Empowering Lesbian and Gay Communities: A Call for Collaboration with Community Psychology

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This article traces the history of empowerment efforts in lesbian and gay communities. Despite considerable progress, lesbians and gay men remain marginalized in American society. Their personal, family, and community development is hampered by social and institutional barriers to empowerment. Three powerful disempowering problems of contemporary lesbian and gay communities are detailed: (1) stresses related to coming out; (2) heterosexism; and, (3) difficulties identifying with a community. Four domains are suggested for future collaboration between community psychologists and lesbian/gay communities: (1) anti-lesbian/anti-gay prejudice, discrimination, and violence; (2) mental health and health enhancement; (3) the HIV/AIDS epidemic; and, (4) civil rights. Future collaborations must build on successful-social change strategies already used by activists in lesbian and gay communities.

Empowerment has emerged as a conceptual paradigm to guide theory, research, and practice in community psychology (Rappaport, 1981; Swift & Levin, 1987). Community psychologists have been in the forefront in articulating and evaluating collaborative processes designed to help historically disenfranchised groups access health, mental health, and other resources. The intent of these interventions is to create a psychological sense of community that can break the cycle of oppression. Lesbians and

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gay men are a substantial population which has been historically marginal-
ized by law, social policies, and social custom. However, the concerns of
lesbians and gay men have remained largely invisible in community psy-
chology. For instance, a review of community psychology journals between
1965 and 1985 revealed four papers on lesbian and gay topics. These studies
found that lesbians and gay men are underserved in mental health, social
service, and health care settings (D'Augelli, 1989a). More recent reports
describe social support systems in university communities (D'Augelli,
1989a; Edelman, 1986) and rural settings (D'Augelli, Collins & Hart, 1987;
D'Augelli & Hart, 1987), and the impact of the HIV epidemic on gay male
communities (Martin, Dean, Garcia & Hall, 1989).

    This paper is intended to encourage future collaboration between
community psychologists and lesbians and gay men. In our analysis, we
trace the history of empowerment in lesbian and gay communities begin-
ning with a description of how the disempowered status of lesbians and
gay men in American society has influenced individual and community
identity. We then present some empowerment strategies used by lesbian
and gay communities. Finally, we recommend collaborations between these
communities and community psychologists.

A SOCIAL-HISTORICAL ANALYSIS OF LESBIAN/GAY
EMPOWERMENT EFFORTS

    Swift and Levin (1987) identify four steps which translate empower-
ment into action. First, specific *empowerment deficits* of people who have
diminished control over their lives in important domains must be identified.
For lesbians and gay men, for instance, this has occurred by documentation
of discrimination and prejudice based on sexual orientation (Mohr, 1988).
Second, *empowerment awareness* must be promoted by bringing the nature
of the disenfranchisement to the group's attention to alter their under-
standing of their oppression. This has occurred in lesbian and gay commu-
nities by analyses of lesbian/gay history (Duberman, Vicinus, & Chauncey,
1989), public education about issues such as antilesbian/gay violence, and
increasingly sophisticated reviews of social policies (Melton, 1989) and law
(Harvard Law Review, 1990; Rivera, 1991). These complex efforts help les-
bians and gay men by enabling them to see themselves as a group denied
equitable social participation and civil rights. The third step involves *mo-
bilization of economic, social, and political power.* Both locally and nation-
ally, lesbians and gay men have formed social networks and political
coalitions aimed at confronting prejudice and discrimination. The last step
requires *changes in the levels of equity in society* by the removal of institu-

tional barriers to empowerment. For lesbians and gay men, this means in-
terventions to redefine social and cultural norms that encourage prejudice
and violence, and to create formal institutional and legal protections, such
as anti-discrimination policies and statutes.

Early Empowerment Efforts

The Homophile Rights Movement was a lesbian/gay social movement
which translated these empowerment steps into action during the decades
following World War II. This movement stimulated the emergence of a
group identity for lesbians and gay men as members of a collectively op-
pressed minority, and thereby encouraged the development of organized
lesbian and gay communities. The post-war migration of lesbians and gay
men to large metropolitan areas and the conservative cultural climate of
the McCarthy era contributed to a beginning awareness among lesbian/gay
people of their identity as a minority group (D'Emilio, 1983). In 1951, the
first American gay rights group, the Mattachine Society, was started in Los
Angeles. The Mattachine Society consisted primarily of men who formed
groups in metropolitan areas like Chicago, Los Angeles, New York, and
San Francisco. Despite radical roots, the group developed an accommoda-
tionist philosophy in which lesbian/gay people were to be treated like any-
one else. In 1955, the Daughters of Bilitis was formed in San Francisco,
providing similar social, educational, and consciousness-raising functions for
lesbians. The primary focus of both groups was to help the lesbian/gay in-
dividual adjust to society by developing a positive self-image and by edu-
cating the general public about the mistreatment of lesbians and gay men.
At that point in American history, homosexuality was illegal in all states.

In contrast to the progressivist politics of the Mattachine and the
Daughters of Bilitis in the 1950's, the empowerment strategies of the 1960's
relied on confrontation and protest to gain access to resources and to elimi-
nate discriminatory laws and policies, primarily in employment. Supreme
Court decisions removed legal barriers to presentation of homoeroticism
in print and visual media. Increasing information about homosexuality en-
couraged greater identification with lesbian/gay identity, although the iden-
tity remained highly stigmatized. A transition occurred in which
homosexuality per se was not a "social problem"; rather, negative societal
attitudes were problematic. Coalitions of gay activists were formed to ex-
pand geographic representation to regional and national levels (Licata,
1980/81).

Empowerment Efforts After Stonewall

On June 27, 1969, a turbulent community response to institutionalized hostility took place in New York City. The "Stonewall Rebellion," several days of confrontations in which the gay population rioted, followed a routine police raid on a Greenwich Village gay bar, the Stonewall Inn. This event marked the beginning of "gay liberation": a period of consolidation of lesbian and gay communities in large urban areas, the development of visible subcultures, the formation of lesbian and gay defined settings and institutions, and intensified political mobilization. Stonewall heralded a new phase of community-building in which the ideological motto was "Out of the closets and into the streets" (Jay & Young, 1977). "Coming out" — public disclosure of sexual orientation to family, friends, and employers — developed as a strategy to attack prejudice and to reduce stereotypes as well as to relieve personal isolation. Coming out not only served personal goals but also allowed lesbians and gay men to see each other, providing a foundation for building a mass movement. Visibility enabled increased community organizing. The philosophy guiding the post-Stonewall gay liberation movement of the early 1970's was that invisibility maintained social oppression by fuelling stereotypes and allowing myths to remain unchallenged.

The impact of the gay liberation movement on lesbians and gay men was profound in that it changed their status from mentally ill to societally oppressed. Lesbians' and gay men's identity shifted toward that of a discrete group with particular concerns, goals, and interests deserving of societal legitimization. More lesbians and gay men began to publicly affirm their identity based on their identification with this large "community." On both the individual and group level, lesbians and gay men developed the perspective that difference from the norm should not preclude personal fulfillment, nor should it be used to justify denial of civil rights (deMonteflores, 1986; Weitz, 1984).

Another crucial feature of the post-Stonewall era was the emergence of a lesbian-feminist movement, whose ideology had an important influence on many lesbian communities (Krieger, 1982; Wolf, 1979). The feminist movement challenged ideas about women's sexuality by deconstructing the concept of gender. The movement reduced stigma by defining women's affection on a broad continuum, providing a catalyst for more women to identify themselves as lesbian or bisexual (Faderman, 1984). The development of lesbian communities was also spurred by women's experience of sexism in gay male organizations. Because of strains between lesbian and gay male communities, and due to the ongoing development of the women's movement, many lesbians sought to eliminate patriarchal oppression in their

lives. They started to view themselves as "women-identified-women" whose primary emotional, erotic, and spiritual commitments are to other women (Rich, 1980). Women's communities evolved around a network of non-hierarchical institutions such as coffeehouses, clinics, shelters, record companies, publishing companies, and collectives based on lesbian-feminist politics. The simultaneous rise of the male-dominated gay liberation movement and the lesbian-feminist movement intensified differences between the groups, making shared goals difficult to articulate. For example, for gay men, liberation meant freedom from harassment and the power to exercise sexual freedom; while for lesbian feminists, it meant resisting patriarchal oppression and developing new forms of intimacy (Pearlman, 1987; Raymond, 1986).

Despite these conflicts, the growing sense of community translated into visible economic, social, and political institutions during the 1970's. Before Stonewall, fewer than fifty lesbian or gay organizations existed nationwide. By 1973, over 700 lesbian or gay organizations and groups had emerged (D'Emilio, 1983). During the 1970s, many lesbians and gay men gravitated to a handful of large cities known to be more accepting of lesbian and gay life. During the second half of the 1970s, the antigay backlash of the new right provided a stimulus for political solidification. Both Anita Bryant's 1977 "Save Our Children" campaign in Florida and an effort to enact legislation to ban lesbian or gay teachers in California were firmly rebuffed. A formerly unorganized and isolated group of women and men emerged as a political force. In 1977, openly gay Harvey Milk was elected to the powerful board of supervisors in San Francisco, demonstrating the changing power of the lesbian and gay community. Milk was assassinated the following year by a homophobic colleague on the board, in an act that symbolized the intense threat such progress engenders in some (Shilts, 1982).

During the 1980s, lesbians and gay men responded to the challenge of the HIV/AIDS crisis; urban gay communities mobilized in ways never before seen. Intensified political organizing and community-building pressured for increased funding for research on HIV and for the expansion of critically needed services for those with HIV illnesses. Local gay communities in New York, San Francisco, and Los Angeles rapidly constructed entire caring systems to confront the range of HIV illnesses and their associated problems. Many of these organizations succeeded because they were embedded in social networks in lesbian and gay communities, and were administered by known members of these communities. The scope of the epidemic went beyond the capabilities of local groups, however. Governmental indifference, lack of national leadership, and increasing evidence of discrimination based on a combination of HIV status and sexual orien-

tation led to greater militancy (Shilts, 1987). Groups such as the AIDS Coalition to Unleash Power (ACT-UP) and Queer Nation rejected progressivist politics for civil disobedience and self-assertion (Kramer, 1989).

Contemporary lesbian and gay male communities are based on shared identity derived from sexual orientation. The most well-known communities exist in geographically-bounded neighborhoods in several large cities and are characterized by high visibility, many formal and informal institutions, and considerable political clout. Among the most prominent are the West Village in New York City, the Castro District in San Francisco, the South End in Boston, the Dupont Circle area in Washington, D.C., Newtown in Chicago, and West Hollywood in Los Angeles (see Herdt, 1992 for descriptions of several contemporary communities). The many lesbian and gay community organizations and activities in these neighborhoods — for instance, bookstores, theatres, restaurants, community centers, and scores of political, recreational, and social groups — foster a powerful psychological sense of community, facilitate socialization into the many different niches of urban lesbian/gay life, and encourage information exchanges among different social networks.

Historically, gay male urban communities have been more highly concentrated, visible, and economically advantaged than lesbian communities. Lesbian communities have more intensely focused on philosophical issues of identity and relationships, reflecting their linkages to radical feminism (see Allen, 1990 and Hoagland, 1988 for current discussions of these issues). Contemporary lesbian communities are composed of networks connected by social and/or political activities. Many of these communities remain politicized, actively debating analyses by cultural feminists and sexual radicals, issues of affiliation with gay male groups, and approaches to racial, class, and ethnic differences (Faderman, 1991). The lesbian community has tried to define a uniquely lesbian cultural vision, which is expressed in music and literature, and disseminated at national and regional music festivals and conferences. Different communities vary in how lesbians and gay men collectively interact, in how ageism, classism, and racism are addressed, and in how mobilization has succeeded in confronting local problems. Despite the common ground of sexual orientation, lesbian and gay community life is highly contextual, varying tremendously across settings.

IMPACT OF LESBIAN AND GAY EMPOWERMENT
EFFORTS WITHIN PSYCHOLOGY

Until 1973 homosexuality was considered a mental disorder by mental health professionals, including psychologists. As a result of political activism

and accumulating empirical evidence that failed to link homosexuality with emotional disorder (Gonsiorek, 1982b), in 1973 the American Psychiatric Association voted to remove homosexuality from the psychiatric nomenclature. Not until more than ten years later, in 1987, was the remaining reference to sexual orientation, *ego-dystonic homosexuality* (homosexuality which causes personal distress), eliminated from the diagnostic manual. Following the decision of the American Psychiatric Association, the American Psychological Association in 1975 adopted a resolution which stated that, "Homosexuality per se implies no impairment in judgment, reliability or general social and vocational capabilities." In addition, APA urged psychologists "to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations" (Conger, 1975). Another landmark event occurred in 1976, when the president of the Association for the Advancement of Behavior Therapy urged that efforts to modify sexual orientation be terminated, arguing that they were ethically suspect (Davison, 1976). This effectively truncated the long-standing interest of mental health professionals in conversion therapy (Haldeman, 1991).

As a result of these occurrences, and because of the increasing openness of psychologists who were lesbian or gay themselves, a lesbian/gay-affirmative model emerged in the late 1970's to guide research and practice. This model views homosexuality as a dimension of human development, a natural variant in the expression of erotic attraction and commitment (Brown, 1989; Gonsiorek, 1988; Stein & Cohen, 1986). No longer deemed pathological, lesbian and gay life was now explored in increasing detail by investigators operating from an affirmative model. By the end of the 1980's, empirical analyses of lesbian and male adolescents (Savin-Williams, 1990), couples (Peplau, 1991), parents (Barret & Robinson, 1990), and older adults (Kehoe, 1988) had been completed, broadening the scope of psychological inquiries.

ONGOING BARRIERS TO PERSONAL, FAMILY AND COMMUNITY DEVELOPMENT

Many barriers still exist in this society that provide obstacles to personal, family, and community development among lesbians and gay men. The most powerful barriers are: (1) stresses related to coming out; (2) heterosexism; and (3) difficulties identifying with a community. Each barrier can serve as a focal point for community psychologists to collaborate with lesbian and gay communities.

The Stresses of Coming Out

Coming out is a complex sequence of events through which individuals acknowledge, recognize, and label their sexual orientation and then disclose it to others throughout their lives. Managing lesbian/gay identity usually includes developing strategies to evade the stigma associated with homosexuality, leading to boundaries between the person's heterosexual and the lesbian/gay worlds. The process of coming out is a gradual eradication of these boundaries such that one is known as lesbian or gay in all crucial life domains, including family life, work, and community life. Lesbians and gay men maintain self-esteem most effectively when they identify with and are integrated into a larger lesbian/gay community (Crocker & Major, 1989). "Coming in" refers to this process of identifying with a larger group of lesbian and gay people (Petrow, 1990). Lesbians and gay men report more primary support from partners and friends than from family (Blumstein & Schwartz, 1983; Kurdek, 1988; Kurdek & Schmitt, 1987). Exploration of lesbian and gay subcultures and socialization into its norms facilitate learning the folkways, behavior, language, and structure of the community (Plummer, 1975). This contact helps to foster group identity, provides role models, and diminishes isolation or alienation (Harry, 1984; Kurdek, 1988). Research has documented the positive impact of acknowledgement of lesbian/gay feelings to others and of involvement with lesbian and gay social networks and communities (Harry & Duvall, 1978; Kurdek, 1988; Weinberg & Williams, 1974). Coming out to others has been associated with enhanced personal integrity (Rand, Graham, & Rawlings, 1982; Wells & Kline, 1987), decreased feelings of isolation (Murphy, 1989), and, greater acceptance from others (Olsen, 1987). The presence of a lesbian/gay support system is related to more adaptive coping strategies and lower stress (Gillow & Davis, 1987), and better overall adjustment (Kurdek, 1988).

The diversity among lesbian and gay individuals suggests wide variation in coming out processes, and for some, coming out is especially difficult. For instance, lesbian and gay people of color have several sets of "identities" to reconcile. To integrate their multiple identities, many lesbians and gay men of color establish priorities as to their affiliation with their racial/ethnic community and the lesbian/gay community. Since they occupy several stigmatized statuses, they may experience multiple sources of discrimination and prejudice. Lesbians and gay men of color often turn to the primarily Anglo lesbian and gay community, at least early in their coming out process. However, they may not obtain the support they need in these settings (see Chan, 1989; Cochran & Mays, 1986; deMonteflores, 1981; Loiacano, 1989; Morales, 1989). Moreover, lesbians and gay men of

color report experiences of racism within the larger lesbian and gay community, making it difficult for them to feel fully accepted. One of the major ways that lesbians and gay men of color have gained integration of their multiple identities has been to form formal and informal organizations of their own (Hidalgo, 1984; Icard, 1985/86).

Heterosexism

With the stigma of mental illness removed, lesbian and gay people have successfully confronted the organized mental health establishment whose diagnoses disempowered them. The next step involves identification of other causes of societal disempowerment. The most heuristic analyses have used the concept of heterosexism, "an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community" (Herek, 1990, p. 316). Heterosexism fuels the disenfranchisement of lesbians and gay men by perpetuating the view that their sexual orientation is inherently flawed. Heterosexism manifests itself on both cultural and psychological levels. On a cultural level, social customs and institutions perpetuate the assumption that heterosexuality is the only appropriate form of affectional and sexual expression. On a psychological level, individual attitudes and behaviors that reflect heterosexual norms are socially reinforced, and victimizers obtain peer approval by the expression of antilesbian/antigay views. The expression of heterosexist attitudes meets many psychological needs, especially need for approval (Herek, 1991).

Heterosexism is reflected in social policies and laws in which basic rights of lesbians and gay men are unprotected. Lesbians and gay men remain excluded from lists of protected categories in most civil rights legislation, despite decades' worth of evidence that their rights are routinely denied or abridged. Except for statewide laws in California, Connecticut, Hawaii, Massachusetts, Minnesota, Vermont, New Jersey, and Wisconsin, and a few dozen municipal laws, no legal protection exists against overt discrimination against lesbians and gay men in employment, housing, or access to public accommodations. Almost half of the United States still criminalizes private consensual adult homosexual activity. Lesbian and gay relationships have no legal status, except in the very few (and very recent) locales in which domestic partnerships can be registered. If they are parents, lesbians and gay men may lose custody of their children as a result of the powerful heterosexist assumptions embedded in family law and in current judicial custom. Most institutional policies (e.g., insurance regulations, inheritance laws, and hospital visitation rules) do not acknowledge lesbian and gay relationships. Because of heterosexism, untoward events in

lesbians' and gay men's lives can occur, often unpredictably, in a variety of critical life domains, including child custody (Achtenberg, 1987; Falk, 1989), employment (Hall, 1989; Levine & Leonard, 1984; Levine, 1979), and education (D'Augelli, 1989b,c; 1991b; Herek, 1986; Shepard, 1990).

Difficulties Identifying with a Community

Despite the many accomplishments of the gay liberation movement, many lesbians and gay men still have difficulty identifying with a community. Garnets and Kimmel (1991) suggest four factors that significantly contribute to the difficulties lesbian and gay people experience in achieving community identity: (1) invisibility and stigma; (2) the unique nature of lesbian/gay personal identity; (3) the lack of group identity from birth; (4) and low awareness of the history of lesbian and gay communities.

First, the lesbian and gay male "community" is not homogeneous, but rather is remarkably diverse in terms of gender, race, ethnicity, age, socioeconomic status, relationship status, parenthood, health status, disabilities, and politics. Lesbians share with women the institutional oppression of sexism, and share with gay men the social stigma of homosexuality and the abridgement of civil rights (Eldridge 1987; Zimmerman, 1984). The stigma attached to lesbian/gay status serves as a powerful binder for the lesbian and gay community. However, because of their diversity and the power of stigma, and because sexual orientation is not publicly identifiable, most lesbian or gay people can "pass" as heterosexual. This hides their sexual orientation from public view, and, more importantly, from one another. Unable to "see" each other, lesbians and gay men must take specific steps to affiliate with their social group. These steps are difficult because they involve substantial risk.

Second, lesbian or gay identity is an "achieved" rather than an ascribed status; stigmatization does not occur at birth. Contrary to other disenfranchised groups, lesbians and gay men are initially socialized as members of the majority group (Yearwood & Weinberg, 1979). Lesbians and gay men generally label their sexual orientation at a relatively late chronological point in the process of personal development, even though many lesbian and gay people report "feeling different" much earlier. Therefore, they learn negative attitudes about lesbians and gay men from others, before they realize that the myths apply to themselves. Having internalized heterosexist views, they must undergo a process of identity transformation to achieve self-esteem and positive community identification. Initially, many feel that they have little in common with cultural representations of lesbians and gay men. This distancing from identification slows up affiliation and

involvement with a community. Paradoxically, such involvement is needed to challenge the stereotypes.

Third, because their parents are typically heterosexual, lesbians and gay men grow up with little intergenerational continuity. Lesbians and gay men do not identify with their parents or family as members of the same minority group. Parents generally cannot provide useful role models for developmental transitions, nor do they provide buffers from conflict or protection from discrimination, especially if their offspring has not come out to them. In fact, family disruption often follows disclosure. Thus, many lesbians and gay men come to terms with their sexual identity in relative isolation, deprived of the attention and affection of their close friends and family.

Fourth, lesbians and gay men have had little awareness of their collective history until relatively recently. The rich histories of lesbian and gay communities are not passed on through family traditions, and they are hidden from our general cultural heritage. Without a shared sense of historical and cultural experience, lesbians and gay men often have found community development to be an arduous process. Few lesbians and gay men in the earlier phases of coming out appreciate that they can become part of a larger community, since they have remained isolated and assume that there are few others like themselves. With few positive cultural models of lesbians and gay men to emulate, and without accurate media portrayals of lesbian and gay communities, there is rarely realistic anticipatory socialization into lesbian and gay community life.

TOWARD EMPOWERMENT: FUTURE COLLABORATION WITH COMMUNITY PSYCHOLOGISTS

During the two decades since Stonewall, lesbians and gay men have worked together at the local, regional, and national levels to build viable communities, to provide needed programs and services for their members, to cope with an unprecedented health emergency, and to build a political power base for social change. Many have gained control over their own lives through coming out on both individual and collective levels, and by changing systemic conditions that perpetuate injustice, discrimination, and violence. Collectively, lesbians and gay men have translated empowerment concepts into action in the four ways suggested by Swift and Levin (1987). They have identified sources of their oppression, brought them to each others' awareness, mobilized power, and changed some fundamental social structures that maintained their marginality.

Nonetheless, substantial barriers remain for lesbian and gay people. There are continuing efforts to turn back political and social progress by conservative groups who portray lesbians and gay men as "threats to the family." Violence has increased, a consequence of greater lesbian and gay visibility and the HIV epidemic. Lesbians and gay men who do not live near metropolitan areas still experience profound isolation, with few sources of social support. Discrimination formally exists in the military; almost half of the states still have laws criminalizing consensual same-sex sexual activity between adults; and, organized religious institutions stigmatize expressions of lesbian/gay identity, if not always the identity *per se*. Many lesbians and gay men live with prejudice on a daily basis. Empowerment is only partially accomplished for this enormous group of women and men.

Historically, lesbian and gay communities have used the concepts and tools of community psychology. The degree to which lesbian and gay communities have been disadvantaged by the minimal involvement of community psychologists in their efforts is difficult to know. On the other hand, community psychologists have surely lost opportunities to learn from an enormous population that has confronted deeply-entrenched social resistance to its empowerment. With their concerns not constructed as "mental health" problems, lesbian and gay communities have seldom drawn the attention of community psychologists. In addition, as "hidden communities" in many settings, these are difficult communities to access without concerted effort. While the effort may have been particularly problematic for heterosexually-identified community psychologists; lesbian- or gay-identified community psychologists have also hesitated to become involved. We see this situation changing as more lesbian/gay community psychologists are "coming out professionally" by working in their communities. They are helped in this by other psychologists who are involving themselves with lesbian/gay concerns. In the section that follows, we offer suggestions for collaborations between members of lesbian and gay communities and community psychologists, in the hope that the changing commitments of community psychologists will translate into empowerment activities.

Community psychologists are in a crucial position to contribute the "critical social science" required for continued social progress (Fay, 1987). They can do this by playing three roles (Swift & Lewin, 1987). First, as *researcher/reporters*, they can document empowerment deficits, sharing their results with the broader community. This involves building on the growing research base documenting the prevalence of heterosexist bias and prejudice (Comstock, 1991). Second, as *collaborator/educators*, community psychologists can increase the awareness of those most affected by their diminished empowerment status. This is accomplished by reducing bias and

misinformation through education and training about lesbians and gay men. Third, as *advocate/systems activists*, they can mobilize resources by removing existing barriers. At a community level, this involves redefining social norms to create institutional protections and helping in the creation of safe climates for lesbian/gay people to be open about their identity.

There are four pressing issues for the 1990's that would greatly benefit from the assistance of community psychologists: (1) prejudice, discrimination, and violence; (2) mental health and health enhancement; (3) the HIV/AIDS epidemic; and (4) civil rights. Empowerment strategies used in the past will be briefly reviewed, followed by recommendations for the future.

COMBATTING PREJUDICE, DISCRIMINATION, AND VIOLENCE

Action Research. Historically, a first step was to document the pervasive effects of heterosexism in society and to disseminate that information in a variety of settings. Lesbians and gay men have participated in research that (1) documents that as individuals, couples, and a social community, lesbians and gay men do not show lower levels of adjustment (Gonsiorek, 1991); (2) focuses on the nature and impact of negative social attitudes toward lesbians and gay men (Herek, 1991); (3) documents the incidence of harassment and discrimination (Comstock, 1991); (4) provides data to challenge legal assumptions that sexual orientation is relevant to child custody, adoption, and foster care determinations (Falk, 1989); and (5) documents the persistence of bias and misinformation among mental health practitioners (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991).

Community Education. A second strategy has been to raise the consciousness of lesbians and gay men about the sources of their oppression. Educational programs and courses about lesbian/gay life enhance affirmation of identity, relationships, and community. Community organizing and public education strategies are used by lesbian/gay communities to reduce prejudice and discrimination. Educational information has been developed and is disseminated to address stereotypes in settings such as workplaces, educational and religious institutions, and government. The National Campaign to End Homophobia, for example, a national network of people working to end heterosexism through education, holds conferences and disseminates training materials and informational brochures.

Media. Public awareness and mass media campaigns aim to reduce stereotypes of lesbians and gay men, specifically through increased visibility and recognition of the diversity which exists among them (Kirk & Madsen, 1989). The Lesbian and Gay Public Awareness Project has developed a

media campaign which includes newspaper ads, billboards, and a speakers' bureau. To confront distorted images, the Gay and Lesbian Alliance Against Defamation (GLAAD) attempts to shape values and public opinion through the news and entertainment media.

Campus Organizing. The goals of organizing in high schools, colleges, and universities have been threefold: (1) to create an environment which ensures equitable treatment and freedom from harassment (Rofes, 1989); (2) to encourage research and scholarship in the areas of lesbian and gay studies (D'Augelli, 1991b; D'Emilio, 1990; Nieberding, 1989); and, (3) to increase visibility of lesbian and gay students, faculty, and staff on campus (D'Augelli, 1991a). Several studies have documented harassment and discrimination on college campuses (D'Augelli, 1989b,c; D'Augelli & Rose, 1990; Herek, 1986; Nelson & Baker, 1990; Shepard, 1990) and have documented institutional change toward campus-wide anti-discrimination policies (D'Augelli, 1991a). The development of lesbian and gay resource centers, undergraduate and graduate student support groups and caucuses, and staff and faculty networks create helping communities for students, faculty, and staff. Moreover, there has been an emergence of lesbian and gay studies and an integration of these issues in curricula focused on human diversity and multiculturalism (D'Augelli, 1991b; D'Emilio, 1990; Escoffier, 1990; Roscoe, 1988).

Religious Institutions. Discrimination in religious institutions has been confronted as well. Anti-heterosexism education has begun a dialogue about biblical-theological views in various denominations (Balka & Rose, 1989; McCloud, 1985; McNeill, 1988). Policies restricting open lesbians and gay men from ordination are being challenged (e.g., by Reform Jews, Episcopalians and Presbyterians). Lesbians and gay men are demanding to be accepted as full members in churches and synagogues. Several religious organizations for lesbians and gay men have been created, such as Affirmation (Mormons), Metropolitan Community Church (Christian non-denominational), Dignity (Catholic), and Beth Chayim Chadashim (Jewish).

Anti-Lesbian/Anti-Gay Violence. A multilevel approach has been used to confront violence against lesbians and gay men. The prevalence of such hate crimes has been well-documented (Comstock, 1991). As a result of political lobbying, the National Hate Crimes Statistics Act was passed in 1990. The law requires the U.S. Justice Department to collect data on bias crimes, including prejudice based on sexual orientation. Community-based crime victim services for lesbians and gay men, such as the New York City Gay and Lesbian Anti-Violence Project, have been developed in many cities to handle the aftermath of violence (Garnets, Herek, & Levy, 1990; Wertheimer, 1990). Community organizing, self-defense training, and

neighborhood patrols have conceptualized hate crimes as lesbian/gay community problems.

Collaborations to Prevent Prejudice, Discrimination, and Violence. Collaborative strategies to address anti-lesbian/anti-gay discrimination and violence include documentation of its incidence and patterns in a variety of contexts and settings, of its mental health consequences, of institutional responses, and of prevention efforts (Herek & Berrill, 1990). To confront anti-gay prejudice, efforts should target the expansion of existing mass media campaigns aimed at reducing stereotypes and bias and the development of public awareness and comprehensive programs to prevent hate-motivated violence (Herek, 1989). Education and systems change efforts are needed to confront the secondary victimization that lesbians and gay men experience after a hate crime (Herek & Berrill, 1990). Finally, research can bring to public awareness the diversity within the lesbian and gay male population; refute stereotypes about lesbians and gay men; and address the impact of negative social attitudes. Increased visibility of lesbians and gay men of color, of teens, and older adults, of committed couples, and of parents will eradicate current myths.

Caring for the Community: Mental Health and
Health Enhancement

A lesbian and gay male health movement has emerged (Deyton & Lear, 1988; Ryan, 1990). Beginning in the early 1970s, lesbian/gay affirmative health services developed. The Gay Nurses' Alliance was the first lesbian and gay professional health-related organization to provide support to lesbian and gay practitioners. Subsequently, coalitions formed in public health, nursing, medicine, psychology, psychiatry, and social work. These groups' aims were to educate heterosexual colleagues about needs and concerns of lesbians and gay men, to support each other, to organize their colleagues to adopt public policy statements on behalf of lesbian and gay concerns, and to establish committees within their professional organizations to address lesbian and gay concerns. The National Gay and Lesbian Health Coalition was founded in 1976 to facilitate and coordinate activities. In 1980, the National Gay Health Education Foundation ("Lesbian" was added in 1985) was established to provide a national network of lesbian and gay health care workers and activists. These professional groups have demonstrated that lesbians and gay men often receive inadequate and insensitive health care and mental health services (Morin & Charles, 1983). Because of the unresponsiveness of traditional health and human service systems, lesbian and gay operated mental health and social service (Burns

& Rofes, 1988; Gonsiorek, 1982a) and health service (Ratner, 1988; Vachon, 1988) agencies have proliferated. These community service centers combine professional and peer counseling, client advocacy, collaborative linkages with mainstream agencies, and consultation and education to professionals and the general public.

Lesbian and gay services are especially needed to address the problems of lesbian and gay youth (Slater, 1988). Increasing numbers of youth are recognizing their sexual orientation at earlier ages and are disclosing it to others earlier, often in high school. Teens who acknowledge they are lesbian or gay in high school experience considerable peer harassment and seldom obtain family support (Gibson, 1989). These youth, as well as those who remain undisclosed, are at high risk for mental health problems, especially self-destructive behavior, and are also at risk for academic failure (Rofes, 1989). Several important developments have occurred to reach out to lesbian and gay youth. One example is Project 10, a pioneering school-based counseling and drop-in program for lesbian and gay high school students in Los Angeles. In addition, several frameworks for lesbian and gay youth services now exist and could serve as models for program development (D'Augelli, 1993; Schneider, 1988; Whitlock, 1988).

Another group whose needs are currently poorly served are lesbian and gay older adults. Social organizations and social service agencies have emerged in the past ten years to address some of their needs (Dunker, 1987; Kimmel, 1979/80; Raphael & Meyer, 1988). These programs include Senior Action in a Gay Environment (SAGE) in New York City, Project Rainbow in Los Angeles, and Gay and Lesbian Outreach to Elders (GLOE) in San Francisco. These organizations offer a variety of social activities and social support, assist with managing chronic health problems, provide transportation for homebound older adults, offer bereavement counseling, and help with institutional heterosexism (e.g., discriminatory policies in nursing homes and hospital care) and legal problems. In addition, regional conferences of older lesbians have occurred in the past few years (e.g., the West Coast Old Lesbian Conference and the Passages conference in Washington, D.C.), expanding women's networks.

Self-help and mutual aid groups have also proliferated in lesbian and gay communities to support coming out, to offer education about lesbian and gay life, to support lesbian and gay parents as well as parents and children of lesbians and gay men (Eller & King, 1990; Piersol, 1988). Perhaps the best known groups are Federation of Parents and Friends of Lesbians and Gay Men (PFLAG), organized for parents whose offspring have come out, and the Gay and Lesbian Parents Coalition, an international association of women and men with children.

Collaborations for Mental Health and Health Enhancement. Community psychologists could help in the expansion of accessible lesbian and gay-affirming services in mental health, social service, and health settings. One focus could be on evaluation of programs to assist gay men, lesbians, their families, and friends to deal with conflicts and stresses associated with coming out. Expansion of social networks, self-help groups, support groups for coming out and group and individual efforts to strengthen coping skills are also needed. Moreover, the development of human service programs for lesbian and gay couples and their families is another important collaborative activity. Community psychologists can provide organizational consultation to lesbian and gay community services centers aimed at strengthening the structure and efficiency of their work.

Confronting the HIV/AIDS Crisis

The HIV/AIDS crisis has mobilized the lesbian/gay community to confront attitudes, develop programs, and challenge political roadblocks with strategies familiar to community psychologists. They have confronted the ongoing impact of HIV in the gay male community by developing approaches and services to care for the ill, providing early identification of HIV status, and developing primary prevention approaches emphasizing safer sex. A "People with AIDS" self-empowerment movement has grown from local efforts to a nationally coordinated one (Callen & Turner, 1988). Grassroots advocacy organizations such as ACT-UP and Queer Nation have used civil disobedience to highlight heterosexist policies and delayed bureaucratic response to the epidemic.

Collaborative Possibilities in the HIV Epidemic. Strategies to collaboratively address the ongoing impact of HIV/AIDS and the prevention of further HIV infections could include coordinated community planning (e.g, HIV helping networks; D'Augelli, 1990); training and consultation to increase knowledge and to reduce bias about AIDS among health and human service systems that deal with AIDS affected individuals; strategies to prepare community systems for the long term impact of the health crisis; further development and expansion of AIDS prevention models (e.g., to promote safer sex); and research and education to address AIDS-related stigma and anti-gay attitudes.

Promotion of Civil Rights

Celebrations of community pride on the anniversary of Stonewall have occurred each year to mobilize an increasingly visible lesbian and gay popu-

lation. Three national marches on Washington for lesbian and gay rights have been held, in 1979, 1987 and 1993. The march on October 11, 1987 brought an estimated 600,000 people to Washington, D.C. "National Coming Out Day" has been held on that date every year since the 1987 march. It is designed to encourage lesbians, gay men and their families and friends to enlarge the circle in which they are "out" about their identity.

Community organizing and legislative lobbying strategies have been used to promote civil rights for lesbians and gay men. Political Action Committees have been formed at local, state, and national levels. Gay and lesbian political clubs have formed to influence partisan politics. The National Gay and Lesbian Task Force (NGLTF), formed in 1973, was the first national civil rights organization. Its activities include lobbying, advocacy, community organizing, media projects, anti-violence efforts, and leadership development for lesbian and gay activists.

National and local gay legal organizations (such as the Lambda Legal Defense and Education Fund and the National Center for Lesbian Rights) have pressured for nondiscrimination policies in housing, health care, employment, personnel benefits, and access to public accommodations. They have targeted the institutional homophobia of the military. Moreover, they have attempted to change laws to accord legal recognition to domestic partners (i.e., heterosexual and homosexual couples in long-term committed relationships). Success occurred recently in San Francisco, when lesbians and gay men registered as domestic partners at the County Clerk's office, in a process analogous to obtaining a marriage license.

Collaborative Possibilities for Civil Rights Protection. Strategies to collaboratively address civil rights of lesbians and gay men could include: further research documenting the inequities in civil rights experienced by lesbians and gay men; promotion of public and organizational policies that provide legal protection and nondiscrimination and foster legal recognition; research focused on the impact of social, legal and political influences on lesbian and gay lives (e.g., effects of anti-discrimination legislation or the restrictiveness of child custody legislation); and development of information programs on anti-discrimination policies and on legal rights for dissemination to the lesbian and gay communities on both local and national levels.

CONCLUSION

It is time for community psychologists to confront their silence about working with lesbians and gay men. One of us recently wrote:

> Both the ideology of community psychology and its many intervention models provide powerful tools for collaborating with lesbians and gay men in developing

their helping communities. Community psychologists have an ethical responsibility to make these tools accessible to lesbians, gay men, and their significant others. Although community psychology has "given away" its resources to help many groups, widespread sharing of community psychology with lesbians and gay men remains an unfulfilled promise (D'Augelli, 1989a, p.28).

Community psychologists can fulfill that promise through applied research and action to continue the tradition of empowerment started by members of lesbian and gay communities. The complex influences of history, law, and social policy on the psychological adjustment and community life of lesbians and gay men in different communities provide rich opportunities for community psychologists. Graduate training in community psychology must incorporate a focus on lesbian and gay communities to take advantage of these opportunities. Training a new generation of community psychologists by involving them in the pressing problems of lesbian and gay life in the United States in the 1990's is the best approach to ending the invisibility of lesbians and gay men in community psychology. Community psychologists have much to give to lesbian and gay communities in their continuing struggle to create a place for themselves in American society.

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