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RAINBOW

Map of Countries that
Criminalise LGBT People

JOSEPH NICOLOSI

Rights received
by LGBT groups



What Is Reparative Therapy? Examining the Controversy

Author:
Nicholas Cummings
Date:
July 30, 2013

The American Psychological Association has officially proclaimed that homosexuality is not a psychological disorder. We do not attempt to challenge their decision. Similarly, many individuals say they are happy identifying as gay, and we do not oppose their right to define themselves, and to live their lives as they wish.

However, some clients come to us with a different understanding of what it means to live out their lives in the most satisfying way. It is to these people-- who come to us with their own, self-defined problems in living-- that we offer our help.

So then, what is Reparative Therapy, and why is it so controversial? Opponents of the practice say that it involves shaming the client, causing him to deny his true self, and breaking

up family ties. I would like to take this opportunity to explain what Reparative Therapy actually is.

Equally important, I would like to explain why "sexually questioning" teens must have the chance to investigate all of their options -- not just be encouraged by counselors into adopting a gay identity and living a gay lifestyle.

In contrast, only about 2 to 3% of adults eventually label themselves as homosexual. This means that approximately 90% of these "sexually questioning" teens could erroneously be identified as homosexual, if they are affirmed as gay by a gay-affirmative therapist, school counselor or an on-campus gay club.

For all these reasons the teenager deserves the right to explore the reasons he thinks, feels, acts or believes he is gay.



Dr. Nicolosi graduated from the New School for Social Research (M.A.) and received his Ph.D. in Clinical Psychology from the California School of Professional Psychology, Los Angeles. He was licensed as a psychologist in California. He passed away suddenly in 2017.



not only works against our biological design, but it leaves repercussions throughout the personality. In his work with hundreds of men over the years, he saw how homosexual development distorted his clients' understanding of gender. It also interfered with their ability to develop non-erotic relationships with men.

Dr. Nicolosi's clients would tell him the following: "I know, on some deep level, that I'm a heterosexual man. But I'm troubled by homosexual attractions that prevent me from being who I really am." They see brotherly, non-sexualized masculine relationships as their birthright.



**JOSEPH
NICOLOSI,**
PH.D.
1947 - 2017

For many years, Dr. Joseph Nicolosi, Sr. assisted hundreds of clients with their goal to reduce their same-sex attractions and explore their heterosexual potential.

A licensed clinical psychologist,

he believed that our bodies tell us who we are, and that our bodies have made us for heterosexuality.

Dr. Nicolosi did not label this condition a "psychological disorder." However, in his view, homosexual development

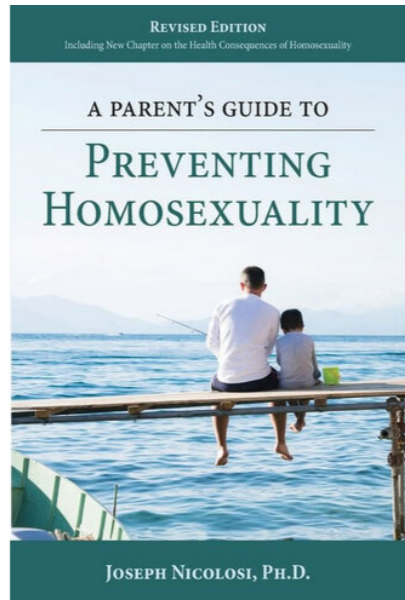
They long to develop the masculine energy within themselves which they have been sexualizing and romanticizing in other men.

Many men were victims of homosexual sexual abuse. They didn't believe that "gay" could ever describe them. But that childhood experience left them with attractions that they found compelling, although ultimately not satisfying. These feelings interfered with their values, their marriages, and deeply held beliefs.

Psychological booths

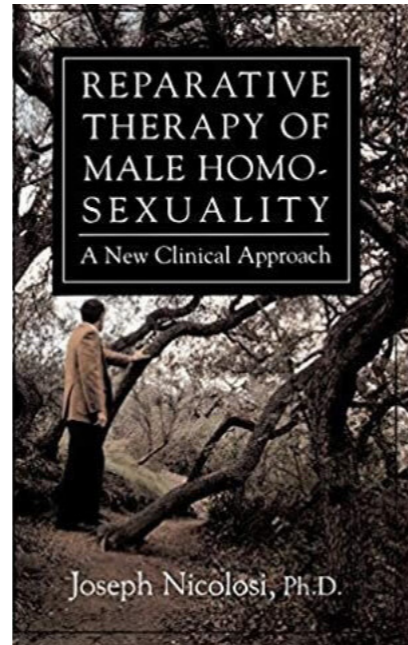
on the treatment of homosexuality

A Parent's Guide To Preventing Homosexuality



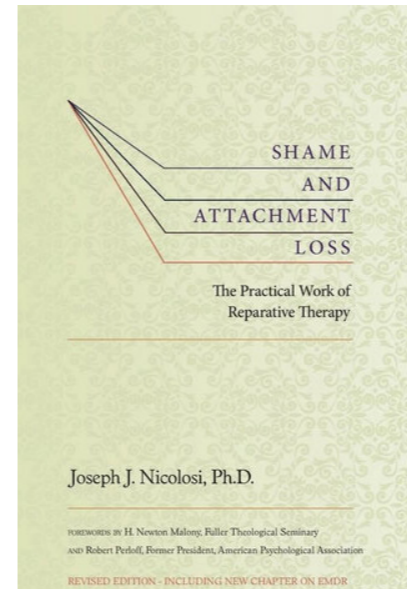
In this pioneering book, psychologist Joseph Nicolosi explains the deep causal connections between human sexual development and early child-parent bonding. Trauma resulting from bonding failure leaves the boy with deep, unmet male attachment needs. In puberty, these needs are romanticized and eroticized. As his clients tell us in their stories, same-sex longings diminish as they recover from the trauma.

Reparative Therapy Of Male Homosexuality: A New Clinical Approach



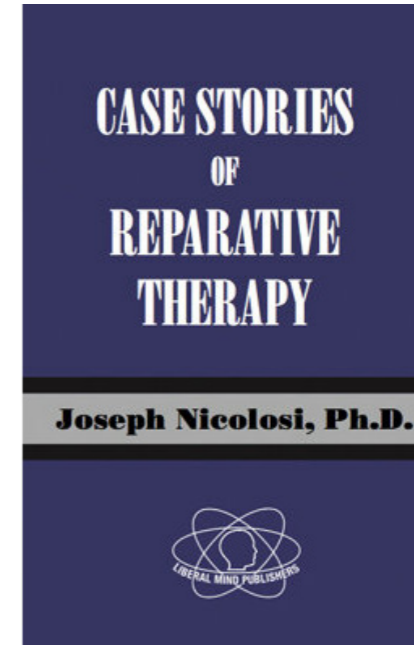
The model described here, however, fits many, perhaps the majority, of male homosexuals who come for treatment, and it may be the most common homosexual developmental pattern. Reparative therapy is not a cure in the sense of erasing all homosexual feelings. It is however, a successful treatment strengthening masculine identification.

Shame And Attachment Loss: The Practical Work Of Reparative



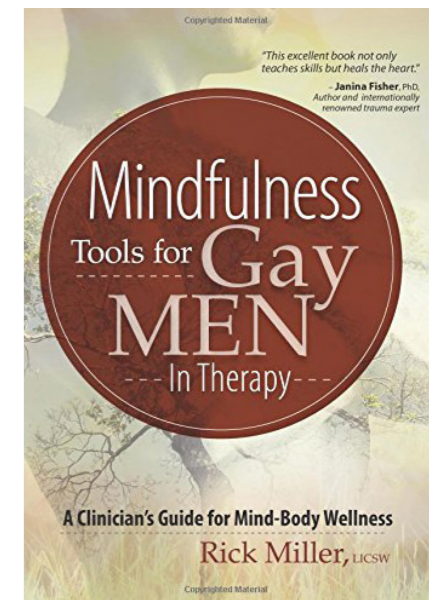
Shame & Attachment Loss guides the reader through the therapeutic techniques of Reparative Therapy (TM) that Dr. Nicolosi developed over thirty years of successful clinical work with thousands of clients from many cultures and faith traditions.

Case Stories of Reparative Therapy



Joseph Nicolosi, Sr., Ph.D., passed away in 2017 at the age of 70, after a long career working with thousands of men who came to him with unwanted homosexuality. Dr. Nicolosi was the originator of Reparative Therapy(TM), a U.S. Patent Office trademarked term. Reparative Therapy(TM) is not to be confused with the generic concept of conversion therapy. Dr. Nicolosi was the founder and Clinical Director of the Thomas Aquinas Psychological Clinic, the largest such practice in the country. He was also co-founder of the National Association for Research and Therapy of Homosexuality (NARTH). Dr. Nicolosi received his training at the New School for Social Research and the California School of Professional Psychology.

Mindfulness Tools for Gay Men In Therapy: A Clinician's Guide for Mind-Body



Mindfulness Tools for Gay Men in Therapy is a design to free your clients from shame, find safety, peace, and be truly himself. International trainer, author and gay male psychotherapist, Rick Miller, LICSW, utilizes over 30 years of personal and clinical experience to deliver an interactive book that successfully integrates mindfulness, meditation and self-exploration to accelerate the power of therapy.

In a harsh critique of his own profession, a former American Psychological Association president told fellow clinicians at the NARTH Conference that social science is in a state of alarming decline.

Speaking to a rapt audience of about 100 fellow professionals at the Marina Del Rey Marriott Hotel on November 12, 2005, psychologists Nicholas Cummings, Ph.D. and Rogers Wright, Ph.D. had much to say about the profession they had served throughout their long and distinguished careers -- charging "intellectual arrogance and zealotry" within a profession that they say is now dominated by social-activist groups.

He described his own experience of oppression and reverse bias: "This was aptly demonstrated," he said, "during an interchange that took place in a large meeting assembled by the then-current president to address the future of the APA. I was just about to agree with one of the participants, when she stopped me before I could speak: 'I don't know what you are going to say, but there is nothing you and I can agree on, because you are a straight white male and I am a lesbian.' Such blatant reverse discrimination was overlooked by everyone else in the

room, but I was dumbfounded. This woman is prominent in APA affairs, is extensively published, and has received most of the APA's highest awards. The APA continues to laud her, even though recently she had her license suspended for an improper dual relationship with a female patient! What would be the response had it been a straight white male in an improper dual relationship with a female patient?"

Cummings then discussed a 2004 resolution by the APA in favor of gay marriage, which APA recommended because it "promotes mental health." What was the evidence APA offered? (Such a bold statement from APA, of course, would be used in the courts to decide key social issues.) The references APA cited, it turned out, actually proved only one claim-- that as a general matter, "loving relationships are healthy." "That was one of the worst resolutions," Cummings said.

Past-President Charges His Association with **Stifling Discourse** and **Distorting** **Research**

Author:
Christopher H. Rosik
Date:
December 12, 2017



Reported Beneficence and Harm for Persons Who Participate in SAFE-T

Reported Beneficence and Harm for Persons Who Participate in SAFE-T

Author:
Carolyn Pela
Date:
December 2, 2020

In the current study and previous sexual minority research, participants frequently identify strongly with their religious and ethnic culture (Balsam et al., 2011; Parent et al., 2013). This is consistent with the conclusion of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (American Psychological Association, 2009, p. v) “that the population that undergoes SOCE tends to have strongly conservative religious views that lead them to seek to change their sexual orientation.” Therefore, the potential harm of ignoring, dismissing, or denigrating cultural identities are particularly applicable for those who seek SAFE-T. The ability to understand and affirm a client’s culture appears to influence therapist effects as it communicates to the client that the therapist understands him or her (Smith et al., 2011; American Psychological Association 2009, 2012).

Therapist effects continue to emerge as possibly the strongest correlate of both benefit and harm. Therapist characteristics, such as her or his own mental health, style, personality, approach, philosophy, and especially the therapist’s ability to connect to the client and his or her

agenda, are strongly associated with (positive or negative) outcomes (Berk & Parker, 2009; Castonguay et al., 2010; Kraus et al., 2011). Therapist effects have a particularly significant influence on dropout rate (Swift & Greenberg, 2014), and incompetent clinical work is correlated with deterioration, increased suicidality, and violence (Lutz et al., 2007).

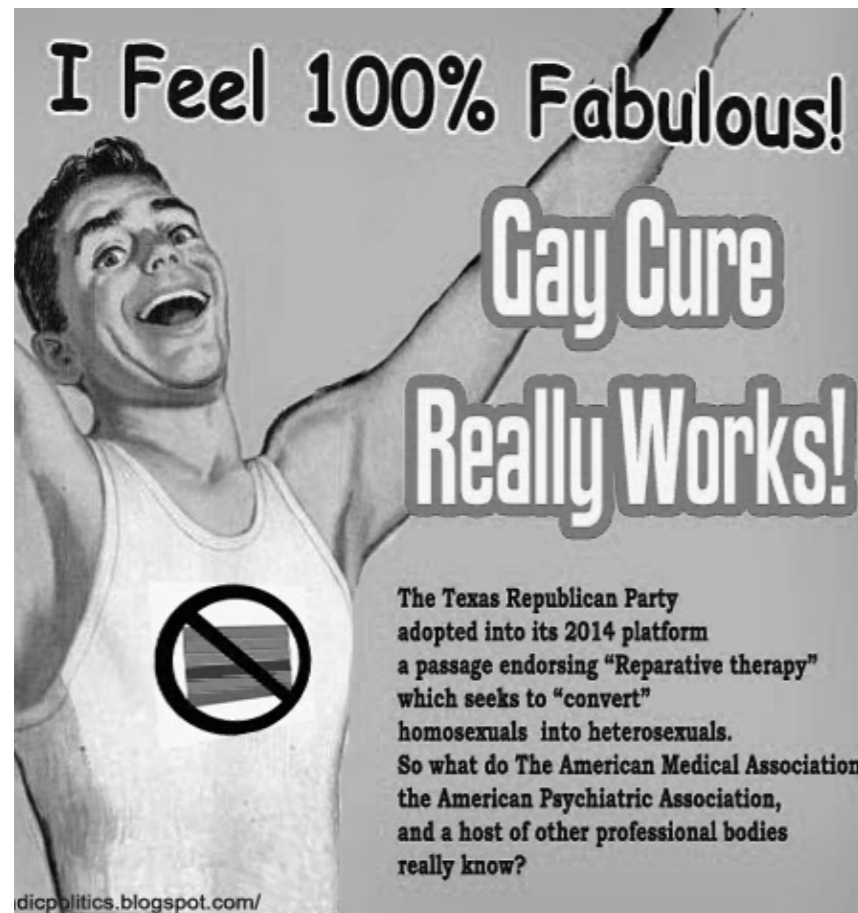
Gay-Affirmative Therapy Outcomes. The American Psychological Association asserts that “the affirmative approach to psychotherapy grew out of an awareness that sexual minorities benefit when the sexual stigma they experience is addressed in psychotherapy with interventions that reduce and counter internalized stigma and increase active coping” (2009, p. 1). Ironically, research is lacking in support of this assertion. One group received standard CBT and the other CBT modified with interventions targeting the researchers’ gayspecific concerns. The results revealed



no significant difference between the standard CBT group and the gay-specific CBT group for either depression or gay-specific symptoms. However, there was a decrease in depression in both groups. Because the depression was modified, but the gayspecific concerns remained the same, one might conclude that the depression was not directly tied to the gay-specific experiences.

The linear mixed model was used to analyze the SAQ data (SSAE, OSAE, & SAI). The conventional approach to the analysis of longitudinal, repeated measures data, the repeatedmeasures ANOVA, requires that the entire data set be dropped when a single measure is missing, introducing bias, and lowering power. The repeated-measures ANOVA only functions well when missing data is not a problem (which is rare in a two-year study), when comparing independent groups across multiple measures, and when sphericity can be assumed.





When an Ex-Gay Man Returns to a Gay Lifestyle

The Story of John Paulk

Author:
John Paulk
Date:
July 15, 2010

Ex-gay spokesman John Paulk left his wife and three sons after more than 20 years of marriage and rejoined the gay community. He has renounced his former married life to a woman and is now discouraging others from attempting change.

Long ago, John emerged from a very troubled past. Prior to his Christian conversion, he assumed an identity as "Candi," a cross-dressing and drug-using prostitute, immersing himself in the wilder and more anti-social aspects of the gay world. But his Christian conversion led him into a stark change: marriage with Anne, a former lesbian and a committed Christian woman dedicated to an orthodox understanding of family and sexuality, with whom he raised three sons, now teenagers. He also had a key position with Focus on the Family, where he became a well-known media figure testifying to his commitment to heterosexual family life and the traditional, Biblical understanding of sexuality, which holds that a gay identity is a false construct, not part of our human design. But now, all that life has crumbled.

As a reparative therapist who has worked with thousands of homosexually oriented men seeking change, I believe I am in a unique position to speculate on these recent events.

First, John's story is a cautionary tale about ex-gay celebrity. There is an inherent risk in the ex-gay movement's reliance on any public spokesperson.

Second, in his testimony, John advises against Reparative Therapy, but he himself has never been in Reparative psychotherapy. Rather, his sexual-

identity change evolved as a result of his Christian conversion.

As John tells his own story, he is a man who always felt unloved and who always searched for identity and belonging. I will not speculate about his own interior processes, because I do not know them. I will, however, speak of psychological patterns I have seen in other SSA (same-sex attracted) men who have gone from "ex-gay" back to "gay" in their lifestyles.

For many SSA men, the deepest problem they must wrestle with is not sexual identity, but core identity. The original source of this struggle is not the more obvious problem in bonding with the father, but a breach in the primary attachment with the mother. For these men, their deepest-level problem is not about sexual orientation but about something more fundamental: identity, attachment and belonging. Gender-identity conflict and attraction to men are only surface symptoms. This is the problem that the media chooses to ignore, and which both sides of the debate fail to acknowledge.

As such a man's identity evolves, there will be an excited "discovery of my True Self," followed by disillusionment, then a new "real discovery of my True Self," and then again, disillusionment.

“
 Contending that
 'all same-sex
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When I was chief psychologist for Kaiser Permanente from 1959 to 1979...I personally saw more than 2,000 patients with same-sex attraction, and my staff saw thousands more.

They generally sought therapy for one of three reasons: to come to grips with their gay identity, to resolve relationship issues, or to change their sexual orientation. We would always inform patients in the third group that change was not easily accomplished. With clinical experience, my staff and I learned to assess the probability of change in those who wished to become heterosexual.

Of the roughly 18,000 gay and lesbian patients whom we treated over 25 years through Kaiser, I believe that most had satisfactory outcomes. The majority were able to attain a happier and more

stable homosexual lifestyle. Of the patients I oversaw who sought to change their orientation, hundreds were successful.

I believe that our rate of success with reorientation was relatively high because we were selective in recommending therapeutic change efforts only to those who identified themselves as highly motivated and were clinically assessed as having a high probability of success.

Since then, the role of psychotherapy in sexual orientation change efforts has been politicized. Gay and lesbian rights activists appear to be convincing the public that homosexuality is one identical, inherited characteristic. To my dismay, some in the organized mental health community seem to agree, including the American Psychological Association,

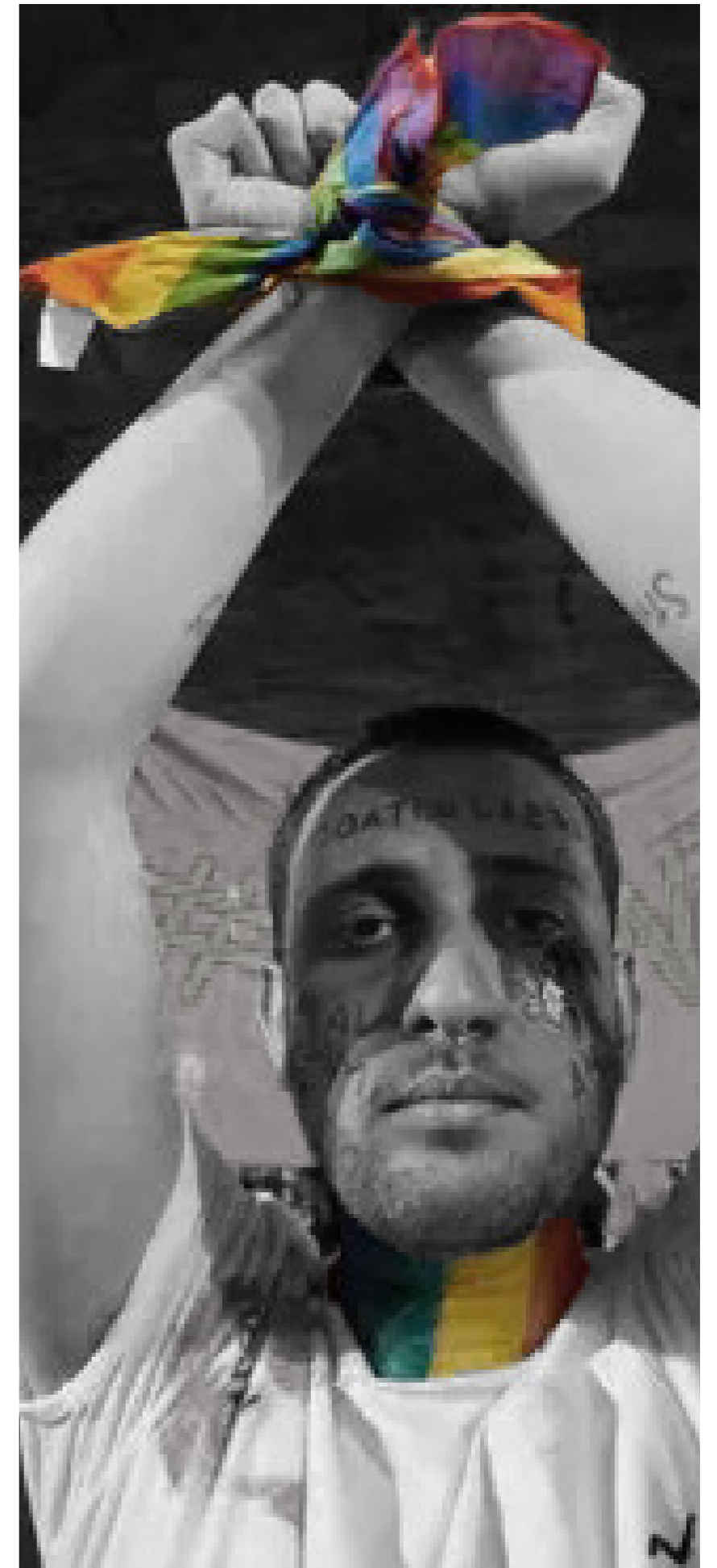
though I don't believe that view is supported by scientific evidence.

Gays and lesbians have the right to be affirmed in their homosexuality. That's why, as a member of the APA Council of Representatives in 1975, I sponsored the resolution by which the APA stated that homosexuality is not a mental disorder and, in 1976, the resolution, which passed the council unanimously, that gays and lesbians should not be discriminated against in the workplace.

But contending that "all same-sex attraction is immutable" is a distortion of reality. Attempting to characterize all sexual reorientation therapy as "unethical" violates patient choice and gives an outside party a veto over patients' goals for their own treatment. A political agenda shouldn't prevent gays and lesbians who desire to change from making their own decisions.

Whatever the situation at an individual clinic, accusing professionals from across the country who provide treatment for fully informed persons seeking to change their sexual orientation of perpetrating a 'fraud' serves only to stigmatize the professional and shame the patient.

Author:
 Nicholas Cummings
 Date:
 July 30, 2013



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jurisdictions criminalise private, consensual, same-sex sexual activity. The majority of these jurisdictions explicitly criminalise sex between men via 'sodomy', 'buggery' and 'unnatural offences' laws. Almost half of them are Commonwealth jurisdictions.

42

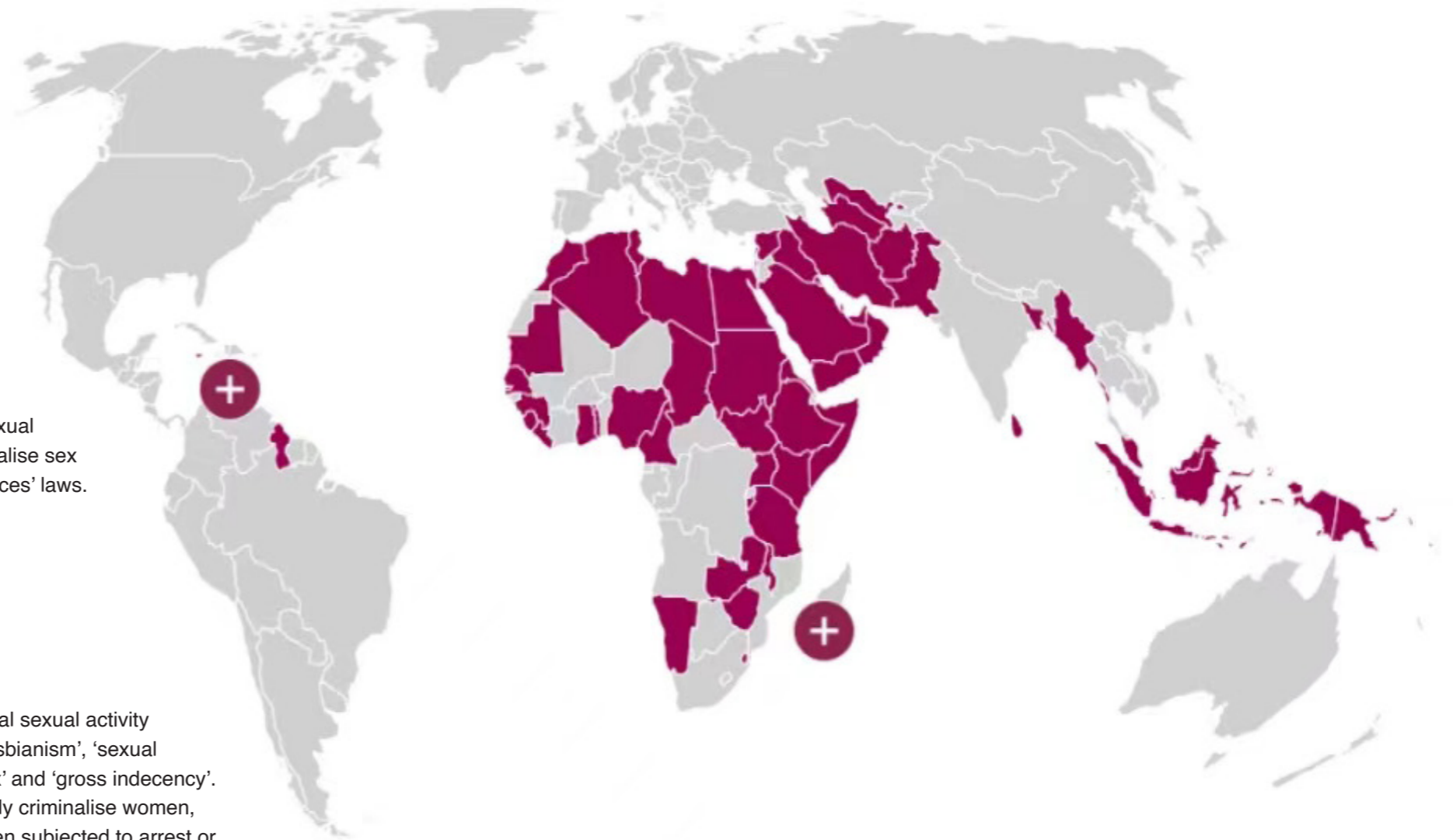
countries criminalise private, consensual sexual activity between women using laws against 'lesbianism', 'sexual relations with a person of the same sex' and 'gross indecency'. Even in jurisdictions that do not explicitly criminalise women, lesbians and bisexual women have been subjected to arrest or threat of arrest.

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countries have jurisdictions in which the death penalty is imposed or at least a possibility for private, consensual same-sex sexual activity. At least 6 of these implement the death penalty – Iran, Northern Nigeria, Saudi Arabia, Somalia and Yemen – and the death penalty is a legal possibility in Afghanistan, Brunei, Mauritania, Pakistan, Qatar and UAE.

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countries criminalise the gender identity and/or expression of transgender people, using so-called 'cross-dressing', 'impersonation' and 'disguise' laws. In many more countries transgender people are targeted by a range of laws that criminalise same-sex activity and vagrancy, hooliganism and public order offences.



Map of Countries that
Criminalise
LGBT People

Gay relationships are still criminalised in 72 countries, report finds

Fifty years after homosexuality was decriminalised in England and Wales, 72 other countries and territories worldwide continue to criminalise same-sex relationships, including 45 in which sexual relationships between women are outlawed.

There are eight countries in which homosexuality can result in a death penalty, and dozens more in which homosexual acts can result in a prison sentence, according to an annual report by the

Author:
Pamela Duncan
Date:
July 27 2017

International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA).

Southern and east Africa, the Middle East and south Asia persist with the most draconian approaches. Western Europe and the western hemisphere are the most tolerant.

But Britain was by no means a frontrunner when it moved 50 years ago to partly decriminalise homosexuality. Some 20 other countries had already led the way, including France, Belgium, the Netherlands, Brazil and Argentina, all of whom had legalised it well before 1900.



Many of the laws criminalising homosexual relations originate from colonial times. And in many places, breaking these laws could be punishable by long prison sentences.

Out of the 53 countries in the Commonwealth - a loose association of countries most of them former British colonies - 36 have laws that criminalise homosexuality.

Countries that criminalise homosexuality today also have criminal penalties against women who have sex with women, although the original British laws applied only to men.

It says the death penalty is the legally prescribed punishment for same-sex sexual acts in Brunei, Iran, Mauritania, Saudi Arabia, Yemen and in the northern states

The countries where it is illegal to be gay



in Nigeria.

Sudan repealed the death penalty for consensual same-sex sexual acts last year. Some observers note that the risk of prosecution in some places is minimal.



Author:
Reality Check team
Date:
May 12, 2021



Rights received

by LGBT groups

Author:
Jamie Wareham
Date:
March 15, 2019

The map is part of a report about the legal status of being LGBT+ around the globe. The ILGA State-Sponsored Homophobia Report, released in December 2019 and updated for IDAHOBIT 2020.

The report shows that despite the rhetoric that “it’s getting easier to be LGBT+”—staggering parts of the world remain without fundamental rights in employment, marriage, adoption and the prevention of crimes.

Despite widespread condemnation and scientific evidence that gay conversion therapy does not work, the cruel torture is only illegal in four countries across the world. Germany was the most recent country to ban the practice along with Brazil, Ecuador and Malta.

Only 11 countries mention sexual orientation in their constitution's non-discrimination clauses—just 6% of the world.

The report also finds that within UN States:

Only one in five (34, 18%) have legal provisions that restrict the right to freedom of expression on LGBT+ issues.

Only one in five (41, 22%) have legal provisions that prohibit the registration or operation of organizations that work on sexual orientation issues.

Only three in ten (57, 30%) have laws offering broad protection from discrimination based on sexual orientation (in goods and services, education, health, employment).

Only two in five (77, 40%) have laws protecting from workplace discrimination based on sexual orientation.

Only one in four (46, 24%) impose enhanced criminal penalties for offences motivated by hate—known to many as hate crimes—towards the victim's sexual orientation.

Only three in twenty allow LGBT+ people to have same-sex marriages, (27, 14%) and Taiwan recognise marriage equality. Costa Rica joins them the end of May 2020. With only a few more (32, 16%) provide some partnership recognition.

Only three in twenty (14%) allow for same-sex joint adoption, and 31 (16%) plus Taiwan allow for same-sex second-parent adoption.



The transnational anti-gender movement in Europe

This momentum is seen in the literature as an incisive turning point and as the beginning of a stronger spread of similar movements in Europe, for instance in countries like Germany, Italy, Poland, Russia, and Slovakia. There followed a surge of movements which took at times current political debates and concrete legislative proposals as an occasion for action, or acted pre-emptively to forestall feared policy changes at other times. Attacks are particularly directed against the rights of LGBTIQ* persons, reproductive rights and medicine, as well as against

sexual education and gender equality. Progress in these areas is reframed as “propagating homosexuality” or “abolishing the family” .

Despite limited powers in the field of social rights and equality, the European Union influences national policies via ‘soft’ mechanisms – for instance, through common minimum standard setting or strategic direction as provided in the Gender Equality Strategy and the LGBTIQ Equality Strategy. Furthermore, the European Union helps shape national legislation

through a strong framework of anti-discrimination directives , including on equal treatment in the labour market, and by means of the European Court of Justice’s case law [*6].

On the one hand, the European Union (often rather abstractly: “Brussels”) as well as other international organisations are seen as a “corrupt elite” that undermines nation states and their national sovereignty and values. As an example: At a large demonstration against sexual education and information in Warsaw in 2015, some protest signs read that gender was “Ebola from Brussels”. The image of colonialist oppression by the European Union, and thus the EU as a source of the evil, is deliberately conveyed.

On the other hand, transnational networking of the actors – up to their representation in the European Parliament – is an important component of the movement. With the 2019 elections to the European Parliament, the proportion of members of the European Parliament who oppose gender equality, women’s sexual and reproductive rights, sexual education, same-sex marriage, and the Istanbul Convention on Combating All Forms of Violence against Women doubled to an estimated 30 per cent.

Author:
Jamie Wareham
Date:
March 15, 2019



LGBT movements are taking children away from their parents

Author:
Nathanael Blake
Date:
March 28, 2022

Children are suggestible and malleable, including their sexual orientation and gender identity. And yet many LGBT activists and their allies want every kindergarten to teach that boys can become girls and girls can become boys. They want every middle school to have an LGBT club with teachers actively recruiting for it. They are determined

to celebrate and praise kids who come out as part of the rainbow elect while labeling those who do not as cis-hetero oppressors. They are, in short, acting like recruiters, with activist teachers even working to hide students' LGBT identities from parents.

These aggressive tactics, under which classrooms, culture, and social media promote rainbow identities, have coincided with a sharp increase in the number of young people who identify as LGBT, far in excess of what can be explained by more people coming out as stigma declines. According to Gallup, one in five adults from Gen Z identifies as LGBT. This dramatic rise in LGBT identification demonstrates that these identities are being created, not discerned.

This is why efforts such as the Florida bill matter. These debates are not just about who will teach children about sex and sexual morality, but also about who has the right to direct their development. Activist educators are determined to do so, regardless of what parents may wish. But the idea of children as intrinsically LGBT is based on a lie, and it is therefore right to restrict educators from proselytizing on behalf of LGBT identities. Steps such as curriculum transparency are also essential to hold educators accountable. Additionally—and this is a point where the Florida bill fails—it is also necessary that educators who encourage and assist children in hiding a purported LGBT identity from their parents be treated as predatory groomers.

LGBT activists used to insist that they were not interested in recruiting children, and many adults who identify as LGBT still feel that way. But those driving the LGBT movement are now not even trying to hide their grooming. They really are coming for children.





It is well known that LGBT people suffer health disparities, particularly concerning cigarette smoking, mental health, substance abuse, and sexually transmitted infections, including HIV. Although health care utilization and experiences among LGBT individuals are difficult to determine because of the lack of assessment of sexual and gender

Implicit Bias Against Sexual Minorities in Medicine

Cycles of Professional Influence and the Role of the Hidden Curriculum

Author:
K. Fallin-Bennett
Date:
May, 2015

identity in clinical and health services research settings, studies have shown evidence of disparities in health care access as well. In survey studies, for example, sexual minority women were less likely than heterosexual women to report lifetime or routine Pap tests despite having higher-risk sexual practices. A small study examining reasons for lack of screening found that fear of discrimination and failure to disclose sexual orientation were significantly related to not receiving routine Pap tests.

Training in medical schools likely contributes to this discomfort and lack of preparation. In a recent survey study assessing LGBT curricula in undergraduate medical education, medical school deans reported a median of two hours of such training during the clinical years. When asked about the quality of the content, 26% of the deans described it as "poor" or "very poor."¹⁵ In a companion study by the same research team, 28% of non-LGBT medical students and 55% of LGBT medical students rated their school's LGBT health curriculum as "poor" or "very poor."

Providers' implicit attitudes have implications that go beyond patient care to affect the general professional climate in medicine. In the case of bias against sexual minorities, the scant extant literature^{16,23,24} has focused on the "outness" of LGBT health professions students and providers. The degree to which these persons feel comfortable to disclose their sexual or gender minority status to their colleagues is considered a marker of the "hidden curriculum"²⁵ surrounding attitudes toward sexual minorities and could reasonably be equated with the effects of both explicit and implicit bias on the professional climate. In a recently published study, Lee et al²³ surveyed general surgery residents and found that over one-third of LGBT residents had not revealed their sexual orientation when applying for residency because

of concerns about being rejected for that reason, and over one-half reported actively concealing their sexual orientation from fellow residents and attendings. LGBT residents were more likely than non-LGBT residents, by a wide margin, to feel uncomfortable discussing their partner or bringing their partner to events. The majority of all respondents had witnessed homophobic remarks in the workplace.

In another study,¹⁶ 16% to 17% of gay and lesbian, 50% of bisexual, and 60% of transgender medical students reported that they did not disclose their sexual orientation or gender identity in at least some contexts related to medical school. The reasons most commonly cited for this lack of disclosure included fear of discrimination, concern over career options, and the opinion that their identity was "nobody's

business."

Although the literature on the health implications of sexual and gender identity disclosure is beyond the scope of this Commentary, the evidence is strong that concealment increases stress for most people and negatively affects health behaviors and outcomes.^{26–28} There is no reason to believe that medical students, residents, and practicing physicians would be exceptions to the effects of concealment in the workplace. Although it has not been studied, LGBT students may be more likely than their heterosexual or gender-conforming peers to not apply to medical school or to drop out of medical school. Similarly, LGBT physicians could reasonably be expected to experience more burnout due to the added load of minority stress.

Author:
Katherine
Rate:
May 05, 2020

The Families of LGBTQ Older Adults



Unconscious biases are learned assumptions, beliefs, or attitudes that we aren't necessarily aware of. While bias is a normal part of human brain function, it can often reinforce stereotypes. To combat unconscious bias, learn about different types of biases, how they might surface at work, and how to avoid them so you can build a more inclusive and diverse workplace.

Whether we realize it or not, our unconscious biases influence our professional lives, from the way we think to the way we interact with colleagues. Unconscious biases are mental shortcuts that aid decision-making as the brain processes millions of pieces of information per second.

That being said, these biases can lead to skewed judgments and reinforce stereotypes, doing more harm than good for companies when it comes to recruitment and decision-making.

It's especially important to be aware of these biases during the hiring process since they can impact the success of your future team.

To help you recognize and combat unconscious bias in the workplace, we cover 19 unconscious bias examples and prevention strategies. Taking the steps to reduce biases will help you improve inclusivity, trust, and productivity within your company.

Unconscious bias, also known as implicit bias, is a learned assumption, belief, or attitude that exists in the subconscious. Everyone has these biases and uses them as mental shortcuts for faster information-processing.

Implicit biases are developed over time as we accumulate life experiences and get exposed to different stereotypes.

According to the Kirwan Institute for the Study of Race and Ethnicity, "These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control."

What is

What is unconscious bias?

unconscious bias?

As a result, unconscious biases can have a big influence on our limiting beliefs and behaviors.

When this translates to our professional lives, it can affect the way we hire, interact with colleagues, and make business decisions.

If not properly addressed, these biases can negatively impact a company's workplace culture and team dynamics.

Although these biases are pervasive, you can reduce their impact with deliberate attention and effort. Being aware of and understanding the different types of biases that exist can help you find ways to combat them.

Author:
Asana
Rate:
May 15, 2022

Implicit and explicit attitudes toward LGBT



In many countries, there are laws and ethical codes currently in place to ensure proper and equal medical care for all patients (American Nurses Association, 2015; World Health Organization [WHO], 2015; American Psychological Association [APA], 2017). Although the implementation of such laws is enforced, many patients complain of receiving unequal medical treatment from various health care providers. Studies found prejudice, bias, and negative stereotypes among medical staff members toward disadvantaged minority population groups such as drug and alcohol addicts, overweight patients, patients with mental health disorders, patients of different cultural origins, and sexual minority patients (Sabin et al., 2009; Budd et al., 2011; Haider et al., 2011; Sabin and Greenwald, 2012; Van Boekel et al., 2013).

Sexual minority patients are at increased risk for mental and physical health issues (Garnero, 2010; Mor et al., 2015). Compared with heterosexuals, sexual minority patients suffer at higher rates from obesity, lack of physical activity, eating disorders, mental health disorders, dissatisfaction with appearance, unhealthy use of alcohol and drugs, and take more risks in sexual activities. Yet, many sexual minority patients hesitate to turn to medical and paramedical services. Among the main reasons are lower levels of trust in the medical system due to awareness of prejudice against them in society (Williams and Mohammed, 2013; Mor et al., 2015; Sabin et al., 2015; Casey et



al., 2019). Ayhan et al. (2020) performed a systematic review of the literature regarding discrimination against sexual minority patients in a health care setting. The results indicated that sexual minority patients experienced discriminative behaviors such as stigma, denial, refusal of health care, and abuse.

Prejudice is defined as an unjustified negative attitude based on a person's group membership (Institute of Medicine, 2002). Studies found negative attitudes toward gay men and lesbian women among a variety of health care providers such as nurses (Dorsen, 2012; Strong and Folse, 2015; Unlu et al., 2016; Tzur-Peled et al., 2019), mental health professionals (Jones, 2000; Bowers et al., 2015; Tan et al., 2017), physicians (Jabson et al., 2016) and others health care providers (Nathan et al., 2019). In these studies, attitudes were usually assessed via direct measures such as self-reports and surveys.

Attitude assessment using self-reporting methods may not reveal the true nature of a person's attitudes. This may be one of the explanations why researchers in the field claim that in recent years there has been a marked decline in expressions of stereotypical beliefs and discrimination (Dovidio et al., 2016), while paradoxically, as shown earlier, sexual minority patients claim that they are being discriminated against by health-care providers.

Explicit attitudes are usually under conscious control, and they are reported by the person holding them usually via self-reports or interviews (Steffens, 2005; Eagly and Chaiken, 2007). In contrast, implicit attitudes are assumed

to be automatically activated, sometimes outside of the person's awareness (Greenwald et al., 2003; Ajzen et al., 2018). One of the most common ways to assess implicit attitudes is the Implicit Association Test (IAT) (Greenwald et al., 1998). The test assesses the strength of automatic associations between concepts (i.e., homosexual people or heterosexual people) and attributes (i.e., good or bad); (Sabin et al., 2015). The IAT's rationale is that, in general, people will react faster if they perceive the categories as related to one another (congruent condition). Conversely, if they perceive the categories as unrelated to one another (incongruent condition) the reaction time would be slower (Steffens, 2005; Sabin et al., 2009, 2015). One of the strongest advantages of the IAT is that it may enable revealing attitudes and other automatic associations even for subjects who prefer not to expose their attitudes or are unaware of holding them (Greenwald et al., 1998).

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Widespread Discrimination

Continues to Shape LGBT

People Lives in Both Subtle
and Significant Ways

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Over the past decade, the nation has made unprecedented progress toward LGBT equality. But to date, neither the federal government nor most states have explicit statutory nondiscrimination laws protecting people on the basis of sexual orientation and gender identity. LGBT people still face widespread discrimination: Between 11 percent and 28 percent of LGB workers report losing a promotion simply because of their sexual orientation, and 27 percent of transgender workers report being fired, not hired, or denied a promotion in the past year. Discrimination also routinely affects LGBT people beyond the workplace, sometimes costing them their homes, access to education, and even the ability to engage in public life.



Data from a nationally representative survey of LGBT people conducted by CAP shows that 25.2 percent of LGBT respondents has experienced discrimination because of their sexual orientation or gender identity in the past year. The January 2017 survey shows that, despite progress, in 2016 discrimination remained a widespread threat to LGBT people's well-being, health, and economic security.

LGBT people who don't experience overt discrimination, such as being fired from a job, may still find that the threat of it shapes their lives in subtle but profound ways. David M.,* a gay man, works at a Fortune 500 company with a formal, written nondiscrimination policy. "I couldn't be fired for being gay," he said. But David went on to explain, "When partners at the firm invite straight men to squash or drinks, they don't invite the women or gay men. I'm being passed over for opportunities that could lead to being promoted."

"I'm trying to minimize the bias against me by changing my presentation in the corporate world," he added. "I lower my voice in meetings to make it sound less feminine and avoid wearing anything but a black suit. ... When you're perceived as feminine—whether you're a woman or a gay man—you get excluded from relationships that improve your career."

David is not alone. Survey findings and related interviews show that LGBT people hide personal relationships, delay health care, change the way they dress, and take other steps to alter their lives because they could be discriminated against.

Maria S.,* a queer woman who lives in North Carolina, described a long commute from her home in Durham to a different town where she works. She makes the drive every day so that she can live in a city that's friendly to LGBT people. She loves her job, but she's not out to her boss. "I wonder whether I would be let go if the higher-ups knew about my sexuality," she says.

CAP's research shows that stories such as Maria's and David's are common. The below table shows the percentage of LGBT people who report changing their lives in a variety of ways in order to avoid discrimination.

The Homophobic Response to the AIDS Crisis in the 1980s

During the early 1980s, AIDS became an ever-growing concern in the minds of Americans, and brought to the fore the deep-seated tensions and homophobic tendencies that plagued the nation's media and political institutes. Gale's Archives of Sexuality and Gender provides access to a wealth of sources that help us to understand the issues and struggles experienced by these long-oppressed and ignored members of society during a

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particularly trying period.

Initially dubbed 'GRID' (Gay-Related Immune Disorder) within scientific communities, AIDS was largely attributed – and in some cases blamed – on the gay male community within the US. As the virus seemed to affect mainly this vulnerable minority, there was a reluctance in the media to report on the growing epidemic and, unsurprisingly, the outbreak was initially largely ignored. This highlights the media's reluctance to portray, and at times deliberate omission of gay men from press coverage. The New York Times, for instance, was criticised for its refusal to acknowledge, or at least positively portray this lifestyle, publishing only negative stories related to the community.

Consequently, newspaper stories detailing the lives and experiences of AIDS sufferers were few and often their portrayal was heavily driven by prejudice. Picking up on the contrast, congressman Gerry Studds highlighted the difference between the portrayal of gay and non-gay sufferers of the disease. The former were dismissed and labelled as liable, whilst the latter were considered innocent victims and true sufferers.

In conclusion, I believe these primary sources show that the way sensationalist elements within the media reported on the 1980s AIDS crisis both highlighted and exacerbated toxic attitudes within American society towards the gay community.



Homophobia Will Affect AIDS Patients

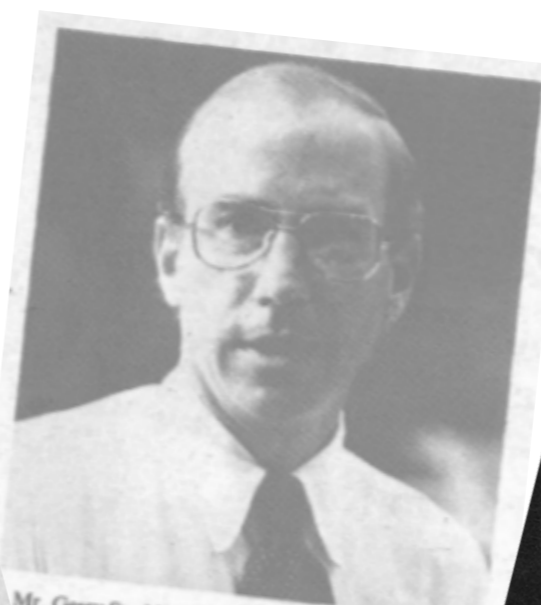
By PHIL NASH and BILL BRITT

In an effort to address widespread concern over acquired immune deficiency syndrome, or AIDS, policy guidelines for health care facilities will inevitably compete against widespread homophobic reaction, says Virginia Apuzzo, Executive Director of the National Gay Task Force.

Apuzzo spent more than four hours helping public policy guidelines at the Second National Forum on AIDS in Denver June 9, Conference.

"It's particularly hard for lesbians and gay men to consider the question of public policy," Apuzzo said, "when we have systematically been eliminated from the discussion of public policy, especially as it relates to our lives." Still, she said, while lesbians and gays are generally excluded from the country's political process, she insists the gay community will not "stand in the corner and whine about it and walk away."

In their efforts to provide services for persons with AIDS, as well as secure funding for various research projects, several people attending the forum said the "enemy" is not so much the government as it is prejudice. Six forum members identified themselves as people with AIDS, and all of them talked about what they perceive to be a need for health care services that accept all persons. Forum members also listed several other "enemies" that have the potential to slow the public's understanding of AIDS and eventually contribute to more prejudicial attitudes. The examples included some San Francisco health officials who have reportedly considered a ban on gay baths and a



Mr. Gerry Studds (D-Mass.): At the present time, we are shockingly ill-prepared to contain this disease... Congressional staffers have said that persuading NIH to give greater attention to the AIDS epidemic is like trying a luxury liner that takes 10 miles to turn... It implied that gay persons afflicted with AIDS are in fact, victims at all. A recent New York Sunday Magazine account of the AIDS epidemic described nonhomosexual victims of AIDS as "bystanders" caught in the mesh of a new disease -- a new disease.

aids-related bashings surge in Seattle

SEATTLE — A dramatic outbreak of queer-bashing by gangs of teenagers which is blamed on AIDS hysteria has erupted in this city, according to the Bay Area Reporter.

At least six gay men have been attacked in the past month in the Broadway area, a predominately gay neighborhood. Gay-owned businesses have been targets of rock and firecracker-throwing teens. "AIDS-related bashings" are frequently shouted by the attackers.

New Jersey Election Homophobia

Apuzzo (R-Warren County) drew savagery in the federal election which played on negative stereotypes and fears, candidate Jim Courter's gubernatorial and on children with AIDS, has led to widespread criticism of him by many groups.

Courter (R-Warren County) drew complaints when, in an August 24 Hackensack Record interview, he said that teachers, foster parents or camp counselors should not be allowed to be with AIDS, and that gays could transmit AIDS to children and therefore should not fill certain state-financed jobs. Gay and lesbian's jobs were not a campaign issue until Courter made them one.

In response to Courter's homophobic remarks, the New Jersey Lesbian and Gay Coalition filed a complaint September 21 to the State Law Election Enforcement Commission requesting the withdrawal of public funding for his campaign. The Coalition represents more than 25 groups in New Jersey.

The New York Times IS ANTI-GAY

When was the last time you read a realistic portrayal of gay life in the New York Times? The paper only does it when you do. It will be the first time.

Here are just a few conspicuous examples of homophobia at the Times:

- It is a written Times policy never to use the word "gay," to insist or see gay people only in terms of sex, not as full human beings.
- Because AIDS victims were, at first, gay men, lesbians, and IV drug users, this lack of attention to the epidemic is directly responsible for the deaths of thousands of people.
- The Times continually denies the existence of lesbians and gay men, and other gay people to contact it without informing his partners of his condition—this, despite the fact that AIDS is a deadly disease.
- The Times provided no coverage of the Gay Men's Health Crisis (GMHC) in April even though it was the first to be founded in New York City.

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La Traviata

A FRANCO ZEFFIRELLI FILM

APOLLO HAIR SYSTEMS SUMMER SPECIAL

Virginia Apuzzo

