

Increasing Awareness, Sensitivity, and Availability to LGBTQ Resources

by

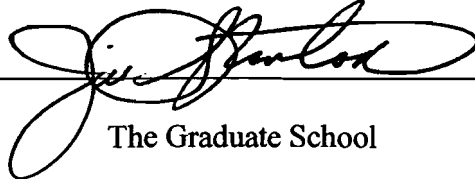
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Jill Stanton—Research Adviser

A handwritten signature in black ink, appearing to read "Jill Stanton", is written over a horizontal line. The signature is stylized with large loops and a long horizontal stroke extending to the right.

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ABSTRACT

There has been relatively little research until very recently specific to the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) community. The primary focus of much of the current research is to examine the prevalence of harassment and the subsequent effects on adolescents, and to also study HIV/AIDS in this population. While this research certainly brings relevant knowledge and attention to the LGBTQ population, it doesn't necessarily translate to increased access to services for the members of this community—specifically in some geographic regions of the United States, for example the area referred to as the “Bible Belt”.

The purpose of this paper is to follow and report on an effort to bridge the divide between the information and those who provide the services, and those who will most benefit from this information and these services through the creation of a community and counseling center specifically serving the LGBTQ community. This will be accomplished by reviewing current literature discussing the challenges facing this

population, interviewing and visiting similar facilities already in existence, and chronicling the progress of this specific effort in Little Rock, Arkansas.

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Chapter 1: Introduction

Upon moving from Wisconsin to Arkansas, there was an immediate awareness of the dearth of resources available to the lesbian, gay, bisexual, transgender, and queer/questioning community (LGBTQ). Moving to the area without ever even having visited posed immediate challenges. Where does one go to meet people to establish a social support network, where does one find LGBTQ friendly healthcare providers, and just how safe was it to be 'out'? These factors all culminated in presenting a scary time and environment, and to be in it alone was frightening. The more time spent here, the more apparent it became that being closeted was 'better', or at least safer. Realizing that there were surely others and then considering all the needs of the LGBTQ population specifically in a relatively hostile area, caused a personal investigation and then action.

A study performed by Albert Kinsey in the late 1940s asserted, "10% of the American population had experienced some form of personal exposure to 'homosexuality'" (Swann, 1993). Although this study was done over 60 years ago, this statistic is one that is still referenced and often held as a standard determinant for numbers in the LGBTQ population. Little Rock and North Little Rock, Arkansas are co-principal cities of the six-county Little Rock-North Little Rock Metropolitan Statistical Area, an area with a population of 666,401 people, according to 2007 census estimates. Using this accepted tool of estimation, consider the following: there are approximately 66,640 members of the LGBTQ community in the greater Little Rock area. Yet very few are visible. The "Bible Belt" is a daunting place to seek counseling for a member of the LGBTQ population. There are a great many more that practice "Christian Counseling", and reparative, conversion, or reorientation therapy than those who list LGBTQ issues as

an area of expertise. All major national mental health organizations have expressed concerns about so-called reparative therapy, which can be generally defined as efforts to change an individual's sexual orientation. According to a release from the American Psychological Association, taken from their website, regarding their position on sexual orientation and reparative therapy in 2008:

“To date, there has been no scientifically adequate research to show that therapy aimed at changing sexual orientation (sometimes called reparative or conversion therapy) is safe or effective. Furthermore, it seems likely that the promotion of change therapies reinforces stereotypes and contributes to a negative climate for lesbian, gay, and bisexual persons.”(p.3)

As a matter of fact, there are only three providers in the greater Little Rock area that makes specific mention of serving the community. This information was discovered through internet searches using “gay-friendly therapists” and “gay-friendly providers”, as well as conversations with mental health providers and long-standing members of the Little Rock community. There is only one sustained active gay-straight alliance in the area schools-one. The LGBTQ population of the most metropolitan populated area in all of Arkansas is underserved and nearly invisible. Clearly the community exists, but they are isolated and unsupported—which raises major concerns regarding the welfare and mental health of these individuals, specifically the younger members of this population. It would seem that a community and counseling center might be needed in a place such as this. When consideration is given for the national statistics regarding this population, specifically the adolescent portion of this population, it would be fair to assert even

higher instances of the already staggering numbers reflected in studies reporting homelessness, suicide rates, and incidence of substance abuse in the LGBTQ population.

Purpose of the Study

The purpose of this discussion is to raise awareness of and subsequent need for resources to the LGBTQ community, increase sensitivity of various providers to the community and its members, as well as chronicle the process thus far of creating a LGBTQ Community and Counseling Center in Arkansas.

Definition of Terms

Throughout the entirety of this discussion and presentation of resources, there will be various terms which are used repeatedly, many of which are specific to this topic and may not be common knowledge. Those terms and their definitions are included in the following list.

Bisexual- a person emotionally, romantically, sexually and relationally attracted to both men and women, though not necessarily simultaneously; a bisexual person may not be equally attracted to both sexes, and the degree of attraction may vary as sexual identity develops over time. [Human Rights Campaign (HRC), 2008]

Gay- a word describing a man or a woman who is emotionally, romantically, sexually and relationally attracted to members of the same sex. (HRC, 2008)

Gender-the behavioral, cultural, or psychological traits typically associated with one sex

Gender Identity- the term "gender identity," distinct from the term "sexual orientation," refers to a person's innate, deeply felt psychological identification as male or female, which may or may not correspond to the person's body or designated sex at birth (meaning what sex was originally listed on a person's birth certificate). (HRC, 2008)

Heterosexism- evidenced by the assumption that everyone is heterosexual. The systematic oppression of lesbian, gay, bisexual, and transgender persons that is directly linked to sexism. (HRC, 2008)

Heterosexual- a person who is emotionally, physically and/or sexually attracted to members of the opposite sex. (HRC, 2008)

Homophobia- the fear and hatred of or discomfort with people who love and are sexually attracted to members of the same sex. (HRC, 2008)

Homosexual- a person who is emotionally, physically and/or sexually attracted to a person of the same sex. (HRC, 2008)

Lesbian- a woman who is emotionally, romantically, sexually and relationally attracted to other women (HRC, 2008).

LGBTQ- a common abbreviation used to denote sexual minority individuals who self-identify as gay, lesbian, bisexual, transgender, or questioning their sexual orientation (Human Rights Watch, 2001). As this discussion continues, it is important to mention that different groups and communities may vary the order of the letters when referring to this community, and may include additional letters than those utilized in the Arkansas group. For example, some geographic regions utilize “GLBT” when referring to this population, while others may only reflect gay, lesbian, and bisexual (GLB or LGB).

Queer- a term that is inclusive of people who are not heterosexual. For many GLBT people, the word has a negative connotation; however, many younger GLBT people are comfortable using it (HRC, 2008).

Questioning- unsure of one's sexual orientation and/or gender identity; feeling uncomfortable with or unwilling or unable to self-categorize within traditional labels such as gay, straight, male, female, etc. (Advocates for Youth, 2008).

Sex (Biological Sex)- a classification based on reproductive physiology and identified in four main ways, including: 1) primary sex characteristics (vulva, labia, clitoris, and vagina for females; penis and scrotum for males); 2) genetic sex or chromosomes (XX for females; XY for males); 3) gonads (ovaries for females; testes for males); and 4) secondary sex characteristics (see above); a continuum with most individuals concentrated near the ends (Advocates for Youth, 2008).

Sexual Orientation- the preferred term used when referring to an individual's physical and/or emotional attraction to the same and/or opposite gender. "Heterosexual," "bisexual" and "homosexual" are all sexual orientations. A person's sexual orientation is distinct from a person's gender identity and expression. (HRC, 2008)

Transgender- a broad range of people who experience and/or express their gender differently from what most people expect — either in terms of expressing a gender that does not match the sex listed on their original birth certificate (i.e., designated sex at birth), or physically changing their sex. It is an umbrella term that includes people who are transsexual, cross-dressers or otherwise gender non-conforming. Not all people who consider themselves (or who may be considered by others as) transgender will undergo a gender transition. (HRC, 2008)

Chapter II-Literature Review

This literature review discusses the history of the lesbian, gay, bisexual, transgender, and queer/questioning community with regards to the medical and psychological communities; school environment for today's LGBTQ youth; and the disproportionate statistics among the LGBTQ community relating to suicidality, and physical and/or sexual abuse. The materials reviewed were taken from research literature and peer reviewed journals and clearly demonstrate and underscore the importance of the availability of resources to this community.

History of LGBTQ in the Medical and Psychological Communities

DSM

According to an article by Timothy Murphy in the Spring 1999 volume of the American Psychiatric Association (APA) Newsletter that focuses on medicine and philosophy, "In the last century, medicine was the prime mover in defining homosexuality as pathological"(p.1). In fact, in the 1952 edition of the Diagnostic Statistical Manual (DSM): Mental Disorders the APA declared homosexuality a mental disorder and defect, stating that homosexuality was in fact a "sociopathic personality disturbance".

DSM II

The DSM-II was published in 1968, and in this edition homosexuality was designated a "sexual deviation". In that edition, sexual deviations were no longer categorized as sociopathic personality disturbances as they had been previously. Between the DSM-II in 1968 and the DSM-III that would be published in 1973 there were a great many protests by gay activists that began occurring at the annual meetings of the APA. While there

were some members of the APA who vehemently opposed the activists' opposition, there were a great number of psychiatrists who supported the opposition [Association of Gay and Lesbian Psychiatrists (AGLP), 2008]. Those members of the APA that were receptive to the activists' perspective were described by the AGLP as follows: "These were members who were familiar with the research findings showing that homosexuality occurred in large numbers of people, in persons who demonstrated normal psychological adjustment, and that it is present across a range of cultures." The gay activists were eventually granted a meeting with Dr. Robert Spitzer and other members of the APA Task Force on Nomenclature and Statistics to further discuss the evidence and data. The evidence presented and subsequent discussion led the Task Force to create a proposal regarding the APA's position on homosexuality (AGLP, 2008).

DSM III

In the year 1973, when the DSM-III was released, homosexuality was no longer listed as a mental illness or disorder and the American Psychological Association and the National Association of Social Workers soon adopted the APA position. Since that time the American Psychological Association, the American Psychiatric Association, and the American Medical Association have all altered their previous statements to reflect the fact that a person's sexual orientation is not a choice, but rather is inherent. In July of 1994, the American Psychological Association released their Statement on Sexual Orientation which said in part, "Research suggests that the homosexual orientation is in place very early in the life cycle, possibly even before birth". While some individuals still hold the belief that being gay is a choice people make, that is no longer a belief held by the medical and scientific communities.

DSM-IV

The APA's position on transgendered issues is less resolute. The DSM-IV, published in 1994 with a text edit in 2000, currently categorizes transgendered individuals as having a diagnosis of Gender Identity Disorder (GID). Many have suggested GID has its roots in biology more so than psychiatric illness. There is currently a review in progress of many issues and diagnoses from the DSM-IV looking forward to the DSM-V, which is scheduled for publishing and release in 2011, and GID is among those diagnoses being evaluated.

School Environment for LGBTQ Youth

Language Heard in Schools

The Gay, Lesbian, and Straight Education Network (GLSEN) conducts and releases their School Climate report biennially. In an effort to garner a more representative LGBT youth sample, GLSEN employed two different methods to obtain participants. The first method sought participants from service organizations or community-based groups that specifically served LGBT youth. From a list of over 300 potential organizations, 50 were randomly selected, and each of the selected groups was sent surveys for the youth to complete. Thirty-nine of the 50 groups contacted had youth respondents, and a total of 381 surveys were completed and returned via this method. As an attempt to compile a more completed section, additional surveys were sent to 14 groups or organizations in the South and Midwest as these areas have been underrepresented in previous surveys. These additional 14 groups provided another 140, thus bringing this method's total participation to 521 paper surveys. The second method utilized by GLSEN in this survey was to make the questionnaires available via the

GLSEN website, with special efforts made to obtain information from transgender and racial minority groups. Through the online efforts, an additional 1,211 surveys were completed. While considering the responses to the questions, students are asked to assign a frequency with which such remarks are heard. The choices of frequency are rarely, sometimes, often, frequently. In the 2005 GLSEN report, 78.8% of students reported hearing homophobic remarks from other students often or frequently. The report also states that 75.4% of students reported hearing derogatory remarks, such as “dyke” or “faggot”, often or frequently in school. Furthermore, when the students were questioned as to the frequency with which they heard the phrase “That’s so gay” or “You’re so gay” as an equivalent to stupid or worthless, 89.2% of students reported hearing this often or frequently. About two-thirds (67.1%) of these students reported that this caused them to feel distress (p.14).

The GLSEN report also tried to ascertain the frequency with which students would hear these types of remarks from teachers and school personnel. Nearly one-fifth of students heard homophobic remarks from school personnel (GLSEN, 2005). The GLSEN report also sought to determine how frequently negative remarks about gender expression are heard in schools. According to the survey, 28.1% of students heard teachers or other staff make negative comments about a student’s gender expression at least sometimes. Moreover, the GLSEN report shows not only that teachers and staff are sometimes offenders, but that additionally few if any intervene when others use the degrading language. When asked to respond regarding how often school personnel intervened when they were present as biased or derogatory language was used, just 16.5% intervened when the remarks were homophobic in nature, while 39.3% reported

staff members intervening when the remarks were sexist, and 59.6% reported intervention when the derogatory remarks were racist in nature.

Impact on Attendance and Grade Point Average

As for the impact these distressing events have on students today, one only need to look at the attendance records, grade point averages (GPA), drop out rates, and graduation rates of LGBTQ youth. For example, 28.9% of students surveyed in the GLSEN report reported having skipped a day of school in the past month because of feeling unsafe. That makes LGBTQ youth five times more likely to report having skipped a day in the past month than the general population of students (GLSEN, xv). Regarding student GPA, “Students who reported more frequent harassment on the basis of their sexual orientation or gender expression also reported significantly lower grade point averages”: the average GPA for students who were physically harassed because of their sexual orientation was 2.6 versus 3.1 for those who were not harassed.

Indications for Further Education

The executive summary of the 2005 National School Climate Survey also asserts, that when compared with the National Center for Education Statistics, “LGBT students were twice as likely as the national sample to say that they were not planning on completing high school or going on to college” (p. xv). Furthermore, a 2002 study released by California State University, which included gay-identified men from four cities throughout the United States, demonstrates a relationship between coming out at a young age and educational level. The study reports that those males who came out prior to the age of 17 are only 79% as likely to earn a Bachelor’s Degree as those who come out after the age of twenty-two (Barrett, Pollack, & Tilden, 2002). The study also asserts

that men who come out between the ages of 18 and 21 are only 57% as likely to earn a Bachelor's Degree. This suggests that the extent to which students experience harassment is a direct correlate to their academic success, and a determinate as far as educational level completed.

Statistics regarding suicidality, substance use/abuse, and physical and/or sexual abuse among the LGBTQ Community

Suicidality

According to a 1989 report by the United States Department of Health and Human Services regarding youth suicide, suicide is the leading cause of death among gay and lesbian youth. In this same report, it is asserted that, "Over 30% of all reported teen suicides each year are committed by gay and lesbian youth" (Gibson, 1989). While research is scarce specific to suicidality in the transgender population, a study including 72 transsexual youth, released in 1981 by Huxdly and Brandon, reports that 53% of transgendered individuals who participated in their study had attempted suicide. In the Youth Risk Behavior Survey, by the U.S. Centers for Disease Control and Prevention (CDC), released in 2005, gay, lesbian, and bisexual adolescents had suicide rates nearly twice that of their peers. This survey was distributed nationally to public and private schools, and was completed by students in grades 9-12. There were 13,917 completed questionnaires returned. Further questioning and examination of the participants' responses produced the following evidence that these youth were more likely to exhibit self-injurious behaviors, "...they were more likely to have hurt themselves on purpose (44 percent versus 17 percent), to have seriously considered suicide (34 percent versus 11 percent), and to have made a suicide attempt in the past year (21 percent versus 5

percent)". In a study of 350 gay, lesbian, and bisexual youth ages 14-21 from across the country it was found that 42% of GLB youth surveyed had thought of suicide at some time and that "48% said thoughts of suicide were clearly or to some degree related to their sexual orientation" (D'Augelli, Hersherberger, and Pilkington, 2001, p.257). Another study by Garofalo, Wolf, Wissow, Woods, and Goodman in 1999 included a total sample size of 4,167 high school students, with 3,365 of those surveyed responding to both the sexual orientation and suicide attempt questions. Of those respondents who answered the suicide attempt and sexual orientation questions, it was reported that 54% of suicide attempts occurred prior to the youth's parents being aware of their child's sexual orientation, and that youth who self-identified as being gay, lesbian, bisexual, or unsure of their sexual orientation were 3.4 times more likely to report a suicide attempt in the previous 12-month period (p. 487).

Substance Use and Abuse

"GLBTQ youth often internalize negative societal messages regarding sexual orientation and suffer from self-hatred as well as from social and emotional isolation", (Earl, 2005). As a result of this isolation, it is believed they experience an increased propensity for risk-taking behaviors. Additionally, a study involving 4,159 high school students (grades 9-12) found that those who suffered harassment because of their real or perceived sexual orientation were more likely than non-harassed youth to use crack cocaine, cocaine, anabolic steroids, and inhalants (Garofalo, et al, 1998, p. 899).

In the aforementioned Secretary's Task Force study by the US Department of Health and Human Services in 1989, a section was also included lesbian and gay male use of alcohol which stated that "Approximately 30% of both the lesbian and gay male

populations have problems with alcohol”. In an additional unpublished study that tracked youth substance use over a three month span,

“68% of the gay male adolescents reported alcohol use with 26% using one or more times weekly. Forty-four percent reported drug use in addition to alcohol, and 8% considered themselves drug dependent. Eighty-three percent of lesbian adolescents reported alcohol use, 56% reported drug use, and 11% specifically reported crack/cocaine use.” (Langois, 2005).

In 2003, Padilla, Neff, Rew, and Crisp published their study which examined substance abuse in gay, lesbian, and bisexual youth. The study was based on qualitative analysis of the Internet Survey of Queer and Questioning Youth, which consisted of 5281 gay, lesbian, bisexual, and questioning youth from across the nation under the age of 25. Padilla et al. further restricted the data by only examining those youth who were between the ages of 13-18 years of age, and who were currently enrolled in high school. For the purposes of their study, “substance abuse is defined as the use of marijuana, cocaine, ecstasy, or alcohol in the past 30 days”. Within these confines, 44% of GLB youth reported substance use within the previous 30 days. Youths who identified as bisexual reported a slightly higher rate of usage at fifty percent. Of further interest is that 60% of these youth reported they believed their sexual orientation will be a barrier or obstacle in their lives.

Additionally, GLBTQ youth are shown to smoke tobacco cigarettes at a much higher rate than their peers. In fact, according to the 2003 Massachusetts Department of Education survey, 48% of GLBTQ youth reported being current smokers compared to

19% of heterosexual youth, and of that group 19% of GLBTQ youth reported being daily smokers compared to only 6% of their heterosexual peers.

Statistics of violence among the general GLBTQ population

In the Sexuality Information and Education Council of the United States' (SIECUS) 1993 Fact Sheet on Comprehensive Sexuality Education, it was reported that "Gays and lesbians are the most frequent victims of hate crimes", and that "Gays and lesbians are at least seven times more likely to be crime victims than heterosexual people" (p.19).

D'Augelli (2003) asserted that 27% of gay and lesbian youth have been physically hurt by another student. According to the National Association of Social Workers (NASW) website, "41% of GLB youth in a 1990 study reported suffering violence from family, peers, or strangers." Additionally, the NASW states that "46% of these youth reported that the perpetrators of the violence toward them were members of their own families."

With regards to the prevalence of dating violence, the 2003 Massachusetts Youth Risk Behavior Survey (MYRBS) by the Massachusetts Department of Education reported that 30% of sexual minority youth reported dating violence, compared to only 9% of their heterosexual peers; and 41% of the LGB youth reported nonconsensual sexual contact, compared to only 8% of other students.

Within recent years, more research has been conducted ascertaining the prevalence of physical and sexual abuse among the individual populations of this group.

Prevalence of physical and sexual abuse in males

The University of California Los Angeles (UCLA) released a study in 2003 in which it was reported that 45.7% of young gay and bisexual men living with HIV (between the ages of 13 and 23) reported they had been sexually abused before age thirteen. In a separate study, Finkelhor (1990) reported that these numbers among the general male population were much lower at only 3% to 4.8% having received such abuse (p.23).

With regards to dating violence, a 2002 study by the Violence Prevention Consulting Group in Boston reported those young males who identified as gay experience abuse at the hands of a romantic or dating partner at the rate of 44.6%, versus heterosexual men who reported such abuse at a rate of only 28.6 percent (p. 472). One explanation for these statistics include the possibility that gay males are less likely to report incidents of domestic violence out of feelings of embarrassment or shame. Societal stigmas associated with heterosexual male victims of domestic abuse would likely be intensified with gay males and would often necessitate the victim and perpetrator to come out or to be outed.

Increased rates of victimization among females

One study, consisting of 206 lesbian and bisexual females ages 14-21, years old reports that 30% of young lesbian and bisexual women reported being physically threatened, 13% reported being victims of physical assault, and 12% reported being victims of sexual assault. This same study reported that “7% of young women who have sex with other women reported physical abuse at the hands of their mothers due to their sexual orientation”(D’Augelli, 2003).

A study released by Washington University reports similar incidence of increased verbal and physical abuse among young lesbian and bisexual women. This study reported that 28% of lesbians surveyed, defined as women who dated only other women, reported verbal and physical abuse from a date or romantic partner. Additionally, 44% of women respondents who identified as bisexual reported the same verbal and physical abuse (Elze, 2002). In contrast, the 2003 Massachusetts Department of Education's Youth Risk Behavior Study found that only 9.23% of all young women reported an incident of dating violence.

Hostile school environments, physical and sexual abuse, and substance use/abuse are dangers that all adolescents and adults can face, but LGBTQ youth and adults alike appear to face them at a much higher prevalence because they are a highly at-risk population among an already high risk population. This literature review demonstrated just to what extent and rate of incident this population is vulnerable, victimized, and often isolated. There are many ways in which a community and counseling center, specifically for the GLBTQ population could support this at-risk population and reduce the need for them to feel as though they must remain invisible to remain safe.

Chapter III-Methodology

This chapter will discuss the steps taken by the individual researcher in the effort to build a community and counseling center specifically for the LGBTQ community in Central Arkansas. This process and this community center is solely the pursuit of the researcher, as no such organization existed prior to this work. As discussion with mental health professionals, community members, and LGBTQ individuals has transpired, assessing the feasibility and need for these services, the number of contributors has increased, but this primarily remains an effort of the researcher alone. The creation of a legally recognized entity within the state, community outreach efforts, construction of the internet infrastructure, as well as meetings with various organizations and people therein will be presented.

Required Legal Process

The first step in becoming a non-profit organization is to first file “Name Reservation” paperwork with the Secretary of State’s Office, as well as rendering fees associated therein. As a result of research to date, Arkansas LGBTQ Resource, Inc was chosen as the legal name of this organization to reflect the most acceptable and recognizable nomenclature. Upon filing and acceptance of the Name Reservation paperwork, the next step included filing Articles of Incorporation, again with the Secretary of State’s office. The submission of Articles of Incorporation requires additional fees, the designation of two separate individuals to serve as organization’s officers, and submission of the organization’s contact information including physical address and phone number. Upon completion and approval, the organization received a formal certificate in recognition of being an identified entity by the State of Arkansas.

Community Outreach

The first step in this process was not just the formation but refinement and definition of what this effort should ultimately incorporate and provide. After discussions with various mental health care providers, both psychiatrists and therapists, the scope of necessary counseling services became apparent. As previously mentioned, prior to this endeavor, there were a mere three mental health professionals, all therapists, who offer LGBTQ issues and experience as specialties

Further outreach included contacting members of the LGBTQ community directly. The internet was chosen as the primary instrument to reach the LGBTQ community itself due to the stigma still attached to the community in this area. Outreach began with contacting an Arkansas Lesbian Group on the Yahoo! Groups service. The Arkansas Lesbian Group was founded May 15, 1999. This group has a current membership of 224 lesbians of differing ages from in and around the Arkansas area. Members must be at least 18 years old and range in age from 18-67 years old. The group is primarily a support and social group. Information was gained from this particular group by simply posting inquiries on the message board. Examples of the postings included asking for recommendations for gay-friendly medical doctors, asking for experience or knowledge of gay-friendly attorneys, and finally asking if a community center for the LGBTQ community in Little Rock would be needed and supported.

An additional outreach effort was utilized in an attempt to broaden the base of support among the greater community, including specifically those who are sympathetic to and allies of the LGBTQ community in the area. The researcher also contacted long-standing members of the Little Rock community who could assist in providing

information and additional contacts to further the community center endeavor. The identification of these community members was a result of personal and professional relationships of the researcher.

Website Construction

The website has had two distinct incarnations. The initial domain for the LGBT Virtual Community and Counseling Center (<http://www.glbtvcc.org>) was purchased in November, 2007. The initial webpage contained many pages and links to resources available to the LGBTQ community (both locally and beyond) and covered a great many topics and areas of need. Resources were included based on a great deal of attention paid to the information garnered through meetings with community organizations and LGBTQ members of the Little Rock area. The areas of need that were communicated consistently were subsequently included on the initial webpage. Those needs communicated most frequently include web based information on coming out, legal/custody information and assistance, gay friendly travel destinations and resources, family resources, faith centers, gay owned/friendly business in the Little Rock area, and social destinations for the LGBTQ community.

The second manifestation of the website came via donation, the specifics of which will be detailed in the following chapter. The second domain, <http://www.arkansas-lgbtq-resource.org>, was purchased and the new webpage was designed in an effort to portray a more professional appearance lending itself to the credibility of the services provided. One component included in the second and current website version is the addition of a PayPal account which allows for the donation of funds via an online payment service.

Realizing that in keeping with the internet based idea of the community center, focusing on the fact that anonymity among this population is imperative at least initially in communicating safety to the desired population, it was important to incorporate a more comprehensive internet presence which includes social networking websites. In addition to the organization's homepage, two other supporting sites were constructed to further increase internet awareness and accessibility. Arkansas LGBTQ Resource, Inc constructed a Myspace page (<http://www.myspace.com/arlgbtqresource>), as well as creating a group on Facebook named "Central Arkansas GLBT Community-both services are social networking sites, and both boast a significant LGBTQ community in this area as well as internationally.

Discussions with Community Organizations

Additional websites and groups contacted include Little Rock Capital Pride, the Center for Artistic Revolution, and <http://www.littlerockpride.com>. Little Rock Capital Pride is the group that organizes, plans, and staff the annual PRIDE celebration in Little Rock.

The Center for Artistic Revolution is an organization "that strives for Fairness and Equality for ALL Arkansans" and utilizes many strategies in their effort for social justice, and has been in existence since 2004.

The Little Rock Pride website was constructed to serve as a clearinghouse of services and information relevant to the LGBT community of Little Rock.

In addition to local organizations, it was discovered that Memphis, Tennessee offers a community center similar to the design for Arkansas, so the Arkansas group arranged a visit to the center and a meeting with a board member and a member of the

center for informational purposes. The Memphis Gay and Lesbian Community Center (<http://mglcc.org>) started as an informational website 19 years ago. Just recently the MGLCC celebrated its fifth anniversary in their building. Most recently the MGLCC was awarded a grant to implement a referral services for individuals needing mental health services and providers. The disclosure and subsequent discussion was of particular interest and benefit because Arkansas LGBTQ Resource, Inc's ultimate goal and purpose is to house all offered services in one physical building. The contacts and information gathered in the meeting with MGLCC provided important guidance.

Chapter IV-Results

This chapter will present the results that have been attained to do for Arkansas LGBTQ Resource, Inc and its community and counseling center effort. These results will include processes, individual inquiries, and web based solutions, and will also detail the collaboration with other organizations in the community thus far.

Processes in Development

Business Plan

According to internet research, it is beneficial when building a non-profit organization to develop a business plan, similar to that of a for-profit entity. The conception of a business plans serves as a road map and checklist of that which needs to be accomplished. Specifically in the case of a non-profit organization, a business plan can be an advantage when it comes to submitting proposals for funding and grant applications.

In order to accomplish the goals and objectives of the community center, a multi-phase business plan was conceived. The general outline of the 5 phase plan follows.

Phase one included the construction of the website. The proposed purpose and guidelines for the website in this stage of development was to provide information and resources specific to the LGBTQ population, to field email inquiries from the web, and to serve as a referral source to link those inquiries with appropriate providers and assistance. Phase one has been completed at the time of this paper.

Phase two includes further community outreach which is designed to take the following forms: the formation of the executive board, planned social activities for users of the website, collaboration and participation with various organizations in community

service projects, and the construction and addition of the aforementioned forum to the homepage. Board formation and selection has begun. The five initial board positions that have been identified at this point in development are the Executive Director, financial advisor, legal advisor, fundraising chair/grant writer, and web developer. The executive director and fundraising chair have been selected thus far. The primary purpose of the Executive Director at this juncture is to continue the community outreach aspect. The major responsibility for this person is to broaden the support base and increase the visibility and awareness of Arkansas LGBTQ Resource, Inc. As is implied in the position title, the Fundraising Chair's immediate responsibility is to identify and implement various means to grow the financial foundation for the organization. At this time, this position is primarily soliciting private donations, but will grow to include grant writing and submission, planning and executing fund raising events, as well as forming partnerships with community businesses. Additional positions and candidates are being researched and considered. To date there have been social functions for and with the site users, and there is a joint community service project planned in collaboration with The Women's Project in Little Rock. Planning continues with regards to the forum piece, as much of the anticipated purpose is being served with the utilization of the Myspace webpage. The final aspect of the second phase is to conceive of and employ various fundraising events and techniques.

The third phase of the business plan includes the introduction of an online chat/counseling component. Due to legal concerns, counsel is being sought and a disclaimer is being written to protect providers regarding liability concerns. Once the legal disclaimer is complete, a schedule will be created among the providers and the

organization to ensure even distribution of client base. Additionally, a mental health questionnaire has been designed and will function as an intake form which the client must complete prior to scheduling an appointment. The fee structure will be self-pay initially, with session offerings being either 30 or 60 minutes, the cost of which is one dollar per minute. The intention going forward is to offer a sliding fee scale, as well as adding the ability to accept various insurance plans. The final facet in this phase is the procurement of operating space. This space will be utilized as the central office and will provide space for support groups.

The next phase is an expansion upon previous phases. The main objective in the fourth phase is to increase the space needed for operations. Dependent upon fund availability and property accessibility, the community center could rent additional space within the previous agreement location, or ideally move into its own facility. The space requirement at this stage will include accommodations for the clinical practice, administrative office space, as well as space for programming and the drop-in center.

The fifth and final stage is comprised of gaining approval and designation as an internship site for area universities and their appropriate degree programs. Specific designation will be sought from the University of Arkansas at Little Rock for their Social Work program, and with the University of Central Arkansas for their Counseling programs. Approval as an internship site will serve as a direct response to the lack of clinicians with knowledge and experience with the LGBTQ community.

Individual Inquiries

The website has generated numerous communications to this point. Some messages received have included pledges of support, both financial and time in nature.

Still others have been inquiries and requests for services and assistance. Three such requests for specific services will be discussed in this section.

The first individual who contacted the website for assistance was a female-to-male (FTM) transgender. The center's first client was located in the Little Rock area and was seeking a therapist. This individual had previously seen a therapist in the area, and reported that this was not therapeutic and was in fact more damaging. The reasons given by the client for this assessment of previous service are best reported with a summarization. At the particular point in time he was seeking mental health counseling, he was appearing hyper-feminine to be accepted in his workplace. This caused him great anxiety. Unfortunately, based upon his hyper-feminine appearance this client was told by the clinician that in the clinician's opinion he was not transgendered. Fortunately, Arkansas LGBTQ Resource was able to locate a clinician with experience with transgender individuals, and facilitated a meeting between the client and provider. The community center was also able to get a commitment from a local psychiatrist offering medication management care should the client desire that particular treatment plan. That client has been engaged in therapy for three months and reports doing well.

The next individual contacted the website in search of legal representation as well as mental health counseling. This individual found herself in her first same-sex relationship and was being challenged for custody because of this by her ex-husband. Additionally, the individual was seeking counseling for herself and the children to assist them throughout this difficult period. The situation was further complicated by the fact that the individual is on disability and had little money with which to procure services. Again, due to the community outreach and network, Arkansas LGBTQ Resource, Inc was

able to facilitate mental health care for the entire family, including the contacting client's partner, as well as legal representation. The client's family has recently begun seeing the therapist, and has completed the required processes to obtain no-cost legal representation.

The final scenario is one in which a gay male contacted the website in search of gay friendly health care professionals. This individual does not live in the Little Rock area, but in Hot Springs, Arkansas which is approximately one hour away. Due to the community center's outreach to surrounding communities, a list of potential primary care physicians who are gay-friendly has been assembled, and this individual is researching them before making a choice.

Internet Related Donations

As was mentioned in the previous chapter, the second incarnation of the website was a donation. Through our outreach we received a pledge and assistance from a woman in California who worked for a public relations firm and was well versed in web design. The public relations professional donated her web development skills, time, and services to construct the current organization's website which is located at <http://www.arkansas-lbtq-resource.org>. This second edition provides a much more professional appearance, and better enables Arkansas LGBTQ Resource, Inc to reach and serve its target audience. Another tool present on the current website is the addition of a PayPal account which is an online banking tool. This PayPal is tied to the organization's bank account and this functionality allows Arkansas LGBTQ Resource, Inc to receive donations via the internet from those visiting the website.

In addition to the construction and initial sponsorship of the website, the Public Relations specialist was able to procure the services of a graphic designer who designed

the masthead pro bono and donated the stock photography utilized therein which can be later used in publications, business cards, and other advertising and promotions.

Cross promotion was also utilized in the new inception of the website. Internet links to the homepage were placed on various supporting users own websites which created and increased traffic and donations to the community center. To date the organization has received donations of web hosting fees for one year, operational expenses including the fees paid to the Secretary of State's office for name reservation and Article of Incorporation, and the procurement of a Post Office box as a physical address, in addition to the aforementioned services of web development and graphic design. All previously mentioned donations are as a result of the internet specifically.

Results of Community Collaborations

The team of contributing clinicians grew considerably from the initial two. In conjunction with an area psychiatric clinic, Arkansas LGBTQ Resource, Inc was able to obtain commitments from an additional four psychiatrists. One of these additional psychiatrists is a lesbian-identified woman herself, and has experience within the LGBTQ community as a practitioner. Yet another psychiatric resident has moved to the area from the west coast, and while on the west coast has considerable experience with this population. The remaining two additions specialize in child and adolescent psychiatry which will be very advantageous as this is the most at risk population within this already vulnerable group. Arkansas LGBTQ has also formed collaborative relationships with several Licensed Clinical Social Workers in the area who are willing to accept referrals for clients who contact the website seeking a therapist, and two have already done so successfully. At this time, these additional clinicians are serving on an as needed basis.

New Futures for Youth (NFY), a local non-profit organization dedicated to improving outcomes for youth through various programs (<http://www.newfuturesforyouth.org>), has also extended services to Arkansas LGBTQ Resource, Inc at no cost. In addition to funds for programming, NFY received a grant from the City of Little Rock to assist fledgling or new community and faith based organizations in their development. The initial offering consisted of a free consultation with the Executive Director of NFY. At this meeting, the community center's business plan outline was presented and discussed with NFY's Director. Additionally, NFY has pledged their assistance in helping Arkansas LGBTQ Resource, Inc find and obtain funding in the future. Another service being extended to the community center is free admission to organization building workshops hosted and presented by NFY. Some titles of this year's workshops include "Looking for \$\$\$ in All the Right Places", "Community Development Through Outreach and Engagement", and "Strategic Planning for Non-Profit Organizations". Finally, upon the community centers full board formation and finalization, NFY has agreed to meet with Arkansas LGBTQ Resource, Inc and present a board development workshop. This workshop will detail the rights, responsibilities, and pitfalls of non-profit organizations and offer suggestions for success.

A collaborative effort has been proposed and is currently being discussed between the Center for Artistic Revolution and Arkansas LGBTQ Resource, Inc. The specific collaboration includes working the organizations working together on a grant proposal to obtain funding for a help line/hotline for LGBTQ youth and young adults. The proposed hotline would offer local services similar to those offered by The Trevor Project, which is

a nationwide hotline. The Trevor Hotline is described on their website

(<http://thetrevorproject.org>) as:

“the only national crisis and suicide prevention helpline for gay, lesbian, bisexual, transgender and questioning youth. The Helpline is a free and confidential service that offers hope and someone to talk to, 24/7. Trained counselors listen and understand without judgment.”

Decisions still need to be made regarding the distribution of staffing responsibilities, training necessary, and location of services between the two organizations.

The final pledge of assistance from another community institution comes in the form of tax and related legal advice. The director of the Tax Clinic at the University of Arkansas at Little Rock has pledged to donate her time and services to advise Arkansas LGBTQ Resource, Inc with regards to its financial affairs. This agreement will be especially beneficial further along in the organization’s development. Dependent upon extent of need, this collaborative agreement may result in the appointment or offer a seat on the Board of Directors of Arkansas LGBTQ Resource, Inc should both parties determine that appropriate and desirable.

Chapter V-Summary/Discussion

The lesbian, gay, bisexual, transgender, and queer/questioning population of Central Arkansas is in dire need of supportive services and agencies sensitive to their unique needs and struggles. The proposed community and counseling center, Arkansas LGBTQ Resource, Inc., is the beginning of a solution to this under recognized problem.

Limitations

With the stigma attached to homosexuality still heavily prevalent and communicated in this region of the “Bible Belt”, the sample is difficult to define let alone locate. While the internet was the primary source of information collection, more face-to-face contact and conversation may provide greater data. With the internet, the sense of anonymity may lend itself to greater information exchange due to a sense of safety, but it may also lead to less truthful responses for the same reasons.

Conclusions

The lesbian segment of the LGBTQ community appears to seek the types of services to be offered by Arkansas LGBTQ Resource, Inc, at least in these initial stages. Lesbian mothers demonstrate the highest need for legal counsel as they face custodial issues more frequently than gay males in this area. Also, lesbians expressed more need and desire for mental health counseling for themselves and within their same-sex relationships. Gay males expressed more desire for social opportunities specific to their population. Both lesbians and gay males present with a need to locate and obtain gay friendly health care providers.

Overall, the LGBTQ community of central Arkansas has become more visible and more willing to express their need for services to this organization the more recognition

Arkansas LGBTQ Resource, Inc has received. Word of mouth is seen as the driving force behind this growth in members served-either through increased web presence or sharing of personal experiences.

Implications

One can assume that as the resources and services offered by the community center increase, so will the number of LGBTQ community members served. All growth to date has been fostered by increasing the awareness of the mission and purpose of the organization, and by facilitating access to the services requested by those who have contacted Arkansas LGBTQ Resource, Inc.

Summary

Arkansas LGBTQ Resource, Inc is an organization in its infancy. With the completion of the internet infrastructure, this lends itself to a stable foundation that can be readily built upon going forward. Even given its still limited resources, the feedback by those who have utilized the services is encouraging and positive.

Future plans include filing for 501(c)3 non-profit status from the Internal Revenue Service which will allow the organization to receive grants and donations that can be claimed as tax deductions. At such time as 501(c)3 status is obtained, funds will be sought for operational costs including salaries for the executive director, web developer, and additional board and staff members, equipment, procurement of physical space, as well as programming for the members of the community center.

Based on LGBTQ community feedback, as well as the feedback and generosity of the greater community of Little Rock, indications are that this endeavor will be well supported. In the initial stages, it is expected that difficulties may be faced by this

organization that may not be present in the efforts of other organizations serving a more widely recognized and accepted demographic. It is also hoped that with increased visibility and positive exposure this apprehension and negativity will subside, as will the negative stereotypes held by many members of the Little Rock general population. The community service projects of the organization are anticipated to make the most immediate and apparent impact. By working with widely recognized and supported community groups, Arkansas LGBTQ Resource can combat many of the negative stereotypes still held by many in this area by showing the LGBTQ community to be positive contributors.

Arkansas LGBTQ Resource, Inc and its community and counseling center for the LGBTQ community and their friends, families, and loved ones appears to be a much needed service in the central Arkansas area. To date even with limited resources they have had the ability to assist all those individuals who have expressed a need, and it should be expected that this impact will continue to grow as the availability of resources grow.

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