiry only nine of these staff people had had specific training and experience in LGTB issues. Furthermore, only 16 of the 48 committed to the caller that the LGTB-sensitive staff member would be available. **Seventy-one percent had no referral information for the caller.**<sup>47</sup>

The lack of sensitive and knowledgeable mainstream mental health providers means that the burden of providing services and referrals falls upon a handful of volunteer-run or small-staffed community organizations. In New York City, the Lesbian and Gay Community Services Center's Mental Health and Social Services Department sees 2,000 clients annually for programs ranging from alcohol and substance abuse counseling, to youth groups, transgender support groups, bereavement groups, and more. Most of the Center's clients are economically disadvantaged and underserved: 75 percent of clients report annual incomes under \$20,000, 48 percent are unemployed, 36 percent are on Medicaid or Medicare, and 40 percent have no health coverage.

Outside of Manhattan, services are practically non-existent. Across the board, the number of LGTB-oriented services available does not match the demand, especially the need for psychiatric evaluations and follow-up care. Without additional funding to strengthen these community resources, many people in need will remain underserved.

## Providing Safe Space for Chronically Mentally Ill LGBTB Individuals

Those who are both chronically mentally ill and LGTB face a dual stigma. They may find themselves ostracized by the LGTB community due to their mental illness, and unwelcome in the mental health community due to their sexual orientation. Most treatment programs for major mental illness are geared toward heterosexual clients. As a result, LGTB patients may feel less safe and unable to freely express themselves, thereby impeding successful treatment.

The LGTB Affirmative Program for People With Major Mental Illness at Heights-Hill Mental Health Service is a program of the State Office of Mental Health. Located at the South Beach Psychiatric Center in downtown Brooklyn, the program works to help LGTB individuals with chronic mental illness. Directed by a team of licensed professionals sensitive to the needs of this clientele, the program provides a supportive and multi-cultural clinic environment, a core provider team of staff trained in LGTB issues, and affirmative support groups. Since its inception in 1996, the program has been able to successfully reach out to more than 40 individuals.

By successfully bridging the social and cultural gap that LGTB individuals commonly experience in the traditional mental health care setting, the LGTB Affirmative Program demonstrates a model program for development in other chronic mental illness treatment facilities around the State of New York.

## We Urge the Office of Mental Health to:

- ❑ assume diversity in sexual orientation among those needing services.
- ❑ target agency services to LGTB individuals.
- ❑ institutionalize LGTB issues and concerns throughout OMH and provider agencies.
- ❑ provide staff and providers with training on sexuality, including sexual orientation and gender identity. This training should be integrated into ongoing multi-cultural training efforts.
- ❑ mandate that mental health services be provided in a sensitive and gay-friendly manner.

# Substance Abuse and Alcoholism

The discrimination that LGTB people face takes its toll in the form of high rates of substance abuse. Faced with societal rejection of our relationships, verbal abuse, and the threat of physical violence, LGTB people suffer higher rates of depression, low self-esteem, and self-hatred. Without connection to health and wellness intervention services, LGTB people are at increased risk for using alcohol and other substances to cope with these stresses.

## Coping with Discrimination: A Lifetime Risk Factor For Substance Abuse

From adolescence to adulthood, the stress that LGTB people encounter places them at increased risk for substance abuse and alcoholism. Youth, faced with hostile attitudes from their peers, family, and educational and cultural institutions (see youth section, p. 23), will use alcohol and drugs as a coping mechanism. **Studies done on lesbian, gay, and bisexual youth show that these youth are more likely to report using tobacco, marijuana, and cocaine, before 13 years of age,<sup>48</sup> and are three to ten times more likely to have used cocaine than their non-gay peers.<sup>49</sup>**

As adults, fewer lesbians and gay men abstain from alcohol use than do heterosexuals, and lesbians and gay men are more likely to report alcohol problems than heterosexuals.<sup>50</sup> Among the adult transgender population, substance abuse rates are twice the rate found in the general population.<sup>51</sup> Finally, in the general population, alcohol and substance abuse tends to decline substantially with age; this does not occur in the LGTB community.<sup>52</sup>

The historical importance of bars in the LGTB community has also contributed to higher rates of alcohol use. Before the emergence of an organized LGTB community in the later part of the century, gay bars were one of the few places LGTB people could safely socialize without fear of violent repercussion. Even today, bars retain their cultural importance in the LGTB community and, especially in locations outside large metropolitan areas, continue to function as one of the few places LGTB people can safely go to meet other LGTB people. The restriction of social encounters to bars has fostered and continues to foster substance use.<sup>53</sup>

## Providing LGTB-Targeted Substance Abuse Services

LGBTB people experiencing difficulty with alcohol and substance abuse can find a supportive environment at the Lesbian and Gay Community Services Center in New York City. The Center's Project Connect offers on-site individual and group counseling and an array of recovery support groups for an average monthly caseload of 200 clients. Project Connect also provides sensitivity trainings to mainstream agencies, including correctional facilities, hospitals, substance abuse treatment programs, and community health organizations.

The Center also houses SpeakOUT: LGTB Voices for Recovery. The only program of its kind in New York State, SpeakOUT is a grassroots community organizing and mobilization project that seeks to identify LGTB community issues and needs regarding alcoholism, substance use, addiction, and recovery. SpeakOUT brings together LGTB people in recovery and their family and friends to provider peer support systems and build community with people in recovery, and to develop models that can be utilized for the community in New York City, statewide, and beyond.

## A Lack of Providers

Discrimination, isolation, low self-esteem, and fear of rejection and physical violence are at the root of substance abuse among LGTB people. Providers that are not trained in and sensitive to this will not be able to successfully treat these clients. LGTB people therefore need treatment programs geared toward the specific nature of substance abuse in this community.

Unfortunately, such providers in New York State are scarce. In all of New York City, only two out-patient drug treatment providers offer LGTB-specific treatment tracks, and only two non-profit, community-based facilities offer free services with providers trained to deal with these issues.<sup>54</sup> One, the Lesbian and Gay Community Services Center, houses three substance abuse-related individual and group counseling programs. In 1998, these programs served more than 1,000 clients in over 5,000 sessions. Outside the New York City metropolitan area, resources are even scarcer. Providers have expressed the need to treat LGTB clients but lack the information, expertise, and resources to do so.<sup>55</sup>

Furthermore, since anti-gay bias is so prevalent among mainstream health care providers, LGTB patients who disclose their sexual orientation may be denied the services they need. More than two-thirds of physicians nationally report seeing LGTB patients receiving poor care or being denied care because of their

sexual orientation.<sup>56</sup> A sample of 98 alcohol and other drug abuse treatment providers found that nine percent scored “homophobic” and 17 percent scored “marginally homophobic.” These numbers are likely to be underestimates, because some providers declined to participate in the survey and “expressed the belief that their personal attitudes toward homosexuality were irrelevant to the quality of care they provided to homosexual clients.”<sup>57</sup> Without funding for community-based treatment programs, and training and education for mainstream providers, LGBT people with substance abuse problems will remain underserved.

### We Urge the Office of Alcoholism and Substance Abuse Services to:

- ❑ assume diversity in sexual orientation among those needing services.
- ❑ target agency services to LGBT individuals.
- ❑ institutionalize LGBT issues and concerns throughout OASAS and provider agencies.
- ❑ provide staff with training on sexuality, including sexual orientation and gender identity. This training must be integrated into ongoing multicultural training efforts.
- ❑ link OASAS to LGBT service agencies through cross-training programs and by appointing members of these organizations to OASAS advisory committees.

# Bias Violence

Bias-motivated violence is one of the most serious threats facing LGTB people today. Bias-motivated violence consists of crimes and offenses in which victims are chosen by offenders solely or primarily because of the formers' actual or presumed sexual orientation, gender identity, and/or status.<sup>58</sup>

## A Rise in Violence

In New York, bias-motivated violence is tracked by the New York City Gay and Lesbian Anti-Violence Project (AVP). AVP is part of the National Coalition of Anti-Violence Programs (NCAVP), a voluntary network of 26 community-based organizations and programs that monitor and respond to anti-gay violence within cities, states, and regions across the country. To insure the reliability of data, members must adhere to stringent methodological standards of data collection and reporting procedures.<sup>59</sup> The coalition's statistics reveal that anti-LGTB violence, both in frequency and in severity, is on the rise:

### From 1997 to 1998 in New York City:

- ▼ Murders doubled to ten – the largest increase in the country.
- ▼ Serious injuries to victims rose 36 percent.
- ▼ Victims requiring hospitalization rose 187 percent.
- ▼ Incidents committed by hate groups rose from five in 1996, to seven in 1997, to eight in 1998.<sup>60</sup>

## Responding to Violence: Providing a Lifeline

In New York City, the Gay and Lesbian Anti-Violence Project (AVP) steps in where traditional avenues of help for crime victims fail. AVP assists survivors of hate-motivated violence by providing counseling and advocacy within the criminal justice system and victim support agencies, information for self-help, and referrals to practicing professionals. AVP also educates the public, law enforcement, and social service agency personnel about the violence directed against LGTB people.

Yet while AVP provides vitally needed services to those in the five boroughs of New York City, there is no comparable program outside of the New York City metropolitan area. AVP would be willing to assist other areas of the state in setting up similar programs. Without the funding to establish such programs, however, victims of bias violence in suburban and rural areas will remain without services.

### From 1997 to 1998 nationwide:

- ▼ Murders increased by 136 percent.
- ▼ Attacks grew more vicious and were perpetrated at closer range. The use of:
  - firearms increased by 71 percent.
  - bats, clubs and blunt objects increased by 47 percent.
  - vehicles increased by 150 percent.
  - ropes and restraints increased by 133 percent.
  - knives and sharp objects grew by 13 percent.<sup>61</sup>

## Poor Tracking and Police Response Means Bias Crimes are Undercounted

As alarming as these numbers are, the situation is most likely worse, because there is vast under-reporting of hate crimes. This is often because LGTB victims fear a negative response from police because of their sexual orientation or gender presentation. In fact, victims of anti-LGTB violence often face secondary victimization when they seek help. **Over 21 percent of New York City victims who turned to law enforcement for help were further victimized verbally or physically by the police.**<sup>62</sup>

Adding to the problem is that less than 10 percent of the over 500 law enforcement agencies in New York State collect and report information on bias violence. The burden is left on the strained resources of community-based institutions to track these incidents. The only community-based organization in the entire state that has the capacity to do this work is the New York City-based Anti-Violence Project. Thus, crimes outside the city are usually not tracked, so the actual number of bias incidents is likely to be much higher than officially reported numbers.

## The Long-Term Effects of Bias Violence

The prevalence of bias crime forces LGTB people to live in a climate of fear and intimidation. This can take a severe toll on the mental health and self-esteem of this population. The high rates of depression, substance abuse, and suicide documented among LGTB communities (see Mental Health and Substance Abuse sections, pp. 11-15) are partially attributable to this hostile climate.

Victims of bias attacks also suffer severe long-term effects. Research on LGTB survivors of hate crimes shows that these victims have significantly higher levels of crime-related psychological distress – including depression, stress, and anger – than LGTB survivors of comparable non-bias-motivated crimes. These after-effects last an average of five years, as compared to two for survivors of non-bias crimes.<sup>63</sup>

### We Urge the Division of Criminal Justice Services to:

- encourage New York State law enforcement agencies to collect and report information on bias violence.
- train New York State police and other law enforcement agencies on how to collect data on bias violence.
- conduct a statewide study of anti-gay and other hate-motivated violence, its prevalence and outcomes.

# Domestic Violence

Domestic violence in same-sex households occurs at approximately the same rates as heterosexual domestic violence. However, the myth that domestic violence only occurs when a heterosexual man abuses a heterosexual woman, combined with the general societal climate of homophobia, results in a severe lack of services available for victims of same-sex domestic violence. Many of the services available to battered heterosexual women – emergency shelter, support groups, batterers' treatment, community education, and multilingual services – are unavailable or ill equipped to deal with LGTB victims of domestic violence.<sup>64</sup>

## Rates Comparable to Heterosexual Domestic Violence; Underreporting Likely

In 1998 the National Coalition of Anti-Violence Projects documented 2,574 reported cases of LGTB domestic violence; these rates are roughly equal to those estimated in heterosexual couples.<sup>65</sup> Underreporting of overall cases is likely, however, partially due to LGTB survivors' fear of further victimization by police, medical staff, and other service providers. Professionals who are supposed to provide safety, support, and assistance to victims of domestic violence may respond by denying the possibility of violence in the relationship or by undermining the legitimacy of the relationship altogether.

Underreporting of LGTB domestic violence is also due to the fact that many survivors may simply not know where to go for help. For example, transgendered men have the lowest rate of reporting domestic violence; they also have the fewest number of services available to them.<sup>66</sup>

Finally, agencies that track domestic violence in LGTB relationships agree that local community needs exceed current reporting levels due to lack of staff and financial resources. This is supported by the fact that New York City's Anti-Violence Project saw a 20 percent rise in reported cases from 1997 to 1998 – the same time period that the agency expanded its capacity to take incoming cases.<sup>67</sup>

## Helping LGTB Survivors

For LGTB victims of domestic violence, resources are often non-existent or severely limited. The Gay and Lesbian Anti-Violence Project (AVP) is the only agency in the state with a program and services specifically targeting LGTB domestic violence victims. Located in New York City, AVP provides a 24-hour bilingual hotline, specially trained domestic violence advocates and counselors, and individual and group counseling for survivors. AVP also helps survivors of domestic violence navigate the legal and judicial system, providing assistance with filing complaints, and obtaining orders of protection. In addition, AVP works collaboratively with other agencies to help develop sensitive and appropriate resources.

In 1998, AVP had 506 cases of LGTB domestic violence in which the survivor came to the agency to utilize its services. Its hotline receives even more calls that are anonymous. In fact, 50% of AVP's general hotline calls are for domestic violence cases.

Currently, AVP is the only agency within the tri-state area to offer this array of services.

## Lack of Appropriate Services

### Biased and Untrained Providers

LGBTB victims of domestic violence are too often shut out of the system of service provision and care. Physicians, police, and counselors are frequently unwilling to believe that gay people can experience domestic violence in their relationships.<sup>68</sup> LGTB victims are not usually specifically indicated or targeted in educational outreach done by mainstream organizations.<sup>69</sup> When they are included, it is usually only by adding gender-neutral language or the words "lesbian" or "gay" onto existing literature, without the necessary training of providers that should correspond with this. Crisis hotlines are usually staffed by volunteers or staff who have no training in working with LGTB people.

A 1991 study found only 20 professionals scattered in four American cities were adequately experienced or trained to deal effectively with lesbian and gay victims of domestic violence.<sup>70</sup>

## Inadequate Shelters

Many domestic violence shelters are unable or unwilling to offer shelter to lesbians, gay men, and transgendered people. Lesbians may have to hide their sexual orientation in order to gain access to shelters or avoid homophobia targeted against them by staff and other residents. Male and transgender victims of domestic violence are often referred to local homeless shelters, the locations of which are not confidential, where the environments are frequently dangerous, and the staff is not trained in dealing with domestic violence survivors. When transgender victims seek shelter, they are often placed in gender-inappropriate settings where they are vulnerable to further assault by staff and other shelter residents.

Finally, some homeless shelters do not allow residents to keep and control their own medications. This creates barriers for people who may be HIV-positive and/or transgender and need to access life-sustaining medications without fear of discrimination. In many of these cases LGTB people choose to leave the shelter, feeling that they are safer living with their abusers.

The situation is exacerbated by the fact that most domestic violence funding streams - Violence Against Women Act and Victims of Crimes Act, for example - provide grants for services that almost exclusively target women, so services for male victims of domestic violence remain underfunded.<sup>71</sup>

## Poor Police Response

Seventy-one percent of domestic violence victims served by AVP did not report incidents of domestic violence to the police,<sup>72</sup> partly out of fear of mistreatment or lack of response by police officers. These fears are not without reason. In two percent of AVP's reported cases where a victim sought police protection, the victim was himself or herself arrested.<sup>73</sup> **In 66 percent of cases where clients had reported filing a complaint, no arrest was made.**<sup>74</sup> The high number of cases in which an arrest is not made is particularly troubling, since for LGTB domestic violence victims, criminal court is the only way to obtain an Order of Protection. If no arrest is made, a victim will be unable to secure a restraining order. In contrast, heterosexual domestic violence victims who are married, have a child in-common, or are related by blood, have easier access to protection. These victims have access to civil Orders of Protection which generally require only that a complaint be filed with the probate court and that the victim express fear for his/her safety.<sup>75</sup>

## Reaching Out to LGTB Survivors of Sexual Assault

Estimates are that one in six men and one in three women will be sexually assaulted in his/her lifetime.<sup>†</sup> These statistics apply for people across the lines of sexual orientation, race, class, age, or religion. In relationships where there is domestic violence, the batterer sometimes uses rape and sexual assault as a means of abuse and control. Lesbian, gay, transgendered, and bisexual people can be sexually assaulted or raped by a stranger, a family member, a lover, or someone the person knows and trusts. According to the NYC Gay and Lesbian Anti-Violence Project, at least 10 percent of their cases annually involve some form of sexual assault or rape as part of the crime (this includes bias attacks, domestic violence and pick-up crimes).

Despite this, services for survivors of sexual assault do not usually target LGTB survivors. Many rape crisis hotlines are not staffed by people who have training in working with LGTB survivors. Hotline counselors, emergency room staff, police, and others may not take a same-sex assault seriously and have been known to make homophobic remarks, dismiss the victim, and refuse services.<sup>††</sup> As a result, these survivors may not receive the support they need.

Ithaca Rape Crisis/Crime Victims Assistance (IRC/CVA) is working to change this situation. Located in Tompkins County, the program has a 24 hour hotline with volunteers specifically trained in working with LGTB individuals. IRC/CVA has information sheets and other materials addressing sexual assault against LGTB people. It also holds educational and professional trainings on issues related to sexual assault in the LGTB community both locally and throughout the state.

With a professional staff of only five and a large, professionally trained group of volunteer educators and counselors, IRC/CVA serves as many survivors as possible. Yet the population in need of services is much larger than those who are currently reached. With additional funding and resources, many more people in need could be helped. Similar programs are also needed to reach LGTB survivors of domestic violence in other areas of the state.

<sup>†</sup> NYC Gay & Lesbian Anti-Violence Project. "Lesbian Sexual Assault," "Male Sexual Assault." (brochures)

<sup>††</sup> Brownworth, Victoria A. "The Other Side of Sexual Assault: When a Woman is Raped by a Woman." *Bay Times*, August 1991.

## We Urge the Office for the Prevention of Domestic Violence to:

- ❑ increase awareness, access to services, and advocacy for LGTB victims (including access to hotline counseling and shelters) at existing domestic violence programs.
- ❑ include gender-neutral and LGTB-inclusive language in all official agency documents, including information and outreach brochures and training materials.
- ❑ train OPDV staff, domestic violence service providers, social workers, health care providers, and law enforcement officials on LGTB domestic violence issues so that they can knowledgeably and competently handle such cases.
- ❑ expand the definitions of families used by service organizations and agencies beyond married couples and blood relatives.

## We Also Urge the Division of Criminal Justice Services, the Crime Victims Board, the Office of Children and Family Services, and the Office of Temporary and Disability Assistance to:

- ❑ fund programs that address the domestic violence service needs of the underserved LGTB community.
- ❑ encourage all providers to improve their ability to address domestic violence in the underserved LGTB community, and to increase access to these services for the LGTB community.

# Education

All students deserve a safe, welcoming, and affirming environment in which they can develop to their fullest intellectual, emotional, and social potential. Unfortunately, anti-gay attitudes and violence run rampant in schools, and as a result, young LGTB people are routinely harassed, intimidated, and prevented from attaining the education that is their right in elementary and secondary schools and colleges across the state.

## An Epidemic of Violence

The most recent national survey on school climates revealed that **more than 90 percent of LGTB youth regularly hear homophobic remarks in their school** – words such as “faggot,” “dyke,” or “queer.” Even more alarming, **more than one third of the youth surveyed reported that no one ever intervened in these circumstances.** Half reported that someone intervened only some of the time. **More than two-thirds reported experiencing some form of harassment or violence,** including verbal, sexual, and physical harassment and assault. **Almost half of those who reported verbal harassment said they experienced it daily.**<sup>76</sup>

Other studies report similar findings. Studies conducted in nine cities and three states show that one-third to one-half of lesbian and gay participants report being victimized in junior and senior high school. Those who are open about their sexual orientation, who are suspected of being lesbian or gay, or who behave in ways associated with lesbian or gay stereotypes are the most frequent victims.<sup>77</sup> What this means is that violence is directed against those who are perceived to be LGTB, even if they are not. Heterosexual youth are thus also negatively affected by anti-LGTB behavior.

## Inaction from Teachers and School Officials Compounds the Problem

Although many school districts have non-discrimination policies, few of these policies include discrimination based on sexual orientation. A report endorsed by the National Education Association, the American Federation of Teachers, and the National Association of School Psychologists graded 42 of the nation’s largest public school systems on how well they protect LGTB students and teachers from harassment and discrimination. Of those 42 schools, the average grade earned was “D.”<sup>78</sup>

Teachers and counselors, whose role is to positively guide youth, are often as hostile and condemning toward LGTB youth as students and peers. An alarming **66 percent of guidance counselors and 80 percent of prospective teachers express negative attitudes toward LGTB people;** 52 percent of prospective teachers say they would feel uncomfortable working with an openly lesbian or gay colleague; and 85 percent of prospective teachers oppose integrating LGTB themes into the curricula.<sup>79</sup>

## Government Ignores the Problem

New York State uses the federally funded Youth Risk Behavior Survey, conducted every two years by the State Education Department, to monitor the self-reported behaviors of high school youth and to plan strategies to reduce behaviors that present the greatest risk to

## Creating Safe Schools

Lacking a safe school environment, LGTB youth turn to substance abuse and drop out of school at rates that are alarmingly higher than rates for heterosexual youth. Rockland County-based CANDLE (Community Awareness Network for a Drugfree Life and Environment) works to combat this problem by bringing together youth, educators, and service providers to help develop a more affirming school environment for all youth, regardless of sexual orientation.

CANDLE strives to meet this goal through its annual conference for youth-serving professionals and through “Common Threads,” a three day leadership retreat for gay and straight youth and adult advisors. Retreat participants educate each other on LGTB youth issues. Through this process, they are empowered to bring strategies for making schools safer back to their schools and communities. CANDLE also has received funding from the Department of Health to do sensitivity trainings for youth-serving professionals in schools, residential treatment settings, local police academies, victims assistance bureaus, and other social service agencies.

CANDLE has received requests for trainings from all over the state, including Westchester, Queens, the Bronx, Ulster, and Dutchess Counties. This is evidence of the need to establish similar programming throughout New York State.

their health and well-being. New York's survey does not include any questions on sexual orientation or the behaviors of LGTB youth. States that do collect this data - including the neighboring states of Massachusetts and Vermont - find extremely high rates of verbal and physical abuse of LGTB students, and high rates of substance abuse, skipping school, and attempted suicide among LGTB youth.<sup>80</sup> Despite these high rates, New York's recently released report from the Governor's Task Force on School Violence makes no mention of the violence directed daily against LGTB youth in schools.

In such a climate, it is not surprising that **LGBTB youth are two to five times as likely as their non-gay classmates to skip school because they feel unsafe.**<sup>81</sup> The next section will further detail the problems that these youth face.

### We Urge the State Education Department to:

- promulgate an anti-harassment policy that includes sexual orientation.
- encourage school districts to endorse non-discrimination policies.
- mandate that codes of conduct, violent incident reporting systems, and inter-personal violence prevention, education, and training programs address the needs of LGTB students.
- include a same-sex question in the Youth Risk Behavior Survey to gather information necessary to plan appropriate services for LGTB students.

# Youth

Faced with discrimination and threats of violence from peers, family, schools, and even institutions to which they turn for help, LGTB youth are at increased risk for a variety of health problems and high-risk behaviors. The American Academy of Pediatrics states that “the psychosocial problems of gay and lesbian adolescents are primarily the result of societal stigma, hostility, hatred and isolation... Such rejection may lead to isolation, run-away behavior, homelessness, domestic violence, depression, suicide, substance abuse... school or job failure... [and] prostitution (often in runaway youths) as a means to survive.”<sup>82</sup> LGTB youth need access to health and wellness services to cope with the stresses of being gay in a discriminatory society.

## Schools and Family: Unwelcome Environments

More than 90 percent of LGTB youth regularly hear homophobic remarks in their schools, and more than two-thirds experience verbal, sexual, and physical harassment and assault. Almost half of those who report verbal harassment say they experience it daily.<sup>83</sup> The violence that LGTB students encounter can be severe. A 1993 14-city study of lesbian and gay youth ages 14-21 found that 80 percent experienced verbal abuse, 44 percent were threatened with attack, 33 percent had objects thrown at them, 30 percent were chased or followed, 17 percent were physically assaulted, and 10 percent were assaulted with a weapon.<sup>84</sup>

This violence extends to the family environment as well. Lesbian, gay, and bisexual youth who disclose their sexual orientation to family members report verbal and physical abuse.<sup>85</sup> **Among adolescents receiving services at a New York City agency for LGTB youth, two out of five had been physically assaulted, and more than three-fifths of this gay-related violence had occurred in their homes.**<sup>86</sup> Other studies confirm the finding that gay and lesbian youth suffer physical violence at the hands of family members due to their sexual orientation.<sup>87</sup>

## Substance Abuse, Homelessness, Suicide

Without access to crisis intervention providers, and faced with unsafe environments at home and at school, these youth are at increased risk of substance abuse, dropping out of school, homelessness, and suicide.<sup>88</sup> Lesbian, gay, and bisexual youth are two to five times as likely as their non-gay classmates to skip school because they feel unsafe, three to ten times as likely to have used cocaine, and four to six times as likely to have made a serious suicide attempt in the past year that required medical attention by a doctor or nurse.<sup>89</sup> They are also more likely to report using tobacco, marijuana, and cocaine before 13 years of age.<sup>90</sup> **Suicide attempts among LGTB youth are 20-42 percent, compared to 8-13 percent among high school students in general;** these rates are consistent regardless of sample, geographic area, or time period.<sup>91</sup>

Constant verbal and physical abuse results in a large number of LGTB youth running away from or being forced out of their homes.<sup>92</sup> **Over 35 percent of New York City's homeless youth are lesbian, gay, or bisexual.**<sup>93</sup> These youth are at increased risk for drug abuse, prostitution, and sexually transmitted diseases, including HIV.<sup>94</sup>

## Creating A Safe Space for Youth

In Buffalo, Gay & Lesbian Youth Services of Western New York (GLYS) provides programming for youth ages 14 to 21 from Niagara, Cattaraugus, and Chatauqua Counties. Its Drop-In Center, open four evenings a week from 6 p.m. to 9 p.m., offers workshops and discussion groups on safer sex, substance abuse and addictions, HIV/AIDS testing, and nutritional health and fitness. It also provides opportunities for youth to become involved in projects that develop their creativity and leadership skills.

In addition to the Drop-In Center, another critical aspect of GLYS's services is its Helpline, also open four days a week from 6 p.m. to 9 p.m. Youth who are ashamed of their sexual orientation and afraid to come to a public setting such as GLYS often use the phone number as a stepping stone to establish a relationship with the program. The Helpline also receives calls from youth who cannot get to GLYS because they don't have access to transportation, but who still want to use GLYS's services.

In the first three months that GLYS received funding from the Department of Health, the number of requests its Helpline Service has been able to handle has nearly tripled, and the numbers continue to rise. The need for services is also evident in the fact that GLYS's Helpline, designed for youth, receives many calls from the general population about the LGTB community in the area; it is the only such program listed in the telephone book.

GLYS's services, however, are not available as often as its staff would like them to be. The agency would like to extend its hours so that youth could utilize its services immediately after school, as well as other nights of the week.

Transgendered youth are especially at risk. Frequently rejected for their gender-nonconforming appearance and behavior by family, school, church, peers, and other communities of origin, many transgendered youth become homeless. Their gender non-conforming appearance, combined with a lack of education and job skills, makes it difficult for these youth to obtain employment. As a result they often resort to sex work for survival, thereby increasing their risk for sexually transmitted diseases, HIV/AIDS, drug use, and violence.<sup>95</sup> Their gender-nonconforming appearance also makes it difficult for these youth to obtain access to appropriate shelters. They are frequently either turned away or assigned to a shelter where their appearance places them at risk for violence.<sup>96</sup> Finally, transgendered youth on the street may also be taking hormones without the supervision of a licensed medical provider, and may be using bootleg substances, incorrectly self-medicating, or sharing needles.<sup>97</sup>

LGTB youth struggling with accepting their sexuality in a hostile and unaffirming environment may engage in unsafe heterosexual sex in an effort to hide or cover up their sexuality or “prove” that they are not gay. Evidence of this can be seen in the fact that lesbian and bisexual youth are more than twice as likely to become pregnant as heterosexual youth.<sup>98</sup>

## The Absence of Services

Health and social service providers are uniquely situated to intervene favorably and provide positive, affirming, and accurate information to youth who are struggling over issues of sexual orientation and gender identity. Providers that are trained in LGTB issues can provide information, a “safe space” for troubled youth, and intervention in hostile family environments. Unfortunately, the lack of knowledgeable and sensitive service providers means that this avenue of help is often inaccessible to LGTB youth.

In New York City’s child welfare system, for example, more than two-thirds of lesbian and gay youth were victims of anti-gay violence in the system. Seventy-eight percent had been removed from their initial placement because they were not welcome due to their sexual orientation; 100 percent had experienced verbal harassment due to their sexual orientation; and 70 percent had tried to hide their orientation from staff and peers out of fear of mistreatment if staff knew they were gay or lesbian. More than half of these youth chose to live on the streets rather than in a group or foster home because they felt safer on the street.<sup>99</sup>

Rural and suburban youth can be especially isolated from obtaining the services they need. The nearest service provider may be miles away, and without a driver’s license or access to public transportation, these youth remain isolated and at high risk.

Youth who want to turn to a health service provider often will not do so out of fear of discrimination or of being “outed.” This is especially true for LGTB youth who have not come out to their parents and who fear that their confidentiality may not be protected.<sup>100</sup> In a study published in the *Journal of Adolescent Health*, less than half of the LGTB youth had been informed about their right to confidentiality. Yet over 70 percent of these youth said they would have been more likely to discuss sexual orientation with their provider had they been informed.<sup>101</sup>

Many providers assume that the youth they see are heterosexual. For example, more than three-quarters of LGTB youth in one study reported that their medical providers assumed that they were heterosexual.<sup>102</sup> An important point of entry into health

## Reaching Out to Long Island Youth in Need

Every Friday and Saturday night, LGTB youth in Nassau and Western Suffolk counties can find a welcome, safe, and substance-free environment in which to socialize and access health and wellness services at Pride for Youth. A program of the Long Island Crisis Center, Pride for Youth provides a weekend Drop-In Center that serves as a conduit for connecting youth with a wide range of community health and mental health services. A typical evening at the Drop-In Center will see 50 to 100 youth ranging from ages 13 to 24. With programming such as counseling, support groups, and peer education on HIV, Pride for Youth helps raise LGTB youth’s self-esteem and teaches them how to better cope with their concerns over sexual identity.

Recent funding from the Department of Health has given Pride for Youth the ability to provide transportation to and from the Center, thus allowing its services to be reached by suburban youth who do not drive or have access to public transportation, and whose parents may refuse to help them. This ability to provide transportation is one of the key aspects of the program, providing a vital lifeline to these youth by connecting them to wellness services to which they would otherwise not have access. Unfortunately, thousands of other suburban youth elsewhere in the state remain underserved.

and wellness services is closed when providers fail to recognize these youth or to provide a safe environment for them. Health care and social service providers need sensitivity training on LGTB issues to ensure that these youth obtain better services than what is currently available.

### We Urge the Office of Children and Family Services to:

- assume diversity in sexual orientation among those needing services.
- provide staff with training on sexuality, including sexual orientation and gender identity. This training must be integrated into ongoing multicultural training efforts.
- target agency services to LGTB youth.
- institutionalize LGTB issues and concerns throughout the agency and provider agencies.

### We Urge the Office of Temporary and Disability Assistance to:

- make homeless LGTB youth a priority for funding throughout the Homeless Housing Assistance Program.

## Families with LGTB Parents: An Overlooked Population

There are an estimated three to eight million LGTB parents in the U.S. that are raising between six to 14 million children.

This population is often overlooked by mainstream institutions and providers who assume that parents are heterosexual. A gay principal of a Manhattan-based elementary school, for example, reported to the director of Center Kids (the family program of New York City's Lesbian and Gay Community Services Center) that many of the students' mothers who present as "single" are actually closeted lesbians.

The hostility directed toward LGTB people who have children frequently results in the refusal to acknowledge these families. Most health and social service agencies do not provide programs that target LGTB families or are aware of their needs.

Center Kids sees the effects of this lack of support every day. Each day, Center Kids receives dozens of calls from LGTB parents seeking advice, support, and information. Callers' needs range from legal advice on second-parent adoption, to lesbian couples seeking lesbian-friendly childbirth preparation classes, to families inquiring into gay-friendly school districts. Many callers are isolated gay parents seeking referrals to social and support groups so that they can connect with others like themselves.

Center Kids provides support groups, recreational programs, and advocacy efforts for more than 2,400 families in the tri-state area. Yet for LGTB families outside the metropolitan area, such programs are difficult to access. Funding is needed to continue and expand this work, as well as to establish similarly innovative programs in other geographic areas of the state.

# Seniors

There are an estimated 140,000 lesbian, gay, transgender, and bisexual seniors living in New York State,<sup>103</sup> a population that is growing rapidly due to the aging of the baby boomer generation. Like all aging people, LGTB seniors must worry about poverty (3.4 million seniors nationally lived below the poverty line in 1997<sup>104</sup>), health care, housing arrangements, and Medicare and Social Security solvency. Yet for LGTB seniors, anti-gay discrimination compounds these issues and places this population especially at risk for isolation, financial hardship, and lack of access to care and services.

## Lack of Family Recognition Places LGTB Seniors at Higher Risk

Since lesbian and gay people cannot marry and, with rare exception, their partnerships are not recognized by law, they do not have access to the government safety nets automatically granted to married couples. Surviving gay partners, for example, are not eligible for Social Security survivor's benefits after a partner dies. LGTB people are also not automatically granted inheritance rights. Being unable to access such structural safety nets means that **LGBTB seniors are at greater risk of falling below the poverty line after a partner dies.**

Lack of recognition of LGTB families also means that LGTB seniors are frequently denied the rights and privileges crucial to quality health care that are taken for granted by heterosexual people. These include employee health benefits, hospital visitation, and power of attorney. An LGTB senior who has cared for his or her same-sex partner for years may be denied the right to make decisions about long-term care, life support or funeral arrangements.

## An Isolated Population

LGBTB seniors are more likely to be isolated than the general senior population. The Brookdale Center on Aging of Hunter College examined the housing needs of the estimated 45,000 to 79,000 lesbian and gay seniors living in New York City.<sup>105</sup> The researchers found sharp differences between the general elderly population and the LGTB elderly population:

- ▼ Half of the general elderly population are married, but only 1 in 5 LGTB seniors is living with a life partner.
- ▼ 75 percent of the general elderly population have children, but only 25 percent of LGTB seniors do.
- ▼ 40 percent of the general elderly population live alone, while 60 percent of the LGTB population live alone.<sup>106</sup>

As alarming as the numbers found by the Brookdale Center are, the actual number of LGTB seniors living without social supports is likely to be even higher. This is because the study targeted a population that consisted of members of an urban gay senior organization. It thus did not account for rural LGTB seniors, those in the closet, and those homebound and unable to access such services.<sup>107</sup>

This lack of social support means that LGTB seniors are less likely to have someone who can provide the caretaking assistance that seniors often need. One survey of lesbian and gay seniors found that more than two-thirds of those surveyed would not be able to designate a caretaker should they need one.<sup>108</sup> This can have serious repercussions. For example, as a result of welfare reform, government benefits are now dispersed via electronic benefits transfer, which requires the ability to go to a cash machine to withdraw money. LGTB seniors who are homebound and without a trusted caretaker will have greater trouble accessing their benefits.

## Discrimination in Long-Term Care and Assisted Living Facilities

The higher rates of isolation documented in this population clearly point to the need for care-taking services such as nursing homes and assisted living facilities. Yet the facilities that provide such support for the larger senior citizen population cannot be counted on to provide for LGTB seniors. Few facilities recognize same-sex partners or provide a comfortable environment for LGTB residents. As a result, **gay seniors may have to hide evidence of their sexual orientation, such as photos of their partner, out of fear of abuse by nursing home staff and residents.** Researchers have documented instances of nursing home staff refusing to care for gay clients, refusal to allow same-sex partners to share a room, and other discriminatory incidents.<sup>109</sup>

## Lack of Service Providers for a Vulnerable Population

The isolation and lack of family and community support results in increased depression, anxiety, and substance abuse in the aging LGTB population. For example, while alcohol use tends to decline with age in the general population, this does not occur in the LGTB community.<sup>110</sup> Without

## Building a Senior Network Statewide

Across New York State, an innovative group of pioneers is seeking to end the isolation and discrimination that comprise a large part of so many LGTB seniors' lives:

### Central New York

In Onandaga County, the all-volunteer **SAGE/Upstate** provides programming for aging LGTB people in Onandaga and eight contiguous counties. Between 50 to 100 people attend SAGE/Upstate's regular monthly meetings, and hundreds more utilize its recreational, social, and educational programming. Recent events have included speakers on legal and medical concerns for LGTB seniors, musical concerts, a therapist's presentation on how to avoid holiday time depression, a picnic, and an annual Thanksgiving dinner that drew over 100 people last year. Most recently, SAGE/Upstate worked with the Onandaga Department on Aging to schedule – for the first time ever – two panels on LGTB senior issues at the Conference of the New York State Association of Agencies on Aging.

### New York Metropolitan Area

Complementing the work of these direct-service organizations, **Pride Senior Network** brings the voice and spirit of this work to the larger service provider network through its referral and advocacy efforts. Its directory of knowledgeable LGTB and LGTB-friendly providers is distributed both to LGTB seniors and to mainstream organizations and agencies for referral purposes. PSN also does trainings and presentations at senior centers, nursing homes, academic settings, government agencies, and other institutions where education on LGTB aging issues is needed.

### Brooklyn

Located in downtown Brooklyn, **GRIOT Circle** is a three-year old program for LGTB seniors of color. Its recent Health Fair drew LGTB seniors of color from the ethnically diverse neighborhoods of Bedford-Stuyvesant, Park Slope, Crown Heights, Fort Greene, and Red Hook, and provided an overview of the various health and wellness services available to them. GRIOT Circle is the only center designed specifically for LGTB seniors of color in all of New York State.

### Queens

In the heart of Astoria, Queens, **SAGE Queens** reaches out to approximately 600 LGTB seniors with its weekly meetings, monthly social gatherings, recreational activities, and case management. It also reaches beyond the borders of those who are already "out" by doing LGTB-sensitivity trainings at local senior centers throughout Queens.

### Manhattan

In Manhattan, **SAGE** delivers social services to over 1,700 people each month. Programming includes case management, counseling, visits to homebound seniors, a drop-in center, and outreach education. In 1999, there was a nearly 50 percent increase in SAGE's case management and counseling caseload, a 31 percent growth in friendly visitors, a 143 percent increase in request for services, and a 20 percent growth in those accessing congregate services.

These innovative programs are transforming the lives of thousands of LGTB seniors. Yet the number of people served by these five organizations represents only the tip of the iceberg. The high rates of isolation among LGTB seniors means that many others remain unreached. Funding is needed to further target this at-risk and under-served population.

providers trained to handle the unique concerns of LGTB seniors, these rates will remain high. Yet for the most part, medical providers are unaware of the particular needs of LGTB seniors. The lack of service providers for LGTB seniors is severe enough that **the 1995 White House Conference on Aging determined equal access to services to be a serious issue facing LGTB seniors.**<sup>111</sup>

Adding to the problem is the reality that today's LGTB seniors came of age in a time of extreme anti-gay bigotry by legal, health, and religious institutions. As a result, many of them have internalized these homophobic messages and are reluctant to seek out help from institutions that they have been trained to fear: **LGBTB seniors are five times less likely than other seniors to access needed services out of fear of discrimination.**<sup>112</sup> These fears are justified by results of a national survey that found that more than two-thirds of physicians knew lesbian and gay patients who had received poor care or who were denied care because of their sexual orientation.<sup>113</sup>

### We Urge the State Office for the Aging to:

- sensitize the provider network on LGTB aging issues.
- target LGTB seniors as an underserved population.
- expand the definitions of families used by aging service organizations and agencies beyond married couples and blood relatives.
- incorporate LGTB senior issues into the agency's cultural diversity training.
- support the development of gay-affirming housing and programming.

# Social Services

Recent cuts in social service programs have disproportionately affected the LGTB communities. State and federal cuts in programs that constitute the economic safety net, including Home Relief, Supplemental Security Income, Temporary Assistance to Needy Families, and food stamps have had devastating effects upon poor people throughout the state. Yet because there is no statewide protection against discrimination based on sexual orientation in housing, employment, public accommodation, education, and credit, LGTB New Yorkers are even more vulnerable to housing, job loss, and economic instability. In the current atmosphere of sharp cutbacks to social service programs, LGTB people who rely on this dwindling economic safety net for services are at increased risk.

## Homelessness and Hunger Grow

Since the passage of the 1996 welfare reform laws, the number of homeless clients at the substance abuse recovery program of New York City's Lesbian and Gay Community Services Center has tripled, from five percent to 15 percent. The Center believes that this increase in homelessness is directly related to the dismantling of government safety net systems that previously provided enough support to keep recovering clients off the streets.<sup>114</sup>

These reforms are straining the capacity of existing organizations to provide services. Metropolitan Community Church, for example, an LGTB religious organization, runs a food pantry program that serves meals to the hungry. About 40 percent of those fed are LGTB. Since the 1996 welfare reforms, the demand for food has more than doubled, from 1,600 meals served per month to 3,300 meals per month.<sup>115</sup>

## Youth at Additional Risk

In order for someone in New York City under the age of 21 to collect benefits under the 1996 welfare regulation reforms, he or she must live at home with their family unless they can prove that living at home is impossible. Obtaining such proof from a homophobic parent can be extremely difficult. As a result, LGTB youth on the streets are finding it harder to get government aid and are turning to prostitution as a means of survival at a rate higher than before.<sup>116</sup>

## LGBTB People Forced into Inappropriate Treatment Programs

New York City's new welfare regulations require people who present with substance abuse problems to enroll in recovery programs in order to obtain benefits. However, the programs from which they are forced to choose are not culturally-sensitive and specific to the needs of ethnic minorities, nor are they sensitive to the needs of LGTB people. In addition, the short amount of time allotted for recovery by these rules cannot begin to address the core issues of substance abuse among the LGTB population; yet people are forced to choose between benefits and treatment. For example, the New York City Human Resources Administration mandates leaving treatment after 60 days; most providers are in agreement that this is not long enough to address the root causes of addiction.<sup>117</sup>

## Catching the "Throwaways"

Located in New York City, the Hetrick Martin Institute (HMI) sees the effects of the dwindling social safety net upon a particularly vulnerable population: youth. The world's oldest and largest non-profit organization dedicated to LGTB youth and all youth at risk in an urban environment, HMI provides a variety of programming ranging from counseling, outreach, education, and recreation, to youth leadership development, youth and adult training and technical assistance, and advocacy.

One of HMI's many programs, Project First Step, helps those youth on the street who experience violence in the foster care system, who are denied access to benefits, or who are otherwise shut out of a social support system. Project First Step outreach workers search city streets for homeless youth and offer them peer risk-reduction interventions and referrals to housing, health care, and HMI's on-site programming. This includes emergency housing, hot showers, nutritious meals, clean clothing, medical care, educational programs, and vocational training.

By reaching out to those youth that society treats as "throwaways," HMI provides them with the knowledge and the skills to move safely through adolescence and to achieve success in the larger worlds of higher education and career. HMI is able to help those youth who otherwise would continue to slip through the holes in the government safety net.

Yet the programming provided cannot help all those in need. More resources and expanded programming statewide are necessary to support the increasing number of youth unable to reach HMI and its vital, life-sustaining programs.

## Services Denied to Transgendered People

Members of the transgender community have especially felt the impact of these reforms. New York City's workfare program frequently assigns transgendered individuals to workfare sites in which they are verbally and physically harassed for their appearance. This hostility is so severe that many are forced to drop out of the program out of fear for their safety, thus giving up aid. **Many clients of the New York City-based Gender Identity Project report that they returned to working the streets as prostitutes, because they felt safer there than at their workfare jobs.**<sup>118</sup>

The tremendous amount of paperwork and documentation required by the new policies has also been used against transgendered individuals. Individuals whose gender presentation and/or gender identity does not match their legal sex, and individuals whose legal sex on one document is different than their legal sex on another, are often denied benefits. Many are forced to obtain additional authorizing letters from medical and mental health providers so that they might be allowed to apply for aid.<sup>119</sup>

**The number of the Gender Identity Project's clients has tripled from 1995 to 1998.** Clients seek assistance with housing, benefits, medical and social services, job seeking skills, and legal issues. They also seek in-depth counseling for substance abuse, relationship issues, and family concerns.<sup>120</sup> These rising numbers reflect the reality that mainstream social service providers can be a dangerous environment for transgendered people. Homeless shelters are notorious for the hostile and violent environment they present to transgendered individuals. The climate is so negative that service providers surveyed in one study stated that the idea of referring a transgendered client to a shelter was "ludicrous."<sup>121</sup>

### Meeting Social Service Needs in Westchester County

In an atmosphere of dwindling government support, the burden of providing social services falls upon volunteer, community-based institutions to fill in the gap. The LOFT, a community center in Westchester County, is one of those community-based institutions.

The need for services is evidenced by the large volume of calls received by The LOFT's Help Line. Funded by the Westchester County Department of Social Services, the Help Line receives an average of over 7,000 calls yearly. Callers seek referrals to LGTB-friendly health care providers, lawyers, and other services. The Help Line's trained volunteers also provide peer counseling and, on occasion, crisis intervention.

Staffed by only one paid employee and almost 100 volunteers, The LOFT serves over 3,000 LGTB people each month in the lower Hudson Valley of New York. It offers more than 20 support groups and programs, including coming out groups, AI Anon and sobriety meetings, a lesbian mothers group, and more. It also provides educational, recreational, and social activities, helping to end the isolation many LGTB individuals experience and connecting them to community resources. Many say that The LOFT is the only place in Westchester that they feel comfortable being themselves.

### The True Economic Picture

Early surveys by commercial marketing firms suggested high average income levels in the LGTB community. These surveys have since been disproved with the revelation that such studies were based on limited, market-research based samples of small subsets of the population. Larger studies have indicated that the economic status of LGTB people is similar to the heterosexual population. LGTB people are found throughout the spectrum of income distribution. Some studies have even indicated the income levels of the LGTB population may be less than the heterosexual population.<sup>122</sup> Factoring in the underserved populations described in this report – transgendered individuals who are denied jobs, homeless youth, lesbian-headed households – makes this disparity especially clear. If LGTB citizens do not receive the same legal protections as the rest of New York State's citizens, this disparity is likely to increase.

### Expanding Our Community Assets

The social, economic, and health-related challenges facing our community have been created by many years of discrimination against LGTB individuals. The specific recommendations contained in this report are critical to overcoming the existing barriers to quality health and social services for LGTB New Yorkers and their families. In addition to adopting these recommendations, New York State has a unique opportunity to work with the infrastructure that the LGTB community is building to address this crisis. The next section will describe just how such a partnership can work.

# The Lesbian, Gay, Transgender & Bisexual Health and Human Services Network: A Community-Based Response

Recognizing the need for health and human services tailored to the specific needs of the LGTB community, a coalition of diverse health and social service providers came together in 1995 to form the New York State Lesbian, Gay, Transgender & Bisexual Health and Human Services Network. The coalition has grown to encompass 43 organizations that abide by the following mission statement:

**The Lesbian, Gay, Transgender & Bisexual (LGTB) Health and Human Services Network is a group of LGTB identified and affirming non-profit organizations that serve the LGTB community. The Network's purpose is to ensure and enhance our ability to provide needed services to the LGTB communities.**

These groups provide a wide array of community-based services to underserved LGTB individuals across the state, including primary and preventive health care, crime victim assistance, family counseling, social support, and education. The organizations serve upstate and downstate populations, urban and rural, and specific subpopulations within the LGTB community, including youth, seniors, people of color, and lesbians. The Network also works to strengthen and enhance the capacity of its member organizations through the sharing of information and technical support and through advocacy for government funding.

*(A complete list of Network members, with contact information and description of programming, is provided in Appendix B.)*

## **An Historic First Step**

Just how much difference these organizations can make when working in tandem with State of New York was demonstrated in 1998, when the New York State Department of Health provided \$1 million in discretionary funding for non-HIV-related LGTB health and wellness programs. This historic initiative was the first time ever that the New York State government provided funds for such services. The initiative continued in the following fiscal year when the Legislature – led by the Assembly – allocated \$2 million in the state budget for non-HIV-related LGTB health and wellness programs.

## Public Dollars Leverage Private Support

The funding provided the opportunity for 10 Network member organizations to begin to comprehensively address the needs described in this report. Their accomplishments, profiled on this page and the next, demonstrate the capacity of these community-based institutions to partner with the State of New York in order to meet the health and social service needs of LGTB citizens. They reveal the incredible effectiveness of government support and the ability of small, community-based programs to stretch each taxpayer dollar by augmenting this support with extensive donations of volunteer time, goods, and services.

## Expanding the Private/Public Partnership

Yet, as demonstrated in this report, the need remains great. Other programs remain understaffed, underfunded, and are reaching capacity or overwhelmed by the demand for services. Several subpopulations – LGTB seniors, transgendered people, rural and upstate LGTB people, and lesbians – remain especially underserved. Partnership between New York State and these community-based institutions can go a long way toward meeting the needs documented in this report, thereby contributing to the overall health and wellness of the population of New York State. Expanding this partnership will help create a healthier New York.

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### New York State and Community-Based Institutions: Profiles of a Successful Partnership

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#### ▼ **Audre Lorde Project - Brooklyn**

The Audre Lorde Project (ALP) is using the funding to facilitate a comprehensive needs assessment on lesbian, gay, bisexual, two spirit, and transgender (LGTBST) people of color communities in New York City. This project will identify the needs of these communities, particularly those who have been historically underserved, such as women, immigrants, elders, youth, and Native Americans. The information garnered will ultimately inform a Community Health and Wellness Resource Guide that will provide an extensive listing of available health and human services, including legal, socio-cultural, community organizing, and advocacy resources. The guide will serve as an answer to the hundreds of requests ALP receives yearly for referrals to LGTBST people of color-sensitive services.

#### ▼ **Center Lane of Westchester Jewish Community Services**

Center Lane is a youth-serving agency in Westchester County. With the DOH funding, Center Lane has hired a program counselor and recreation assistant, created new outreach materials, instituted 12 support groups that serve an average of 34 clients per month, and established collaborations with larger

community resources, including the Montefiore Adolescent AIDS Program. The grant also enabled Center Lane to hire a social worker, which has been crucial in reaching out to a more fragile LGTB youth population, namely, those with psychiatric problems. In addition to directly working with this special needs population, the social worker has also been able to establish formal relationships with psychiatric hospitals and residential treatment centers so that referrals can be made out, if necessary. The success of Center Lane's programming can be seen in the fact that 91 percent of clients report feeling less isolated since attending Center Lane.

#### ▼ **CANDLE (Community Awareness Network for a Drugfree Life & Environment) - New City**

CANDLE is using the grant to provide LGTB youth sensitivity trainings to staff of youth-serving agencies, including schools, residential treatment settings, local police academies, victims assistance bureaus, and other social service agencies. Originally designed to focus on the local Rockland area in which the program is based, CANDLE is receiving requests for trainings from schools and agencies outside of the county, including the counties of Westchester, the Bronx, Queens, Ulster and Dutchess.

▼ **In Our Own Voices (IOOV) - Albany**

IOOV has used the funding to establish Project ¡Sano!, which works to bridge the gap between LGBT people of color and the health, mental health, and social services systems. Since August 1999, the program has worked to provide health and wellness information to LGBT people of color communities, create supportive networks for LGBT people of color families, facilitate the access of LGBT people of color to health care and human services through direct services and referral, and ensure that the health and mental health care services received by LGBT people of color are sensitive and culturally competent. The only program of its kind in all of upstate New York, Project ¡Sano! serves Albany, Rensselaer, Schenectady, Columbia, Greene, Saratoga, and Montgomery Counties. The program has a mailing list of over 500 and reaches thousands more through linkages with eight other community agencies.

▼ **Gay Alliance of the Genesee Valley (GAGV) - Rochester**

With the funding, GAGV has been able to successfully partner with Channel 13 to create a 25-minute video entitled "Teaching Respect" and is currently training advocates to distribute this as part of a sensitivity training program for youth-serving institutions, including schools, medical providers, and churches. GAGV has also enhanced the capacity of its information and referral hotline, created a second support group, provided 19 sensitivity trainings at youth-serving institutions such as high schools, and created interagency linkages with two high schools and two people of color agencies. In only the first three months of receiving funding from the Department of Health, GAGV has already met over half of its projected goals for expanded outreach.

▼ **Gay & Lesbian Youth Services (GLYS) - Buffalo**

In only the first three months that GLYS received funding from the Department of Health, the number of requests its Helpline Service has been able to handle has nearly tripled, and the numbers continue to rise. The funding has also allowed GLYS to hire two part-time staff that have put together a unique outreach campaign that affords youth the opportunity to become actively involved in the community while developing creativity and skills in a drug-free, wellness-promoting environment. With the supervision of the staff, the youth involved have developed and produced events such as a variety show held during Gay Pride that enabled the youth to connect with an estimated 300-400 additional young people.

▼ **Pride for Youth: Long Island Crisis Center**

Located in Nassau County, and serving Western Suffolk as well, Pride for Youth is a youth-serving project of Long Island Crisis Center. Central to its

programming is a weekend Drop-In Center with counseling and support activities for youth ages 12 to 24. The Department of Health funding has allowed Pride for Youth to increase the hours of the Drop-In Center and to create a Saturday evening program for youth ages 18 to 24. On a typical evening, 50 to 100 youth come to the Center for its social, educational, and counseling activities. The funding has also allowed Pride for Youth to hire a full time social worker for counseling, and several youth workers to provide transportation to and from the program, so that youth who do not have access to transportation or who cannot obtain a ride from unaccepting parents can still access the services they need.

▼ **Long Island Gay & Lesbian Youth (LIGALY)**

The funding from the Department of Health has enabled LIGALY to publicize its Drop-In Center, making more youth aware of the programming and greatly increasing the number of visits. LIGALY has also developed cooperative relationships with eight collateral agencies; held education and training sessions for over 1,000 teachers, mental health professionals, and other youth-serving professionals; and instituted a Help-Line telephone number that will provide information, referral, and support.

▼ **New York City Gay & Lesbian Anti-Violence Project (AVP)**

AVP has been able to hire an additional bias advocate to expand the agency's legal advocacy efforts. The additional staff member also allows existing staff to directly serve more clients through individual counseling and the creation of a new support group for bias victims. AVP has also been able to establish interagency linkages with three people of color organizations and three gay senior organizations and created and distributed over 1,500 outreach flyers, posters, and pamphlets to service providers.

▼ **Lesbian and Gay Community Services Center - Manhattan**

The Center's Orientation program is a series of "community fairs" that introduce those new to the city, newly out of the closet, or otherwise isolated, to New York City's organized LGBT resources. The funding has allowed the Center to almost double the number of Orientation fairs and to hold these events in the boroughs of Brooklyn, Queens, Staten Island, and the Bronx. The Center also plans to use the funding to hold Orientation programs for specific LGBT sub-populations: people of color, transgender, seniors, people with disabilities, Latino/a, and Asian/Pacific Islander. Almost 400 people attended the Orientation programs last year; with the expanded outreach, the Center will be able to connect even more underserved populations with vital health and social services programs.

# Glossary

**heterosexual** - attracted physically and emotionally to the opposite sex

**homosexual** - attracted physically and emotionally to the same sex

**bisexual** - attracted physically and emotionally to both men and women

**gay** - an adjective usually used to describe men whose primary emotional and sexual attractions and relationships are with other men; is also sometimes used to describe women whose primary emotional and sexual attractions and relationships are with other women

**lesbian** - women whose primary emotional and sexual attractions and relationships are with other women

**transgender/transgendered** - an umbrella term used to identify a diverse community of individuals who do not conform to traditional gender norms, roles, and expectations. The term is usually meant to include everyone from casual crossdressers and transvestites to post-operative transsexuals, as well as many individuals who are not consciously transgender-identified. Transgendered people may be heterosexual, homosexual, or bisexual.

**two-spirit** - Native American term for lesbian, gay or transgender

**LGTB** - an acronym for lesbian, gay, transgender and bisexual

**homophobia** - the irrational hatred and fear of LGTB people that is produced by institutionalized biases in a society or culture

**sexual orientation** - who a person is attracted to sexually (may be different from sexual identity or sexual behavior)

**sexual behavior** - how a person physically expresses sexuality; actions (may be different from sexual identity or sexual orientation)

**sexual identity** - how a person perceives themselves (may be different from sexual orientation or sexual behavior)

**gender identity** - how a person perceives themselves on a spectrum of male to female

# The LGTB Health and Human Services Network

## **African Ancestral Lesbians United for Societal Change**

c/o The Center  
1 Little West 12th Street  
New York, NY 10014  
212-620-7310

Committed to the spiritual, cultural, educational, economic, and social empowerment of African ancestral lesbians and women of color living in New York City. AALUSC provides educational tools, resources and referrals, workshops and discussions, and social and cultural events.

## **Asian Women Healing Ourselves**

1 Greene Street, #214  
Jersey City, NJ 07302  
201-434-7594

A coalition of Asian and Pacific Islander women dedicated to addressing the health concerns of Asian and Pacific Islander lesbians and bisexual women in the New York City area.

## **Audre Lorde Project**

85 South Oxford Street, 3rd Floor  
Brooklyn, NY 11217  
718-596-0342

A center for lesbian, gay, bisexual, two-spirit, and transgender (LGTBST) people of color communities. ALP assists coalition-building and community organizing by providing technical assistance and organizational development resources for all people of African/Black/Caribbean, Arab, Asian and Pacific Islander, Latino/a, and Native/Indigenous descent.

## **Aya Institute**

c/o Audre Lorde Project  
85 South Oxford Street, 3rd Floor  
Brooklyn, NY 11217  
201-435-2045

A group of people of African descent in New York City dedicated to education and spiritual and mental health.

## **Bronx Lavender Community Center**

3102 Kingsbridge Avenue, Suite 1E  
Bronx, NY 10463  
718-278-9690

Provides support to individuals and families struggling with issues of sexuality, as well as information and referral services for lesbian and gay social organizations.

## **Bronx Lesbian & Gay Health Resource Consortium**

P.O. Box 1488  
Bronx, NY 10451  
212-769-2143  
blghrc@aol.com

Provides a database and directory of healthcare and social service providers who are informed of and sensitive to the LGTB community in the Bronx.

## **CANDLE**

60 Crestwood Drive  
New City, NY 10956-5188  
914-634-6677

Works to prevent the abuse of alcohol and other drugs by Rockland County youth through programs that build resiliency, educate about health and sexuality issues, and help youth cope with stress due to peer, school, or family problems.

## **Capital District Lesbian and Gay Community Council**

P.O. Box 131  
Albany, NY 12201  
518-462-6138  
cdglcc@aol.com

Serves the Capital District's gay, lesbian, bisexual and transgendered community. The Council seeks to promote understanding and acceptance of the LGTB community and to provide important programs and services to the community.

**Colombian Lesbian and Gay Association  
(COLEGA)**

c/o Latino Commission on AIDS  
80 Fifth Avenue, #1501  
New York, NY 10011  
Works to combat the HIV crisis among Colombian lesbians and gay men in the New York metropolitan area, as well as to increase the visibility of this population and to advocate for their civil and human rights.

**Gay & Lesbian Switchboard of Long Island**

189 North Pine Street  
North Massapequa, NY 11758  
516-795-7834  
Serves as a source of information, referral, and peer counseling for residents of Long Island by telephone seven days a week.

**Gay & Lesbian Youth Services of Western New York**

190 Franklin Street  
Buffalo, NY 14202  
716-855-0221  
Provides programming for youth ages 14-21 from Niagara, Cattaraugus, and Chatauqua counties. Its Drop-In Center, open four evenings a week from 6 to 9 p.m., offers workshops and discussion groups on safer sex, substance abuse and addictions, HIV/AIDS testing, and nutritional health and fitness.

**Gay Alliance of the Genesee Valley**

179 Atlantic Avenue  
Rochester, NY 14607  
716-244-8640  
alliance@servtech.com  
The only LGTB agency in Monroe County and the outlying area, GAGV serves approximately 15,000 people a year through its support groups, recreational programming, information and referral hotline, publications, and sensitivity outreach trainings.

**Gay Men of African Descent (GMAD)**

248 West 14th Street, 2nd floor  
New York, NY 10011  
212-414-9344  
gmad@aol.com  
Works to empower gay men of African descent through education, social support, political advocacy, and health and wellness promotion programs.

**Gay Men's Health Crisis**

119 West 24th Street  
New York, NY 10011  
212-367-1000  
Founded by volunteers in 1981, GMHC is the oldest and largest not-for-profit AIDS organization in the U.S., offering hands-on support services, education, and advocacy.

**GLSEN**

121 West 27th Street, Suite 804  
New York, NY 10001  
212-727-0135  
glsen@gsen.org  
The largest national organization of teachers, parents, students, and concerned citizens working together to end anti-gay bias in K-12 schools. Has a network of over 85 grassroots chapters across the country; five of these chapters are in New York (Albany, Hudson Valley, Long Island, New York City, and Rochester).

**Greater Utica Lambda Fellowship (GULF)**

P.O. Box 122  
Utica, NY 13503  
315-798-5234  
Encompassing the counties of Oneida, Herkimer, and Madison, GULF provides outreach and support to gay and lesbian people in a non-threatening environment.

**Griot Circle**

30 Third Avenue  
Brooklyn, NY 11217  
718-246-2775  
An intergenerational and culturally diverse Brooklyn-based organization providing social services and support programs for older lesbian, gay, bisexual, transgendered and two-spirit people of color.

**Hetrick Martin Institute**

2 Astor Place  
New York, NY 10003  
212-674-2400  
Serves thousands of LGTB youth and their families each month from all five boroughs of New York City and the surrounding metropolitan area.

### **In Our Own Voices**

33 Central Avenue  
Albany, NY 12202  
518-486-7338

A collaborative effort of four community-based organizations, IOOV's mission is to promote and ensure the physical, mental, spiritual, political, social, cultural, and economic health and survival of LGTB people of color communities in the Capital District.

### **Ithaca Rape Crisis**

408 West State Street  
Ithaca, NY 14850  
607-273-5589

Works to reduce incidences of sexual assault, abuse, and harassment in Tompkins County through educational programming and advocacy. Provides crisis response and counseling services for rape and sexual assault survivors and their families and friends.

### **Lavender Lamps**

740 Riverside Drive, Apt. 1K  
New York, NY 10031

A New York City-based organization for LGTB nurses, offering support, discussion groups, and a newsletter.

### **Lesbian and Gay Community Services Center**

1 Little West 12th Street  
New York, NY 10014  
212-620-7310

webmaster@gaycenter.org

Serving New York City's LGTB community since 1983. More than 5,000 people each week access the Center's mental health, family, substance abuse, HIV/AIDS-related, educational, cultural, and recreational services.

### **LGBT Affirmative Program for People With Major Mental Illness**

Heights-Hill Mental Health Service  
South Beach Psychiatric Center  
25 Flatbush Avenue, 3rd Floor  
Brooklyn, NY 11217  
718-875-1420

Located in downtown Brooklyn, the LGBT Affirmative Program provides professional services for LGTB individuals with chronic mental illness.

### **LIGALY (Long Island Gay and Lesbian Youth)**

32 West Main Street  
Bay Shore, NY 11706  
516-665-2300

Located in Bay Shore, LIGALY provides counseling services, a drop-in center, support groups, and social and recreational activities for lesbian and gay youth and their families.

### **Mano A Mano**

c/o Latino Commission on AIDS  
80 Fifth Avenue, #1501  
New York, NY 10011  
212-675-3288 x212  
mano\_mano\_ny@hotmail.com

A network of New York City-based Latino LGBT organizations and activists that advocates for health and social services issues affecting New York's Latino LGTB community, disseminates information on activities and services available to this community, and offers technical support and assistance to emerging Latino LGTB organizations.

### **Men of Color Health Awareness**

758 South Avenue  
Rochester, NY 14620  
716-442-6470

Formed to fight the HIV epidemic among the African American community. Staffed and run by men of color to provide outreach and prevention services to men of color who have sex with men. Services include education in healthy behaviors, including HIV prevention, and promotion of HIV testing and early diagnosis and treatment.

### **Metropolitan Community Church of NY**

446 West 36th Street  
New York, NY 10018  
212-629-7440

A member of the Universal Fellowship of Metropolitan Community Churches, MCC of New York provides worship services, pastoral care, an HIV/AIDS nutrition program, emergency food programs, support groups, and other services for the LGTB community. It seeks to minister to the spiritual and physical needs of the LGTB community to promote health and wellness.

**Michael Callen - Audre Lorde  
Community Health Center**

356 West 18th Street  
New York, NY 10011  
212-271-7250

A full-service, state-licensed health center geared primarily to the LGTB community, including those living with HIV. Services include comprehensive primary and specialty medical care, mental health care, and health education.

**New Neutral Zone**

437 West 16th Street  
New York, NY 10011  
212-414-4740

A drop-in center for LGTB youth and their straight allies ages 15-22. Offers counseling, recreation, peer outreach and leadership, and arts programming in a youth-directed space.

**New York City Gay and Lesbian Anti-Violence Project**

240 West 35th Street, Suite 200  
New York, NY 10001  
212-714-1184

webmaster@avp.org

Assists survivors of hate-motivated violence, domestic violence, and sexual assault, by providing therapeutic counseling, advocacy within the criminal justice system and victim support agencies, information for self-help, and referrals to practicing professionals.

**People of Color in Crisis**

468 Bergen Street  
Brooklyn, NY 11217  
718-230-0770

Educates the African-American and Caribbean LGTB communities about the risks of HIV.

**Pride Community Center of Central New York**

P.O. Box 6608  
Syracuse, NY 13217  
315-426-1650

pridesyrny@aol.com

An all-volunteer organization offering a variety of programs that empower LGTB people in Central New York.

**Pride for Youth: Long Island Crisis Center**

2050 Bellmore Avenue  
Bellmore, NY 11710  
516-679-9000  
pfy1@aol.com

Provides an array of health and wellness service for LGTB youth in Nassau and Suffolk counties.

**Pride Senior Network**

1756 Broadway, Suite 11-H  
New York, NY 10019  
212-757-3203

psn@pridesenior.org

Through advocacy and education, encourages and promotes services that foster the health, well-being, and quality of life for the aging LGTB population.

**Queens Pride House**

120-55 Queens Boulevard, Room 325  
Kew Gardens, NY 11315  
718-261-7068

Provides a safe, nurturing space for the Queens LGTB community.

**SAGE**

305 Seventh Avenue, 16th Floor  
New York, NY 10001  
212-741-2247

sageusa@aol.com

The nation's oldest and largest agency providing social service, complete case management, individual and group counseling, and social and recreational support to 1,700 LGTB seniors each month in the New York metropolitan area.

**SAGE Queens**

46-09 31st Avenue  
Astoria, NY 11103  
718-726-4187

Provides recreation, socialization, education, organizing, and referrals for LGTB senior citizens throughout Queens.

**SAGE/Upstate**

P.O. Box 6271  
Syracuse, NY 13217  
315-446-1319

Provides recreational, social, and educational programming for aging LGTB people in Onandaga and eight contiguous counties.

### **Shades of Lavender**

c/o Brooklyn AIDS Task Force  
502 Bergen Street  
Brooklyn, NY 11217  
718-622-2910

A multicultural space in Brooklyn created by and for the lesbian and bisexual women's community. Provides ongoing discussion and self-help groups, workshops, activities, and information and referrals for youth and adults.

### **The LOFT**

P.O. Box 1513  
White Plains, NY 10602  
914-948-2932

Serves over 3,000 LGTB people each month in the lower Hudson Valley, offering support groups, a newsletter, a Helpline, and social, educational, and recreational programming.

### **Unity Fellowship Church**

230 Classon Avenue  
Brooklyn, NY 11205  
718-636-5646

Located in Brooklyn, Unity provides education and support services for LGTB people ages 18 to 25 and their families.

### **WJCS/Center Lane**

845 N. Broadway, Suite 2  
White Plains, NY 10603  
914-948-1042  
centerlane@hotmail.com

Located in Westchester County, Center Lane offers a drop-in center, discussion groups, social activities, a peer leadership program, and individual and family counseling for LGTB youth. Its services are utilized by adolescents from Westchester, Putnam, Rockland, and the Bronx.

### **Women-Oriented Women**

1005 Brayton Park Place  
Utica, NY 13502  
315-735-9704

An organization of lesbian women in Utica that holds monthly social meetings and local advocacy activities on LGTB concerns.

# Endnotes

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- <sup>3</sup> Studies consistently document higher rates of same-sex sexual attraction and same-sex sexual behavior than identifying as gay or lesbian. For example, the largest recent national probability survey on sexual behavior among 3,423 adults revealed a disparity between self-identity and sexual behavior:

Population	percent having ever had same-sex sexual partners	percent identifying as "homosexual or bisexual"
white men	7.6	3.0
white women	4.0	1.7
black men	5.8	1.5
black women	3.5	0.6

(Source: Diamond, M., "Homosexuality and Bisexuality in Different Populations," *Archives of Sexual Behavior* 22: 291-310 [1993]).

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The Empire State Pride Agenda is New York's statewide, non-partisan lesbian and gay political advocacy organization. Its purpose is to end discrimination on the basis of sexual orientation. With offices in Albany, Buffalo, Rochester, and New York City, the Pride Agenda lobbies state and local officials, works to elect supportive candidates, organizes lesbian and gay communities, and educates the public. It is the nation's largest statewide lesbian and gay political organization.

