

**HOMOPHOBIA AND EDUCATION
A PRIMER**

Developed by Danny Firestone, Fred Hahn, Ed Jackson,
Tim McCaskell, Vanessa Russell and Marlene Ziobrowski for
EDUCATION AGAINST HOMOPHOBIA

September 1994

*Marlene Z.
516-4948*

INDEX

What is homophobia?.....	1
What is heterosexism?.....	1
What is the effect of homophobia and heterosexism.....	1
What is the Toronto Board of Education doing about homophobia?.....	2
About CURE and other right wing groups.....	4
What are CURE's tactics?.....	5
WHAT CURE says....AND HOW WE RESPOND.....	8
Homosexuals are not a legitimate minority...	8
Lesbians and gays are a tiny minority.....	7
Homosexuality is a curable disease.....	8
Gay men molest children.....	10
Gay people are a public health hazard.....	10
Gay speakers must be balanced by anti-gay speakers.....	11
Distribution of "sexually explicit" pamphlets.....	12
Openly gay sexuality counsellors.....	12
Consent of parents.....	13
Expressions of anti-gay sentiments.....	13
Resource guide ignores adolescent phase of homosexuality.....	14
Resource guide mocks religion.....	15
Bibliography.....	16

What is Homophobia?

Phobias are described as irrational fears. The strictest definition of homophobia then would be an irrational fear of homosexuals. In modern usage, however, homophobia has a broader meaning and includes the expression negative bias against lesbians and gay men. It is bound up with a number of negative stereotypes about lesbians and gay men.

What is Heterosexism?

Heterosexism should not be confused with *heterosexuality*. Heterosexuality is a sexual orientation where people are sexually attracted to others of the opposite sex. This is the dominant sexual orientation in our society.

Heterosexism is a system of ideas that assumes that heterosexuality is somehow superior to or more 'natural' than homosexuality or bisexuality. Although someone who is heterosexist may not dislike, hate or fear gay people (homophobia), he or she may ignore their existence and needs, assume that everyone is heterosexual and consider heterosexuality as a norm by which all other sexual orientations should be judged. While homophobia can be compared to misogyny (hatred of women), heterosexism is more like sexism (ideas of male superiority which do not involve hate or fear).

What is the effect of heterosexism and homophobia in our education system?

Homophobia, like all forms of prejudice and discrimination, takes a heavy toll on students in our education system.

American and Canadian studies have shown that the suicide rate among lesbian and gay youth is triple that of their heterosexual counterparts, with up to thirty per cent of all completed teen suicides attributed to young lesbians and gay men.

A growing body of evidence indicates that young gay men are at serious risk of HIV infection because they are frightened and in the closet they are harder to reach with safer sex information and thus less able to negotiate safer sexual activity.

Further, students who are perceived to be lesbian or gay face the physical and verbal harassment not just from other students, but from teachers and other staff. Even in schools which pride themselves on their work against discrimination homophobia is common and heterosexism pervasive.

The invisibility of lesbians and gay men in our education system -- both in curriculum, staff and the student body -- deprives young lesbians and gay men of positive role models. Lesbian and gay students are denied the opportunity to develop social and life skills at the same time as their heterosexual peers. Gay and lesbian students are not given the same opportunities as heterosexual students to develop dating skills, develop relationships and learn to set boundaries for appropriate and inappropriate behaviour. This damages the self-esteem of lesbian and gay youth and contributes to a range of self-destructive behaviour including an increased drop-out rate.

While other minorities may have the support of their parents and community, lesbian and gay students seldom have access to either. 'Coming out' to parents can lead to estrangement, abuse, and in many cases to being kicked out of the home. As a result, it is even more important that the school system provide some of this missing support.

It has become clear over time that a simple policy prohibiting discrimination on the basis of race does not successfully challenge racism in our schools. Hence, our efforts to respect and reflect the backgrounds of visible and cultural minority students in our curriculum, staffing, and policies. It is equally important, with an 'invisible' minority, to ensure that lesbian and gay students see themselves included in the curriculum.

Finally, straight or heterosexual students also suffer from homophobia when they do not conform to rigid gender roles expected of boys and girls. Fear of being labelled a 'fag' or a 'dike' is a major deterrent from individuals interested in non-traditional areas of study or occupations. Homophobia reinforces traditional gender roles which are now being challenged by women and men of *all* sexual orientations.

What is the Toronto Board of Education doing to combat homophobia?

The Toronto Board of Education has taken a number of steps to address the barriers which prevent many lesbian, gay and bisexual students from achieving their full potential in our school system. That there is a need to address these barriers is clear. Lesbian, gay and bisexual young people face discrimination, isolation and a lack of access to information. This has resulted in a disproportionate number of these young people dropping out of school, becoming involved in substance abuse and other self-destructive behaviours. The suicide rate among gay, lesbian, and bisexual youth is estimated to be three times that of their heterosexual counterparts. The Toronto Board of Education has

started to address a number of these barriers. Board policy states that:

The Toronto Board of Education condemns and will not tolerate discrimination on the basis of race, ethnicity, creed, colour, nationality, ancestry, place of origin, sex, sexual orientation, marital status, disability, age (between 18 and 65 years), in any form by its trustees, students, or employees.

Some of the Board's initiatives to challenge homophobia include:

- * Protection against homophobic harassment through the Board's Sexual Harassment Policy
- * The Human Sexuality program, which is a school-based program that provides professional counselling by the Board's Student Support Services Department to lesbian, gay, and bisexual students, staff, parents and their families. This program includes a professional development component and classroom presentations to students
- * The Advisory Committee on Human Sexuality, which is made up of a cross section of community and Toronto Board representatives
- * A support group for lesbian and gay students
- * OK2BUS, a support group for children with lesbian and/or gay parents
- * A lesbian/gay/bisexual Board employees group
- * Print and audiovisual teaching materials
- * Professional Development
- * The Equal Opportunity Office
- * The Equity Studies Centre
- * The Consultative Committee for the Education of Gay and Lesbian Students

Through the Equal Opportunity Office, Equity Studies Centre, and Student Support Services, the TBE is involved in, or supports, a range of other initiatives providing support to lesbian, gay and bisexual youth. These include:

- * TEACH-Teens Educating and Challenging Homophobia

- * Challenging Homophobia Conference for Students
- * Young Lesbian and Bisexual Women's Support Group
- * Lesbian, Gay and Bisexual Youth of Toronto

CURE and other right wing groups -- the opposition to change

The Toronto Board's initiatives have not gone unchallenged. A number of groups have targeted the Board, demanding that these policies be overturned.

The Heritage Front. This is a coalition of racists and neo-fascists which usually concentrates on 'white pride' messages. Fascists call white lesbian and gay men 'race traitors' since supposedly they do not reproduce. Over the last several years the Heritage Front has leafleted and harassed several Toronto schools.

Renaissance. This is a largely fundamentalist Christian group headed by Reverend Ken Campbell. Although it has resources from different church congregations, its rhetoric is usually so extreme and off-the-wall that it has little chance of wide-spread support.

CURE -- Citizens United for Responsible Education -- is a group that formed in response to an initiative by the Toronto Board of Education. That initiative focused on the creation of a resource guide entitled *Sexual Orientation: Homosexuality, Lesbianism, and Homophobia*. Its purpose was to provide teachers with a uniform method to teach students about the reality of homophobia in society -- as well as to introduce positive and correct images and information on gay and lesbian reality.

CURE uses a variety of approaches in their information package to persuade parents and teachers that the Toronto Board of Education was wrong in pursuing this initiative:

They quote several scientific studies to back up their opinions without clear discussion of sources, or follow-up from, those studies.

They selectively quote sections of the resource guide that they believe to be emotionally charged and controversial -- always without providing adequate context for the quote.

They quote other sources -- like the *Toronto Sun* -- using only

material which is also inflammatory and negative in its opinion of the resource guide or any material like it.

What are CURE's tactics?

Over the last year, there have been huge campaigns to overturn gay and lesbian rights protection in several US states. Such an initiative was defeated in Oregon but succeeded in Colorado. One of the major characteristics of the campaigns in the States was that, although they were organized by National right wing political groups, organizers portrayed themselves as local, concerned citizens and generally hid their real politics and connections. Although they used the issue of homosexuality to defeat liberal candidates and win votes for themselves, once in power their far right agenda was much broader.

The publication *Fighting School by School*, published by CURE as part of its information package, displays the same manipulative strategies. After instructing members to "Find churches, Synagogues, and Mosques in the neighbourhood that will notify their parents. Leave posters and fliers there. Talk personally with the religious leaders," CURE's document goes on to say:

Warn parents that those who have religious concerns will have to learn other public health and psychiatric arguments as well. Religious arguments and language will be counter-productive in the public forum. Don't quote scripture...

Don't all sit together...Spread out so you will be coming from all over and harder to ignore.

If you are both a school parent and a member of another group such as CURE, you are still better to identify yourself primarily as a parent.

CURE hopes to use the issue of homosexuality to defeat progressive trustees and impose a right wing, religious agenda on our school system through the use of these stealth tactics.

CURE's agenda also includes an effort to encourage division between groups who have been traditionally discriminated against. By dividing the energy of more progressive individuals and activists, CURE hopes to add extra punch to its campaign. Their focus has been on the differences between racism and homophobia

as forms of oppression, essentially based on the concept that lesbians and gays are not a 'legitimate' minority/group since they 'choose' their lifestyle while other minorities/groups have no such choice.

They say:

Homosexuals are not a 'legitimate' minority like people of colour, as homosexuals 'choose' their 'lifestyle.'

We respond:

Regardless of whether one believes that people are 'born' lesbian, gay or bisexual or that people 'become' lesbian, gay or bisexual because of environment, there is consensus among sexologists that sexual orientation is established unconsciously and at a very young age. Most lesbian and gay men do not feel that their orientation is any more a choice than their skin colour.

Even if people want to insist that sexual orientation is a choice in spite of all evidence, this does not stand as an argument against protection of freedoms for lesbian, gay and bisexual people. A number of groups which draw their membership from people not 'born that way' are recognised and protected from discrimination. For example, people in this country are quite free to choose their religion, yet legislation and social practices recognise that people should not be discriminated against on the basis of their religious sect choices.

Whether one believes that people are born gay or choose their orientation, lesbians, gay men and bisexuals are still a recognized group who historically have faced and currently face well documented patterns of discrimination and therefore need to be protected.

There are some real differences between racial minorities/groups and their circumstances and those of lesbian and gay men. Members of racial groups generally grow up in households or families of the same racial background. Young lesbians and gay men often find themselves in heterosexual families and are often deprived of support in dealing with discrimination or self-image problems that members of various racial groups can take for granted.

The long history of racial discrimination, however, has lead to a cumulative effect for many members of racial groups. For example, if a child's parents are poor and unemployed because of the discrimination they face then that child will have to deal with those disadvantages as well as the personal discrimination

that racism will afford her or him. Lesbians, gay men and bisexuals come from all classes, races and family backgrounds. Lesbian, gay and bisexual communities, therefore, do not necessarily suffer from the same kind of cumulative discrimination that some racial communities do.

Most members of non-white racial groups cannot hide their racial identity and thus cannot avoid the discrimination of racism. Most lesbians, gay men and bisexuals can 'pass' as heterosexual, and therefore often can avoid some discriminatory treatment at particular times. But although passing can help alleviate *situational* discrimination, it does not end the discrimination of homophobia, which is a *constant* threat. The stress, moreover, of constantly hiding significant aspects of one's life -- aspects which most heterosexuals express daily, taking such expression for granted -- can have serious emotional consequences.

It is clear that the experience of oppression suffered by white lesbians, gay men and bisexuals is not the same as that of members of non-white racial groups. It is true that racism and homophobia are different types of discrimination -- but, it is equally true that just as racism is different from homophobia, so too racism is different from sexism, classism and ableism. That each member of these oppressed groups experiences her/his oppression *differently* is not justification for the claim that because homophobia is not *like* racism, lesbians and gays do not warrant protection. All oppressions are experienced differently, yet all are serious and warrant serious response. After all, if discrimination continues against lesbians, gay men and bisexuals then many individuals from every race, gender, class, religious background and level of ability will be affected -- the lesbian, gay and bisexual individuals themselves *and* their straight family, friends or community.

They say:

The often quoted figure that claims that 10% of the population is lesbian or gay is an exaggeration. Lesbians and gay men are really a very tiny minority.

We respond:

Human sexuality is not divided into discrete categories. It is a continuum that runs from those whose behaviour is exclusively homosexual to those whose behaviour is exclusively heterosexual.

The 10% figure comes from Kinsey's studies in the late 1940's. When confronted with a continuum of sexual behaviours among men,

Kinsey made some arbitrary decisions. He divided the population in to six categories with different combinations of sexual experience from 'exclusively heterosexual' through 'mostly homosexual,' 'equally homosexual and heterosexual,' 'mostly heterosexual,' to 'exclusively heterosexual.' When he looked at men who were 'exclusively homosexual' for at least three years of their adult lives, Kinsey found that described about 10% of his subjects which were a good random example of the American population of the time.

Other definitions of homosexuality (i.e. exclusive life-long homosexuality) produce lower figures. On the other hand, almost half of the male population in Kinsey's study had at least one homosexual experience to the point of orgasm during their lifetime.

The right wing often quotes such studies or misquotes other studies to imply that lesbians and gay men are not a significant minority. However the absolute size of a minority, whatever it may be, can be no argument against equal rights and consideration.

They say:

Homosexuality is a disease that should be cured.

We respond:

In 1973, the American Psychiatric Association took homosexuality out of it's *Diagnostic and Statistical Manual of Mental Disorders*. In addition, in an official statement released in April, 1993, the APA states that "there is no published scientific evidence supporting the effectiveness of 'reparative therapy' as a treatment to change one's sexual orientation" (*Setting Them Straight* 57). The Washington State Psychological association has also declared that "decades of research on sexual orientation conversion therapy have lead to one unequivocal finding: It doesn't work . . . WSPA is opposed to programs and methods which are intended to reverse sexual orientation for lesbians and gay men" (57).

The right-wing has used research that is seriously flawed to support their belief that homosexuality can and should be 'cured'. For example, one of the most significant studies cited by CURE is Irving Bieber's. He concludes that homosexuality is a form of psychopathology developing as a result of the "homosexual male's" fear of women and fear of heterosexuality. However, all of the male subjects used in his work had a history of serious psychiatric disorders (Pegis, 1993). In fact, most practising analysts have arrived at their opinions about homosexual

psychopathology from the patients they see in their offices, who have come to them with mental illnesses -- this is hardly a random sampling of lesbian, gay and bisexual populations. In addition, in the Bieber study, statistically insignificant differences are interpreted as 'trends' but the so called trends that refute the hypothesis are ignored.

CURE has also cited Masters and Johnson as advocates for conversion therapy. This is surprising and involves some wilful misreading on CURE's part, as historically Masters and Johnson have been seen to be more progressive than many of their peers -- unlike most of the studies quoted by CURE. What soon becomes clear is that what CURE has failed to mention is that Masters and Johnson stated that "by the 1950's, the trend was to select homosexuals being seen by psychiatrists because of emotional difficulties . . . it was almost preordained that this type of sampling would lead to the (unwarranted) conclusion that homosexuals are mentally ill" (Masters and Johnson 365). Most of Masters and Johnson's work is not to 'change' sexual orientation but deals with sexual disfunction -- of heterosexual couples as much and in the same way as of homosexual couples. Masters and Johnson are generally not in the business of 'changing' their clients' sexual orientation and, moreover, have noted that people requesting assistance with sexual orientation 'change' are "really quite ambivalent about desiring full conversion or reversion to heterosexuality" (*Homosexuality: A Perspective*), and tend to be far less cooperative of therapy.

Paul Cameron also receives great recognition from CURE. He is the founder of the ultra-conservative Family Research Institute in Washington, D.C. He argues that gays and lesbians will die an early death through suicides, accidents, or murder. Here's the catch:

For years, Cameron and his staff had been reading more than a dozen US gay and lesbian periodicals every month. They combed obituaries to obtain stats on gay and lesbian mortality and then compared their deductions to US census data on heterosexuals. Incredibly, with this tiny sample of gay and lesbian deaths, the FRI felt it was on to something. It still does... (Pegis, 1993, 18)

It should be noted that Cameron was dropped from membership from the APA in 1983 following complaints about his distortion of data in his gay-related research. In 1984 he was charged by a US district court judge of "making misrepresentations to the court by using Kinsey data on delinquent homosexuals as the basis for making the claim that gays are more likely than heterosexuals to abuse children" (Pegis 17).

These are just a few of the experts that CURE cites. One must seriously question the credibility of any group who uses such a dubious cast of characters to prop up their arguments.

They say:

Gay men are perverted and are more likely to molest children than heterosexual men.

We respond:

Gays and lesbians, like other marginalized groups, have long been the target of popular mythology that sees them as threats to dominant society's most vulnerable members: children. Jews and Blacks has also been the target of this type of mythology (Herek 1991). According to research, homosexuals (versus heterosexuals) are not more likely to molest children. In one study, for example, only one of 387 cases of suspected child molestation within a one year period involved a gay male perpetrator. Overwhelmingly, the boys and girls in this study said they were abused by heterosexual family members (Marcus 1993). Studies like this have helped to dispel the myth of 'homosexual as child molester' and as a result there has been a sharp decrease in the number of people who still adhere to this homophobic ideology (Colasanto 1982).

They say:

Gay people are a public health hazard.

We respond:

Most of these arguments turn around fear of AIDS which has struck the gay male community in a serious epidemic. Gay men are therefore portrayed as carriers of disease. AIDS is not casually transmissible so unless someone is having unprotected sex, or sharing needles or blood products there is no chance of infection. Moreover, it should be clear in 1994 that in no way is AIDS exclusively a 'gay disease' -- it has been carried and transmitted in heterosexual populations as well as homosexual ones for as long as it has been identified.

Homophobes also often list a range of unusual sexual activities which they attribute to gay men which they describe as filthy and the cause of disease. There is no reason to believe, however, that such practices are any more common among gay people than they are among heterosexuals. Such lists, which go into graphic detail in order to shock, are more the morbid fantasies of the sexually repressed than an accurate description of common lesbian or gay sexual practices.

They say:

"If a gay or lesbian does talk to a class or assembly about homosexuality, a former gay or lesbian who has left the gay lifestyle (or a professional therapist who counsels people changing orientation) must be allowed equal time and opportunity."

We respond:

Lesbians, gay men and bisexuals are oppressed groups protected by human rights legislation. Our society is homophobic and heterosexist and, therefore, our schools as social institutions reflect this homophobia attitudinally and systemically. One of the most effective and proactive ways to address homophobia is through education. CURE's recommendation of 'balance' would be counterproductive to this process. Instead of challenging prevailing homophobic notions these attitudes would be encouraged. If Toronto Board students want to learn about sexuality from a heterosexist model their options are endless (family, media, law, mainstream education). Heterosexual students have a constant affirmation of who they are. In the face of homophobic oppression, lesbian, gay and bisexual youth, on the other hand, are a high risk group. They need out, positive lesbian, gay and bisexual role models to affirm their lives just as heterosexual youth already have.

In addition, this recommendation is a cynical attempt at preventing lesbian and gay speakers in school. There are a handful of individuals across the country who claim that for reasons either of religious conversion or some form of 'therapy' they have 'changed' their sexual orientation from homosexual to heterosexual. First, there are not enough of them for use in schools and, second, since homosexuality has not been considered a disease since 1973, professional therapists who counsel people to change their orientation are not seen as credible -- or ethical -- by most of their colleagues.

Finally, the question of 'balance' is not applied to other groups protected by human rights legislation -- and rightly so. If we are talking about racism we are not required to have a member of the Ku Klux Klan address the class. This is something we save for the Geraldo show.

They say:

There must be no distribution to students on school property, even in targeted one-to-one distribution, of any of the following pamphlets:

Anal Sex News for Gay Men
Oral Sex News for Gay Men
Safe S/M

and:

The Safer Sex Generation
I think I might be a lesbian...
I think I might be gay...
Homophobia: Identify homophobia and not
homosexuality as the problem to be addressed.

We respond:

First, the first three pamphlets are *not* distributed by the Human Sexuality programme, nor have they ever been. Second, *The Safer Sex Generation* is not given out during classroom presentations. Third, *I think I might be lesbian/ gay...* are pamphlets that talk about safer sex and use of condoms and were presented in the same way as similar pamphlets used for straight teens. Like the pamphlets for straight teens, these do not go into detail about sexual practices. These pamphlets are no longer used by the program. Finally, with regard to the last pamphlet listed above, we do not apologize for identifying homophobia -- not homosexuality -- as the problem. As in other equity work, we identify racism not race, sexism not gender, and ableism not disability as the problem. This is the only analysis from which we can work, given the Board's philosophy and policies around equity issues.

They say:

The Board's sexuality counsellors "told a grade 11 Toronto class that 'We're both gay and lesbian' and 'we also know that once sexual orientation is established you're not able to change.'"

We respond:

It is often presumed that everyone is heterosexual. Therefore, in the interest of presenting positive role models, it is important for gay and lesbian staff to be out whenever possible. Heterosexuals do this all the time by talking about their

spouses, girlfriends, and boyfriends, by wearing wedding bands and so on. We have already discussed how the notion of 'change' and 'cure' (see page 8-9, above).

They say:

"No gay or lesbian should talk to a class or assembly about their lifestyle without the written consent of the parents of any minor."

We respond:

Schools regularly have outside speakers address assemblies and classes on a broad range of issues. It is discriminatory to single out lesbian, gay or bisexual speakers for special treatment. Requiring written consent of parents for all speakers would be completely impractical and would basically mean that outside speakers would not appear. This would diminish the quality of education in our schools.

Speakers of any sort who are addressing classes or assemblies do so under the authorization of teachers and the school. These people are professional educators and are quite capable of making decisions about the types of speakers who will be able to enhance a student's educational experience.

CURE's recommendation would make it impossible for lesbian, gay and bisexual teachers to react at appropriate moments when the topic of homosexuality spontaneously comes up in classroom discussions. Educators must be able to respond immediately to the dynamics of their classroom discussions.

They say:

"A student has the academic freedom and right to express, in civil language and tone, that s/he believes homosexuality to be an unhealthy, unnatural, or immoral lifestyle..."

We respond:

The balance between academic freedom and individual safety is often a difficult one. Attacks on lesbians, gay men or bisexuals as unhealthy, unnatural or immoral constitutes sexual harassment of lesbian, gay and bisexual students and staff and can create a poisoned environment in which these students cannot feel comfortable and able to learn. Expressions of racism, anti-semitism, sexism and homophobia -- as expressions of violence -- are therefore discouraged in our classrooms which must be a safe place for *all* students. At the same time, of course, teachers

should encourage students to express their beliefs and engage in dialogue which promotes real learning. This balance must be left to the judgement of the classroom teacher.

They say:

The Board's resource guide ignores the adolescent phase of homosexuality and confuses same-sex adolescent crushes with adult homosexuality.

We respond:

The resource guide, *Sexual Orientation: Homosexuality, Lesbianism, and Homophobia*, clearly states:

It is important that young people not jump to conclusions about their sexuality or make precipitous decisions. (Part B, 15)

Isolated same sex experiences and feelings do not translate into being gay or lesbian. (Part C, 96)

They say:

The Board's resource guide mocks religion.

We Respond:

The resource guide notes that there is not, nor has been, an unchanging and universal interpretation of religious texts. "What is acceptable also changes over time" (Part B, 23). Pointing out the way in which religious opinions have changed over time does not mock religious ideas. The use of Christian biblical scripture to support homophobic claims must be contextualized -- for, from these same texts one can just as readily make other claims that have proven incorrect or unnecessary. For example, in the same sections of the Bible from which members of CURE cite in order to authorize their homophobia are passages outlining and justifying slavery (see *Leviticus*). Indeed, these very passages were used 150 years ago to justify the practice of slavery. These beliefs were central to their time, but are not central to the survival of any particular faith. Slowly but surely, religious attitudes and beliefs that disallowed homosexuality are being proven incorrect and unnecessary.

add bibliography, regularize citations