

MANUAL FOR YOUTH WORKERS: RAISING CAPACITY IN WORKING WITH LGBT+ YOUTH

Asocijacija Duga / Association RAINBOW



Funded by the
Erasmus+ Programme
of the European Union

Belgrade 2017

This manual was created as one of the results of the training “Raising capacity of youth workers in working with LGBT youth”, held in Subotica (Serbia) from 7th to 15th December 2016 and supported by the Erasmus+ programme – Key activities 2 (KA2) “Capacity building in the field of youth”, Western Balkans Youth Window.

The training was implemented by Asocijacija DUGA/Association Rainbow, Šabac, Serbia – the project leading organisation, in cooperation with partner organisations: Subversive Front from Macedonia, Independent-Zenica from Bosnia and Herzegovina, Bonsai from Croatia and LGBT Forum Progres from Montenegro.

The main aim of the project “Raising capacity of youth workers in working with LGBT youth” was enhancing cooperation between young people from 5 countries (Serbia, Macedonia, Bosnia and Herzegovina, Croatia and Montenegro), so they could, through informal education, increase their knowledge and skills to achieve an adequate and sensible approach to working and supporting LGBT youth in the region.

Coordinator of the project

Contents

Sexual Orientation and Gender Identity	07
LGBT+ Identity	11
Social Discrimination and Its Consequences	16
LGBT+ Youth and Peer Violence	21
History	29
Criminalisation of the Same Sex Orientation	29
Same Sex Orientation during the Nazi Period.....	33
Pathologisation of Same Sex Orientation in Medicine and Psychology....	36
International Pride Day: Stonewall Revolution.....	39
Gender Identity and the Letter “T”	41
Guidelines for Working with LGBT+ Persons for Youth Workers	47
Acknowledgements	52
Impressum	

Sexual Orientation and Gender Identity

Jelena Zulević, MSc, psychologist

During the past several years significant changes happened in the way sexual orientation and gender identity are conceptualised and defined. For a long time sexual orientation was being defined in the Western society through four key components: as a bipolar (homo/heterosexual) and one-dimensional category (primarily based on sexual activity), constant and based on experiences of male sexuality. Today, the prevailing approach is the one describing sexual orientation as being continuous (the Kinsey scale where homo/hetero are just end points on a scale), multidimensional (apart from sexual activities, important aspects are romantic, erotic, emotional attraction/fantasies/connection, self-identification and such), fluid (it can change and vary throughout life, even though with many people at a quite early stage of their life a pattern is established which remains stable throughout their entire lives) (Garnets & Kimmel, 2003).

Thus, **sexual orientation** represents just one component of sexuality characterised by emotional/romantic and sexual attraction (including desires, fantasies, falling in love, relationships) towards persons of a specific sex. Homosexuality is defined through emotional and erotic attraction (which can, but does not have to include sexual relations) directed towards persons of the same sex (Garnets & Kimmel, 2001). It is extremely important to emphasise that it is independent from gender identity.

Contemporary understanding of sex and gender also shifted from the dichotomous concept towards a continuum, whereas the term sex is usually related with the biological characteristics (chromosomes, secondary sex characteristics, anatomic endocrine aspects based on which a person is determined as being male or female). Gender/gender identity, on the other hand, is related to the

subjective feeling of belonging to a sex and social understandings/constructions of sex. It usually matches the biological sex, but in certain cases (e.g. transsexual persons who want to adjust their sex through surgery) they do not match. When these are not aligned, we are speaking about gender dysphoria which can be prominent to a smaller or a larger extent (Marković-Žigić et al, 2015).

Thus, **gender identity** is independent from sexual orientation and they should not be used interchangeably. Therefore, neither are all transsexual persons sexually oriented towards the same sex, not do persons sexually oriented towards the same sex necessarily have non-normative gender (self) identifications. However, society often places them in the same category so they are faced with similar issues of discrimination, stigmatisation and prejudice, which is the reason for the existence of a historical relatedness of these groups in the human rights movement (hence the general acceptance of the abbreviation encompassing all of them – LGBT+).

Research of the prevalence of non-heterosexuality showed great cross-cultural variability depending on the established definitions (for example, results of research showed that the number of those who identify as bisexual/gay is twice smaller than those who declared they participated in same sex sexual activities) (Black, Gates, Sanders, & Taylor, 2000, by Savin-Williams & Ream, 2007). Still, it can be deduced from numerous researches that approximately 2-4% of the adult population is exclusively sexually oriented towards the same sex and this percentage is similar for adolescents. These authors, however, emphasise that traditional measures of sexual orientation are not reliable, especially during adolescence.

The question of sexual orientation in children and youth is a sensitive topic, both in the social context and in expert circles where there are big inconsistencies related to its different aspects: from the idea that sexual orientation is inherent (genetics or pre-natal hormones), through theories of the influence of upbringing and environment, to today's dominant understanding of a complex interaction of different factors. This is why some authors question the justifiability of the notion "gay adolescent", among other things, because according to most authors, sexuality is created exactly during this period.

With the acceptance of all mentioned difficulties in conceptualising and defining the notions, it should be emphasised that in dealing with the topic of discrimination experienced by non-heterosexual youth in school, it is neither vitally important which definition we accept, nor what is their “real” sexual orientation/gender identity.

Discrimination and difficulties they experience actually most commonly come from the supposed sexual orientation and non-normative gender expression (hence, cases of peer violence towards persons perceived by their peers as “feminine”, “gay” etc. are often recorded much earlier than they themselves reach self-identity marks about their own sexual orientation/gender identity).

Sources:

- Garnets, L. & Kimmel, D. (1991). Lesbian and gay male dimensions in the psychological study of human diversity. In J. Goodchilds, ed., *Psychological Perspectives on Lesbian, Gay, and Bisexual Experiences*, pp. 137–192. Washington, D.C.: American Psychological Association
- Marković-Žigić, D., Zulević, J. & Maksimović, K. (2015). Rad sa transseksualnim klijentima – specifičnosti tranzicije i izazovi nakon nje [Working with transsexual clients – peculiarities of transition and challenges after it]. In Miletić & Milenković (eds.) *Priručnik za LGBT psihoterapiju [Manual for LGBT psychotherapy]*. Udruženje za unapređenje mentalnog zdravlja: Beograd [In Serbian]. Available at: <http://www.epsihoterapija.com/files/dokumenta/prirucnik-za-lgbt-psihoterapiju.pdf>
- Savin-Williams, R. C. & Ream, G. L. (2007). Prevalence and Stability of Sexual Orientation Components During Adolescence and Young Adulthood. *Archives of Sexual Behavior*, 36, 385–394.

LGBT+ Identity

Jelena Zulević, MSc, psychologist

What does the abbreviation LGBT actually mean?

Once, a single term was used for all people who had a different sexual orientation than the heterosexual one – homosexuality or gay. However, women are not visible in these terms and neither are many other groups not fitting the simple delineation homosexual-heterosexual. For this reason today it is common to use an abbreviation encompassing a multitude of groups: **lesbians, gay men, bisexual persons and transgender persons** (LGBT). Later on other identities were added to this abbreviation LGBTTIQA (T-transgender, T-transsexual, I-intersexual, Q-queer, A-asexual persons). Whenever excluding or adding new identities is considered there is the danger of leaving some out. Therefore, the abbreviation LGBT+ is used today with the idea that it encompasses all those sexual and gender identities departing from the heteronormative.

As it was already said, sexual orientation is a component of sexuality characterised by **emotional, romantic and sexual attraction towards** persons of a particular sex. Transgender is a somewhat more complex notion because it does not relate to sexual attraction, but instead to gender identity. Gender identity (the way we perceive ourselves) is most commonly equated with sex. However, transgender persons are those who do not perceive themselves in accordance with the traditional binary oppositions of male and female, or when their behaviour and expression is not related to the common conceptions of gender roles. As opposed to transsexual persons who wish to adjust their biological sex through surgery, with transgender persons this desire most commonly does not exist. Intersexuality is a term related to persons born with genital characteristics of both sexes (the old name was hermaphroditism). The notion queer is related

to all those self-identifications departing from heteronormativity, but without the need to clearly mark them with specific categories

Many researches indicate that the **percentage** of the same sex oriented people was **constant throughout history** (5-10%) with no regard to part of the world, culture, religion, etc. Today, they are only more visible – due to movements for human rights LGBT+ persons do not have to hide as they used to.

However, what did change through history is the stance society took towards expressing same sex sexual orientation or sexual relations between persons of the same sex. From Ancient Greece where it was not only accepted, but completely common and institutionalised (it was written about it as a part of everyday life and it was represented in many drawings on Greek vases etc.).

It is believed that during the Middle Ages, under the influence of the Church, it became a part of the religious discourse and started being considered **a sin**. Although many historians emphasise that it is not possible to simplify things in such a manner – that is happened in all societies, and even that it was not treated in the same manner in Christianity throughout the years – it is a fact that during this age same sex sexual relations were placed in the context of sinfulness.

Somewhat later, more precisely in XIX century, **the medical science** started being interested in it. As a matter of fact, the very term “homosexuality” was first used by a doctor (K. M. Benkert) in 1869. Prior to this no specific name existed for this phenomenon, nor were “homosexuals” perceived as a group. Exactly due to the fact the word “homosexuality” was created in the context of the medical discourse which pathologised all non-heterosexual identities, this word is avoided and instead “same sex sexual orientation” is recommended.

The interest of medicine for same sex sexual orientation brought about several good and several bad things. On the one hand, by “taking over” the competence over this field of human behaviours, medicine no longer perceived it as sin, nor did it treat it in the context of guilt, redemption, immorality and the like. On the other hand, it brought about new labels because then homosexuality became a disorder, and disorders should be treated. The list of methods used in attempts of curing, since XIX century all the way to the 60s of XX century can equally be observed as inventive and terrifying. Thus, in scholarly literature the data can be found that lesbians and gay men were submitted to various surgical procedures

(lobotomy, castration, vasectomy, sterilisation, clitoridectomy – removal of the clitoris, hysterectomy – removal of the uterus), followed by chemical procedures (hormonal injections, sexual stimulants, sexual depressants), psychological procedures (abstinence, aversive therapy), and various other procedures (electro shock therapy, ice baths, etc.)¹. It is almost unnecessary to say that none of these procedures resulted in a change in sexual orientation, but numerous patients remained severely damaged for the rest of their lives. These are just some of the reasons why professional associations today do not advise any attempts of changing sexual orientation, and in many countries there are special laws in place explicitly prohibiting this.

However, it is interesting that at the time it started being dealt with by medicine, it also became a part of **legal regulations**.²

Today homosexuality is **decriminalised** in all countries of the Western civilisation. Already in 1974 it was excluded from DSM (American psychiatric classification), and somewhat later from the International Classification of Diseases (ICD), which means it is no longer considered a **disorder or illness**, but only a variant of sexual identity. Ethic codices of doctors and psychologists strictly forbid attempts of its forced changing (because it is known these are not effective and they can severely harm the person). Moreover, it is a fact today that sexual orientation does not influence the ability of persons to lead a fulfilled life, be content with themselves, be a productive member of a society, earn, support and nurture their families, etc.

Due to all this, it can be said that today, starting from social institutionalisation, to exorcisms, imprisoning and draconic attempts of forced curing, sexual orientation became a part of the topic of **human rights**. *It is no longer a question how to change a person, but rather how to change the society so it caters in a better way to the needs of its members.*

Nowadays, completely different questions arise, questions concerning discrimination, violence, the right to marriage, adopting children, and the rights of same sex families. LGBT+ persons are offered psychotherapy as a form of overcoming social discrimination they are often exposed to. The media and the public space are more or less open for LGBT+ persons, and we can see them in movies, the

¹ Some of the brutal ways of curing homosexuality, not so long ago, can be found in the book “Making us crazy”, Kuchins & Kirk, 1997, The Free Press, New York, p. 59.

² Albeit, this was an excuse of some doctors to perform very cruel interventions they submitted patients to

topic is being spoken about...Everything seems different and everything seems good. And then you hear the question: “So, why do they have the need to speak about it, what else do they want?” In the section below we will try to answer that question as well.

If it is necessary to state the reasons due to which it is important to decrease **discrimination**, these are the facts that the percentage of suicides in LGBT+ teenagers is still high, high rate of violence (physical, psychological and other) LGBT+ population is exposed to, discrimination in some important segments of life such as education, healthcare, and the right to employment. The fact that 5-10% of the population belongs to lesbian, gay, bisexual or transgender population means that **all of us know or have in our wider families, neighbourhood and among associates a person** whose rights are severely endangered. Therefore, the problem of discrimination is not just an issue of the LGBT+ community, but rather of the entire society which must deal with it.

LGBT+ population does not comprise a unique group (there are people of different political and religious beliefs, levels of education, occupations, interests, etc.). As in the wider population, there is no general consent on whether the Pride Day should be celebrated or not, whether same sex marriages and adoptions should be allowed, or whether we should enter the EU...It is important to understand that they are not some organised group with unique attitudes. Stereotypes which usually exist about persons of different sexual orientation represent them in a too simplified and incorrect way which makes understanding harder. LGBT+ persons are a part of our society which is made unique only by their preference for a partner of a particular sex and nothing else.

In fact, this is not entirely true. There is something else. There are problems they are faced with because of their sexual orientation. And by these we are not referring only to some infrequent inappropriate jokes, comments and such (even though these certainly don't make their lives easier). We are referring to very serious **existential problems and violence** the wider population knows nothing or very little about, which are marginalised, and individuals themselves are **too scared** to speak about it publically.

More extreme examples of social discrimination happening in schools, state institutions, healthcare, families...are stated in other places. Here we will describe something else. Something that can seem not too important, but something that can potentially explain why on the first pages of almost any LGBT+ organisation there is also a suicide prevention line.

I will tell a story that can be found at the beginning of a book of a little known therapist (Hinkle). It starts with a description of an older gray-haired man in his seventies who somewhat anxiously started speaking about his problems, loneliness and the sadness he felt. He explained that he still hadn't recovered from the death of his roommate who had died two years earlier. The therapist then asked him: "For how long have you been roommates?" "Forty years", the answer ensued.

This story sums up a lot of what is important for **same sex unions**. They **are not recognised** as unions. When a couple breaks up, even after a very long relationship, the community and the closest environment often do not recognise it, either because the relationship was hidden for the fear of condemnation or because it is not considered sufficiently serious (at least not the way traditional marriage is). **In the emotional-psychological sense, lesbian and gay relationships are completely the same as heterosexual, with the same issues, conflicts and dilemmas.** However, often they cannot be spoken about. LGBT+ persons cannot keep a photo of their partner in their office, speak about it at work, show photos from vacations, take their partner to a family dinner...Here it is not about the need to emphasize one's own sexual orientation, as it is often considered. It is simply about heterosexual persons being able to freely speak about different aspects of their lives without even being aware they are disclosing their sexual orientation at the same time. For LGBT+ persons this is risky. At least with most of the families and with most jobs here today.

Due to all of this a specific form of the feeling of **isolation** occurs, constant making of **efforts** not to say something wrong. It should not be forgotten that the look of disapproval is not the only thing being at stake – cases of severe physical violence in the streets, in transportation, in the family of origin have been recorded...even only due to the supposed different sexual orientation. People get fired from work and they are left with no means of livelihood. Parents disown their children. Doctors won't take blood samples. Renters refuse to rent apartments. This is not some imaginary, supposed risk. It is very real and many LGBT+ persons learn in time to adjust and live with it.

Same sex partners do not have the right to inheritance after the death of their partners, not even after ten years of living together. They do not have the right to make medical decisions in the name of their partner when they are not able to do so, but instead this decision is made by the family even though they refused

any kind of contact with them for years. They don't have the right to benefits officially given to recognised couples (health insurance, inheriting pension).

Generally speaking, growing up of LGBT+ individuals in our society is made harder by the fact **there are no routine models** of socialisation (models of other persons or couples they can look up to), by the fact persons often very early recognise the message that this is something that should be hidden, so for a long time they live with feelings of shame, guilt, pressure, and fear of rejection. And they are not being unrealistic. Various researches and practical experience shows that after coming out (disclosing one's own sexual orientation to others, most commonly to family and friends), family stops being in contact with them, best friends distance themselves, neighbourhood starts pointing their fingers...

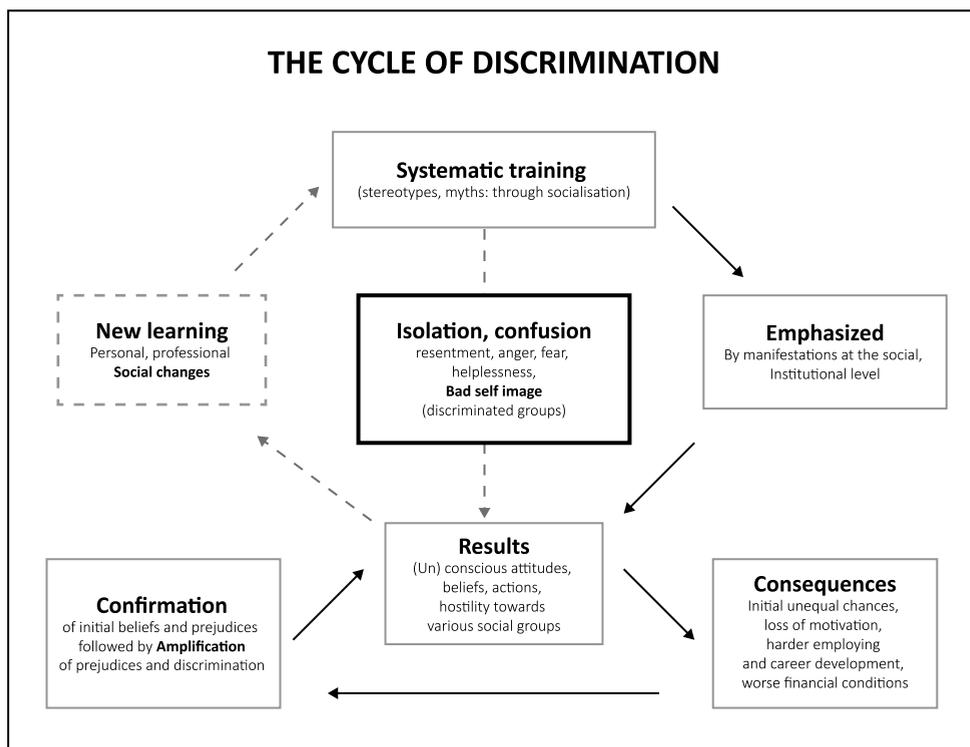
On television, instead of positive models, LGBT+ persons can often hear the worst insults directed towards them, about being sinful, immoral, endangering the society and the civilisation, not being wanted by the society...This can lead to accepting and internalisation of social stereotypes so that LGBT+ persons themselves start believing that there is something wrong with them, that they should be ashamed, stand aloof...Constant threat or exposure to violence do not help the entire situation at all.

Yes, it is true that almost all of us were exposed to some situation involving violence (psychological, physical...) at some point, but just imagine facing this every day (by parents, a neighbour, in the bus, when you go out to a club). Generally, constant awareness that violence can happen easily, during a long period in a person's life represents huge stress even if it never happens.

Of course, the situation is not so extreme for everyone and every day. However, for a vast number of LGBT+ persons, it unfortunately is, and more often than anyone knows because all researches show that even when they experience violence, they seldom report it due to the fear from the reaction of the police or the fear that reporting will lead to disclosure of their sexual orientation.

Social Discrimination and Its Consequences

In the scheme below we will try to explain the problems of discrimination we spoke about in a more systematic way, but also what consequences they lead to.



Namely, since the earliest childhood we are exposed to different stereotypes and negative prejudices about various social groups. They become additionally emphasised by the fact we are inclined to notice only those examples fitting them, and we ignore them, or we simply do not notice all other examples (e.g. the stereotype about a feminine man leads to one considering only the feminine men as gay, completely unaware of all other gay men not fitting the stereotype).

Numerous stereotypes and prejudices about LGBT+ population are extremely negative and in individuals who adopt them, they lead to extreme distancing, hostility and readiness to be violent towards particular groups. This leads us to the following (the lower “circle” in the image above). Members of discriminated groups often have unequal initial chances as a consequence of social hostility (e.g. children of Roma nationality quit school due to peer bullying or LGBT+ persons who isolate themselves and move away from the society because of insults and violence). Apart from this, loss of motivation can occur, as well as harder career development, worse financial conditions etc. And then we use these facts (being a consequence of discrimination) just to confirm and strengthen the initial beliefs and prejudices (*Well – Roma children just won’t go to school or He is so introvert, it must be because he became gay*).

Unfortunately, social discrimination is not the only problem many marginalised groups must face. The same as the rest of the society, they are exposed to the same stereotypes and prejudices about themselves and it happens that they accept them as correct on some level (**internalised homophobia** or a more common term today – **internalised heterosexism**)³. What happens is building a bad image about oneself, confusion, feeling of helplessness, but also serious problems (suicidal thoughts, depression etc.). Instead of being signs for the environment and the social community to give clearer and bigger support to these people so they don't feel isolated and lonely, these often just reinforce the initial prejudices and the cycle of discrimination continues.

On the left side of the scheme, an alternative is indicated with intermittent arrows breaking the cycle of discrimination through new learning, decreasing prejudices and public stereotypes, making changes at the social level. We should bear in mind that a society will be only as successful and productive as the individuals comprising it are. Instead of wasting energy on aggression, society would have far more benefits from support it secures for its citizens.



Regardless of all this, the majority of LGBT+ persons establish **long, stable and fulfilling relationships** with partners they love and they create certain strategies that help them **lead normal and happy lives**. If the primary family distance themselves, their role is often overtaken by a network of close friends which is why friendships in the LGBT+ community can have the function of a family (*family of choice versus family of origin*).

Thus, when the question “What do they really want” is asked, the answer is – nothing special. Just for the society to recognise and understand. **It is not about special rights, but rather about enjoying the rights the majority of citizens has – the right on life free of violence, dignity, love...**

It is important to understand that it is not about some new rights, but rather about the need to secure, through understanding of specific problems one big social community is facing, the respect of their civil rights already guaranteed by the Constitution. For example, they want the police to understand a threat

³ In literature you can encounter the term selfhated syndrome which was identified in members of some marginalised populations such as African Americans, Jews, LGBT population and the Roma.

or reported violence seriously, the prosecution to process the bullies, for LGBT+ individuals to receive a clear message that they will be protected and that their rights will be respected regardless of the different sexual orientation. Even though this might seem too obvious to even be asked for, practical examples often show that it is often not the case. And this is exactly why it is necessary to speak about it, sensibilise institutions and experts, but also send a clear message to all members of the society, including the LGBT+ persons that they will be protected and that the society respects them.

Sources:

- Bristow, J. (1997): *Sexuality*, Routledge, London.
- Buloh L.B., Buloh B. (2004): *Seksualni stavovi*, [Sexual attitudes] Fabrika knjiga, Beograd. [In Serbian]
- Dew, B., Myers, J., Wightman, L. (2005): *Wellness in Adult Gay Males- Examining the Impact of Internalized Homophobia*, *Journal of LGBT Issues in Counseling* 1 (1), 23-40.
- Fas, D. (2003): *Unutra/izvan- gej i lezbejska hrestomatija*, [Inside/outside – gay and lesbian chrestomathy], Centar za ženske studije, Beograd. [In Serbian]
- Grupa autora (2005): *Čitanka o lezbejskim ljudskim pravima*, [A reader on lesbian human rights] Labris, Beograd [In Serbian]
- Hinkle, D. (2000): *Burning point- How long can a man contain his passion?*, Alamo Square Press, New Mexico.
- Kuchins, H., Kirk, S. (1997): *Making Us Crazy*, The Free Press, New York

LGBT+ Youth and Peer Violence

Authors:

Jelena Zulević / Samir Rujović / Ana Bojchevska / Viktorija Bondikjova /
Nađa Labudović / Aleksandar Talijan / Alden Husković / Miloš Čolan

Findings show that young people who are known to be lesbian, gay or bisexual go through significantly more verbal and psychological violence from their peers, but also their parents and other adults. These threats of physical violence, and also the verbal bullying LGBT+ persons are subjected to, are a source of great stress and they influence their mental health. Violence towards LGBT+ persons is often related with negative outcomes, such as problems in school, the use of psychoactive substances, conflicts with the legal system and suicide. Homophobic violence represents a serious question for students, parents, teachers and other people working in schools.

Numerous researches show the severe violence LGBT+ adolescents (or those who are perceived in that way by their peers) are exposed to every day. 50% of LGBT+ adolescents loses their friends after coming out, they experience daily bullying by their peers (from heckling comments and insults through derogatory name calling related to their sexual orientation, through pushing/hitting/kicking/organised beating to sexual harassment, rape and even murder). It is even more shocking that the data shows many teachers and other members of school staff refuse to intervene and protect these students because they believe they cause the violence themselves. As a result, **for many LGBT+ students spending time in school does not mean studying, but instead a literal fight for survival and it represents a strong traumatic experience** (Wyss, 2004).

The biggest research on a national sample of over 8,500 thousand students (from all 50 states) in USA, which is conducted on a yearly basis by the organisation

GLSEN about the experiences of young LGBT+ persons in American schools, showed that in 2011 **young LGBT+ persons mostly do not perceive school as a safe place** and that most of them are facing obstacles and challenges negatively influencing their academic achievements and the feeling of wellbeing. During the past year, a great majority of them experienced bullying in school due to their sexual orientation, they stated they do not feel safe in school because of this, almost a third of them avoided going to school in the past month because of that and most of them are avoiding certain places (showers, changing rooms, sports halls) due to their safety concerns. It is interesting that most of these students didn't report to anyone in school the violence and bullying they were exposed to (The 2011 National School Climate Survey⁴).

These types of experiences have deep and important consequences for these adolescents: a decreased feeling of self-worth and self-derogation, feeling of fear shame and being overly critical of oneself. This is also a period when internalised homophobia is created and a strong expression of it can happen, but also various other auto destructive behaviours including the suicidal ideation and self-injury. The data shows that LGBT+ students in comparison to heterosexual students display a significantly bigger frequency of depression, suicidal ideation and self-injury. **LGBT+ adolescents are at a twice the risk of attempting suicide in comparison to their heterosexual peers** (Russell & Joyner, 2001).

Experiences of trans adolescents (or more generally speaking, those with non-normative gender identities) are even more complex because they often suffer manifold discrimination, they are pathologised by the experts and they face an even more extreme isolation.

Qualitative research (Mishna, F. et al. 2009) reveals additional traits of peer violence over LGBT+ youth. The three main identified barriers are related to: **the invisibility** of violence suffered by this group, **"diluting"** motives for violence (unrecognised and unnamed, as if it was happening in a vacuum), and **fear of revenge** not only of the peers but also of the adults (including parents, teachers and institutions). As a form of bias-based bullying, it is particularly destructive because it pervasively encompasses the entire social context of a young person (from the private family sphere, through school, neighbourhood and the local environment, all the way to social institutions and the wider society), often without any protection or intervention of adults. For young LGBT+ persons

4 <http://www.glsen.org/press/2011-national-school-climate-survey>

there is no safe place and often even no adults whom they might ask for help. By revealing their sexual orientation they often risk further loss of support both by peers and by family and other adults. Apart from the wider social environment not condemning this, it also directly and indirectly encourages homophobic violence and their stigmatisation. Often, the family instead of being a safe place, it becomes a source of new pressures and violence (locking up, limiting contacts, pressures to change, casting out of the house etc.) which makes a young person even more vulnerable. The burden of guilt for violence is frequently transferred to the person suffering violence themselves both by the family and by the institutions and experts they should expect protection from, which has additional destructive consequences. Peer violence over young LGBT+ persons often lasts for a long time; they become targets of organised peer attacks daily, so they are frequently forced to change or leave schools.

After everything we said, the questions are: Why are the findings of researches so scarce? Why are there no valid researches addressing LGBT+ peer violence in most countries in the Balkans? Why is this type of violence so invisible?

One of the reasons can be sought for in the inexistence of awareness about LGBT+ youth and the violence over them, and also the belief that the number of cases of such violence is too small to be considered significant. Since it is not registered as a separate type of violence in researches and procedures, the vicious circle of invisibility is sustained. The other reason is the focus on victims due to the opinion it's their own fault because they are causing the violence themselves, so victims are often advised "not to attract so much attention" implying their own fault for suffering violence.

Researches show that in cases of violence students first ask the immediate surroundings for help (their friends, family, brother/sister), and to a much lesser extent they ask for support of police, social workers, psychologists, Ministries (Labris, 2010). Unfortunately, numerous experts are not sufficiently trained so in their attempts of helping, they participate in further victimisation of LGBT+ students. Sometimes it is problematic to detect whether in certain cases it is about this type of discrimination in the form of peer violence. Many cases are reported only to non-governmental organisation (because of distrust towards state institutions – schools, healthcare, the police) and they remain unrecognised by the system (e.g. in reports of the Ministry of Education and such).

Strategies with the aim of decreasing violence: Respondents identified several

successful strategies with the aim of decreasing LGBT+ violence. One of them is additional empowering, financing and establishing LGBT+ youth programmes within the existing organisations, schools and youth centres in the community. The emphasis is on “helping LGBT+ youth in their feeling of belonging to a community – a space where they can address and not be victims of violence, where they can be who they are and be accepted and respected. Equally important is a publically stated school policy of zero tolerance for homophobic violence, and also a need to educate the educational staff related to a sensibilised and non-pathologising approach to the topic of sexual orientation and gender identity. The content of school books promoting inadequate and pathologising approach to sexual identities is certainly a separate problem (many countries in the region have a similar problem with outdated books with homophobic content).

The stated and many other finding speak about LGBT+ youth representing an important group of students facing specific challenges and numerous obstacles in schools, which to a large extent influence their mental health and academic success, so they represent a vulnerable group with increased risk of discrimination, violence and social exclusion.

The position of LGBT students in Serbia

In Serbia, there are no researches comprehensively covering the position of LGBT+ students. Researches dealing with peer violence in schools in general showed seldom cases where it can be supposed they were related to sexual orientation and gender identity (the abovementioned examples of derogatory name calling). One of the problems is exactly the **invisibility of these students** for teachers, decision makers and experts in general, while the students have a proclivity to keep the problems they are experiencing in secrecy so they can avoid further stigmatisation and problems in their families.

The peer violence research of the largest scale in Serbia was completed within the project “School without violence – towards a safe and encouraging environment” conducted by UNICEF in cooperation with the Ministry of Education and Sports of the Republic of Serbia. A part of the research was conducted by the Institute for Psychology and the results were published in several publications.

The results show a relatively high presence of sexual harassment in older grades (Popadić & Plut, 2007) but the research did not individually encompass violence related to sexual orientation or non-normative gender identity.

However, the data from non-governmental organisations suggest that young LGBT+ persons suffer serious violence in schools. The yearly report of the organisation Gay Straight Alliance from Belgrade⁵ states numerous cases of violence experienced by LGBT+ youth in school and the inadequate reaction of schools in protecting these students:

Student S.R. (16) from Belgrade: *“(….)Every day my preparations for school are like preparing for war which is only continuing and spreading (….)Sometimes I also get hit, sometimes they gather around me and start yelling at me and start counting from 10 to 0 and then the wonderful slamming starts from which I later have to treat bruises (….)even when they are home, they like to send a few threats on Facebook, just to remind me of the war expecting me tomorrow and the day after tomorrow and for the rest of my education, and maybe even later(….)”*

Student S.R. (17) from Belgrade: *“(….)I rarely even thought about hurting myself, but this time I did, I wanted to run out to the street, to get hit by a car, even though probably not even then nobody would pick up my diseased body, no one would pay attention to the corpse on the ground, in fact, some would, but not those who know me (….) If I walk down the hall of the school, occasionally and suddenly a snowball can hit me if it’s winter, or any other object at hand worthless to them. This usually goes with the comment: „Hey, sorry faggot, it was intentional.” Tripping up, name calling…” (GSA Report, 2010⁶).*

In the GSA reports about the condition of human rights of LGBT+ persons in Serbia, which have been published yearly since 2009, there are numerous examples of serious discrimination and extreme daily physical violence over LGBT+ students in our secondary schools. Still, their examples and examples from researched of other non-governmental organisations do not speak clearly about the frequency of this violence because the researches were often conducted

5 Milićević, B. et. al.(2009). Nema povlačenja, nema predaje- Godišnji izveštaj o stanju ljudskih prava LGBT osoba u Srbiji [No retreating, no giving up – Yearly report about the state of human rights of LGBT persons in Serbia]. Gay-Straight Alliance: Beograd, pp. 61–63 [In Serbian]. It is interesting that on the title page of the publication there is a photo of a school desk of one gay high-school student where swastikas are drawn, messages like “death to faggots”, etc. However, someone also wrote on the desk: “I’m glad there is someone like me. N. :)” Available at: <http://gsa.org.rs/wp-content/uploads/2012/04/GSA-izvestaj-2009.pdf>

6 Report on the condition of human rights of LGBT persons in Serbia, Belgrade: 2010. Available [In Serbian] at: <http://gsa.org.rs/wp-content/uploads/2012/04/GSA-izvestaj-2010.pdf>

on unrepresentative samples, with modest funds and with huge difficulties (non-cooperation of schools in distributing the questionnaire, non-cooperation of the Ministry of Education, etc.). Taking all of this into consideration, it is particularly interesting to emphasize the data stated in the report from 2009 (p. 61) about the meeting between “Boris Dittrich, the Director representing the GLBT programme of the Human Rights Watch and the representative of GSA, Dragutin Brčin, special advisor of the Minister of Education during Dittrich’s visit to Serbia in late October 2009. In getting the representative of HRW familiar with the educational system of Serbia, Brčin with utter belief and certainty claimed that the Ministry of Education had not registered any cases of violence or discrimination based on sexual orientation among hundreds of thousands of pupils and students”. Nevertheless, newspapers titles about cases of violence over students because of their supposed sexual orientation attest to the fact that this topic is very common and current.⁷

In other countries in the Balkans (Macedonia, Croatia, Bosnia and Herzegovina, Montenegro) there are several reported cases of crimes due to supposed sexual orientation, but there is very little data about them. What is worrying is the fact that victims decide not to report their cases to the police (most often due to fear of victimisation, outing etc.)

The serious violence LGBT+ youth is exposed to remains unrecognised both by the Ministry of Education and by the experts and big research teams, while the worrying data by the non-governmental organisations is discredited as invalid and it is not being mentioned in expert publications, thus emphasising further invisibility of this issue.

7 „A group of students in Vranje beat a boy because he was “a bit feminine””(2015, 19th Septembar). Blic. Accessed at: <http://www.blic.rs/Vesti/Hronika/591828/VRSNJACKO-NASILJE-Grupa-ucenika-u-Vranju-pretukla-decaka-zato-sto-je-malo-feminiziran>

Sources:

- Mishna, F., Newman, P. A., Daley, A., & Solomon, S. (2009). Bullying of Lesbian and Gay Youth: A Qualitative Investigation. *British Journal of Social Work*, 39(8), 1598–1614. <https://doi.org/10.1093/bjsw/bcm148>
- Popadić, D. & Plut, D. (2007). Nasilje u osnovnim školama u Srbiji—oblici i učestalost [Violence in elementary schools in Serbia – forms and frequency]. *Psihologija*, 40(2), 309–328. [In Serbian]
- Russell, S.T. & Joyner, K. (2001). Adolescent Sexual Orientation and Suicide Risk: Evidence From a National Study. *American Journal of Public Health*, 91(8), 1276–1281.
- Wyss, S.E. (2004). ‘This was my hell’: the violence experienced by gender non-conforming youth in US high schools. *International Journal of Qualitative Studies in Education*, 17(5), 709–730.
- Zulević, J: (2015). Inkluzivna škola I LGBT učenici [Inclusive school and LGBT students]. A seminar paper from PhD studies. Belgrade: Faculty of Philosophy. [In Serbian]

HISTORY

Criminalisation of the Same Sex Orientation

Authors:

Petra Bezjak / Eva Rotar / B.D.

Attitudes towards persons of the same sex orientation changed over time, they depended on the context and varied from strong condemnation to open acceptance. Around 7th century the religious and also legal prosecution of what was called the sin of sodomy, that is sexual disorder started. Nevertheless, same sex orientation (with the emphasis on same sex relations) since that time became a punishable act in the majority of the Western countries, and in some Arabic countries, where Sharia law is in place, it is even today subject to the death penalty. It is interesting to notice that throughout history prosecution was mostly directed to men. The prosecution of gay men was abolished during the French Revolution in 18th century, while the remaining European countries made the prosecution more severe exactly at that moment. In Germany, Paragraph 175 of the Prussian criminal law was in force and it determined a sentence of five years in prison. The Nazis exacerbated the law in 1935. The sentence that was in place until then defined six months in prison, but it was raised to five years. After the war, throughout GDR (German Democratic Republic), the old law came back into effect, and until the end of 1950s same sex relations were no longer punishable. Since 1978, only the relations with men younger than 18 years old were punishable. The law was changed only in 1994, after the reunification of Germany. In Russia in 1917, the Bolsheviks abolished all homophobic regulations, and the Director of the Moscow Institute for Social Hygiene advocated in 1923 in his paper "Sexual revolution in Russia" the principle of complete non-interference of the state and the society in the sexual relations where no one was being hurt. However, during the 30s in USSR same sex relations started

being punishable again, this time as “a product of decadent bourgeoisie” with sentences ranging from deportation to five years.

On the soil of Yugoslavia during the rule of the fascist government, persons of the same sex orientation were also prosecuted. There are records about gay men being evicted from the Partisan orders and the Communist Party. Love relations of celebrities of the time, such as the one between poets Vladimir Nazor and Ivan Goran Kovačić were ignored. Even though this relationship was common knowledge at the time, it was later on softened in their biographies, i.e. writing about this aspect of their biography was avoided and it was displayed as merely a friendship. Prosecutions of persons of the same sex orientation continued even after WWII, and especially in the period from 1948 all the way to the 60s. There are numerous testimonials about prosecutions, arrests and prison punishments. There is the data from 1950 about the existence of lists of gay men in police files in Yugoslavia. One of the main reasons same sex relations were considered a punishable act in 20th century is that there was a concern of seduction of youth, i.e. the idea that a young person can be accustomed to homosexuality.

According to Article 186, Point 2 of the Criminal Law of SFRY from 1959 for “unnatural sexual intercourse between persons of the male sex” a punishment of up to one year in prison was defined. There is also data about some men, mostly minor criminals, foreign currency smugglers, priests of the Catholic Church, owners of bigger real estates and organisers of illegal crossing of a border being attributed “unnatural sexual intercourse”, mostly as an additional criminal act. Since 1951 until 1977 approximately 500 men in SFRY were punished for “unnatural sexual intercourse”, i.e. “homosexuality” by sentences of conditional imprisonment or shorter prison sentences. In Croatia and Serbia⁸ 300 gay men were punished in such a way, and 200 in the remaining four republics. At the same time 100,000 men were sentenced in Western Germany, 70,000 in Great Britain, 30,000 in Italy and in Austria, which at the time had less inhabitants than SFRY as many as 12,000 men. Out of all socialist states at the time, it seems Yugoslavia was the most liberal when it came to same sex relations. Researches referred to by Yugoslavian lawyers showed that in other countries where same sex orientation was punishable nothing severe was happening – declining of ethics in societies did not occur, there was no increase in the number of persons

8 Note: there are inconsistent opinions about sources of arrests related to this criminal act. It seems Serbian sources claim that there were no such arrest cases in Serbia and there were cases in Croatia, while Croatian sources claim the opposite – that there were no arrests in Croatia while there were in Serbia.

of same sex orientation, no demographic decline, nor was there endangering of the traditional notion of family in any respect.

For comparison, when the Model of Criminal Law from 1962 was being created at the time in USA, the American Institute for Law gave a recommendation that a sexual act between two persons of the same sex taking place between adults in secrecy with mutual consent should not be a punishable act. Afterwards, in 1974, at the International Congress of Criminal Law in the Hague, a resolution was adopted whereas same sex relations between adults with mutual consent should not be banned by criminal law. Only the following acts in same sex relations were considered punishable: relations with the use of violence, manipulation of a minor by an adult, abuse of position, prostitution and commercialisation.

In Yugoslavia, after the constitutional changes of 1974, a shift in the position of persons of the same sex orientation took place. At that time the common Criminal Law of SFRY was abolished, and authority was delegated to lesser republic and provincial laws. The relations between adult males who enter a relationship through mutual consent was decriminalised in 1977 in Croatia, Slovenia, Vojvodina and Montenegro. Serbia decriminalised such relations only in 1994, Macedonia in 1997, the Federation of Bosnia and Herzegovina in 1996, and the Republic of Srpska in 1998.

In all countries of the ex Yugoslavia, age of consent for entering same sex sexual relations was equalised with heterosexual relations during the 90s. Anti-discrimination laws are in effect (with variations) in all countries except Macedonia, and the question of their enforcement also varies dependent on, among other things, how much time passed since their adoption (e.g. in Montenegro these were introduced only in 2010). Marriage is illegal for all persons of same sex orientation, and a form of same sex partnership is recognised in Slovenia (2006) and Croatia (2014).

In all countries persons of the same sex orientation are banned from adopting children, whereas in Croatia individual adoptions and “partner-guardianships” (adoptions in case of the death of a partner) are granted from 2014, however there are also questions of which obstacles can be encountered in practice. In vitro fertilisation is not available to same sex couples either. Legal change of sex/gender is granted in Slovenia, Croatia and Serbia, and also in Montenegro with the condition of sterilisation. In all countries it is possible to do military service. Many countries of ex Yugoslavia adopted and changed laws under the

pressure of the European policy and we can say the situation is to a much larger extent regulated “on paper” than it is in practice. The rights practiced in some countries vary from country to country. All countries are facing a long road ahead towards equality of LGBT+ and heterosexual persons and the practice of their human rights.

Sources:

- Vasić, Vladana. 2012. 'LGBT aktivizam u Srbiji' [LGBT activism in Serbia] in *Čitanka LGBT ljudskih prava*. [In Serbian] http://soc.ba/site/wp-content/uploads/2012/12/CITANKA_LGBT-ljudskih-prava.pdf
- Jurčić, Marko. 2012. 'Povijest LGBT aktivizma u Hrvatskoj' [History of LGBT activism in Croatia]. U *Čitanka LGBT ljudskih prava*. [In Croatian]. http://soc.ba/site/wp-content/uploads/2012/12/CITANKA_LGBT-ljudskih-prava.pdf
- Homosexuality in socialist Yugoslavia: For “unnatural sexual intercourse” one would be imprisoned <http://lgbti.ba/kako-se-kaznjavala-homoseksualnost-u-jugoslaviji/> [In Serbian]
- Biti gej u SFRJ: 500 osuđenih zbog 'protuprirodnog bluda' [Being gay in SFRY: 500 convicts for “unnatural sexual intercourse”] <http://m.tportal.hr/vijesti/416407/Biti-gej-u-SFRJ-500-osudenih-zbog-protuprirodnog-bluda.html> [In Croatian]
- Grubić-Radaković, Lidija. 1990. Seksualna delikvencija u suvremenom krivičnom pravu. [Sexual delinquency in contemporary criminal law] http://www.vsrh.hr/CustomPages/Static/HRV/Files/GrubicRL_SeksualnaDelinkvencija.pdf [In Croatian]
- Makedonija: Retrogradna tolerancija prema LGBT [Macedonia: Retrograde tolerance towards LGBT] <http://www.slobodnaevropa.org/a/makedonija-retrogradna-tolerancija-prema-lgbt/26693648.html> [In Serbian]

Same Sex Orientation during the Nazi Period

Authors:

Vasil / Simona / Filip

The number of “out” homosexual men living in Germany in 1928 reached an estimated 1.2 million. By rising in power Adolf Hitler got the opportunity to realize his racial state ideology that foresaw branding homosexuals as parasites, degenerates and above all enemies of the state. Therefore, gay organizations were banned and homosexual related scholarly books were burned.

Until 1935, the only punishable offence had been anal sex; under the new Paragraph 175a, ten possible “acts” were punishable, including a kiss, a hug, even homosexual fantasies! One man, for instance, was successfully prosecuted on the grounds that he had observed a couple making love in a park and watched only the man. ^[1]

On November 7 1938, Herschel Grynszpan, a Jew, walked into the German embassy in Paris and shot Ernst vom Rath, a German diplomat, five times. According to a leading expert on the Third Reich, it was not a politically-motivated event, but the result of a homosexual love affair between a Nazi diplomat and a young Jewish man. Two days later, series of attacks known as Crystal Night (an ironic reference to the broken glass left on the streets) triggered the pogrom against Jews across Germany. ^[2]

Under the command of SS head (Heinrich Himmler), so-called “Pink Lists” were prepared by the police who later on started the vicious crackdown on homosexual men and women (many of which were sent to mental hospitals; castrated by court order; ci. 100,000 sent to concentration camps comprising Sachsenhausen, Dahau and Mauthausen; estimated 55,000 executed). Today’s symbol of Gay Pride i.e. the pink triangle was back then used to mark the prisoners,

while women imprisoned for antisocial behaviour (feminism, lesbianism and prostitution) were made to wear black triangles.

Heinz Dormer who spent nearly ten years in prisons and concentration camps spoke of the “haunting agonizing cries” from “the singing forest”, a row of tall poles on which condemned men were hung: "Everyone who was sentenced to death would be lifted up onto the hook. The howling and screaming were inhuman, beyond human comprehension." [3]

Regardless of the liberation of the camps, the persecution of homosexuals nevertheless continued throughout post-war Germany. They faced further persecution and social exclusion and moreover many pink triangle survivors were re-imprisoned as homosexuals.

During the Nuremberg war crime trials, the crimes against homosexuals were excluded. No SS officials nor SS doctors (who performed surgeries on homosexuals) were ever tried for their atrocities. Although Memorials give recognition to many victims of the Holocaust, it was not until January 1999 that Germany finally held its first official memorial service for the homosexual victims at the former Sachsenhausen concentration camp. This happened after 54 years of the end of the war which was too late for many of gay victims & survivors, who lived the rest of their lives as criminals in the eyes of the law.

However, the actual apology came in December 2000 when the German government apologized for the persecution of homosexuals in Germany after 1949 and recognized gays as victims of the Third Reich. On May 17th 2002, thousands of homosexuals who suffered under The Reich (including about 50,000 gay men) were pardoned. A memorial to the homosexuals was unveiled in May 2008 in Berlin. [3] Also, there are memorials in Amsterdam and Utrecht.

In present time, LGBT themed movies inspired by the Nazi period such as: Cabaret (1972), Bent (1997), Paragraph 175 (2000), A Love to Hide (2005), etc. vividly illustrate these historical events.

References:

1. http://www.jewishvirtuallibrary.org/jsource/Holocaust/Homosexuals_and_the_Third_Reich.html
2. <https://www.theguardian.com/world/2001/oct/31/humanities.research>
3. <http://www.stop-homophobia.com/thegayholocaust.htm>

Pathologisation of Same Sex Orientation in Medicine and Psychology

Authors:

Samir Rujović / Ana Bojchevska / Viktorija Bondikjova

Until XIX century there was no special term denoting same sex oriented persons. What was condemned was the actual homosexual act (as a sin or a crime), however, it didn't denote a specific category of people. The word homosexuality

Medical and therapeutic procedures lesbians and gay men were subjected to

(Kutchins & Kirk, 1997.)

Surgical interventions (castration, vasectomy, lobotomy, sterilisation, clitoridectomy, hysterectomy...)

Chemical interventions (sexual stimulants, sexual depressants, hormonal injections...)

Psychological interventions (abstinence, adjustment therapy, hypnosis, aversive therapy...)

Other procedures (electro shocks, ice baths, etc.)

was created only by the doctors of the time. During XIX century same sex orientation entered the medical discourse from the religious discourse and instead of a sin it became—an illness. This was the time of enlightenment, flourishing of science and mind over obsolete religious dogmas so it was considered that medicine, dedicated to discovering and treating diseases, would guarantee a more humane treatment than religion and the judicial system.

During the entire XX century, the prevailing opinion in psychiatry was that same sex orientation was a disorder/illness and that it should be cured. The fact that this phenomenon was almost exclusively studied on easily available samples – persons in prison and psychiatric institutions certainly contributed to this.

The list of interventions LGBT+ persons were subjected to for many years shows that experts for mental health certainly didn't lack ideas for innovative ways

of treatment. One of the victims of these treatments was also the famous mathematician and cryptographer Alan Turing. Regardless of the fact that he had an important role during the Second World War (he designed a machine that is considered a predecessor of modern-day computers so he could decipher messages of the Nazis and help the Allies gain strategic advantage), after the war he was sentenced for being in a relationship with a man. Instead of prison he was offered treatment (some kind of chemical intervention) which resulted in severe deterioration of his health and his suicide.

Today, professional associations agree that not only are attempts of altering sexual orientation ineffective, they can also be detrimental (deepening the internalised homophobia, delaying self-acceptance, etc.).

The empirical study on sexual behaviour among adult Americans by a biologist, Alfred Kinsey (1894-1956) is important because it contributed to destabilising of the general acceptance of rigid sexual categories. Kinsey said that we “cannot divide the world into sheep and goats” and in this way he placed behaviour in the centre of his research, rather than identity or categories. According to him, sexual behaviour is a result of a complex influence of biological, psychological and social factors. He published his reports in two volumes: Sexual Behavior in the Human Male (1948) and Sexual Behavior in the Human Female (1953) where he states that 10% of men are more or less homosexual, while 4% of men and 1-3% of women have homosexual relations throughout their lives. According to the same study 50% of men and 28% of women had homosexual experience. This work discovered that many more American practiced homosexual relations or had fantasies about the same sex than it was commonly thought, and that homosexuality is widespread. However, the research could not relate to all human societies.

Through additional research it was established that homosexual behaviour was present in a large number of societies, and that it was in a way “normal” and socially accepted in as much as 64% out of 76 studied societies, but also that it appears in nature among non-human species.

An important research is the one from 1957 done by the American psychologist and sexologist Evelyn Hooker (1907-1996), who completely turned the direction of research and proved that homosexuals are not abnormal and that there is no difference between homosexuals and heterosexuals from the psychological point of view. This time, research was no longer conducted in prisons and

psychiatric facilities; she chose 30 homosexual and 30 heterosexual men from different organisations of the civil society (whereas none of them was under any therapy). She used the procedure where she asked experts to evaluate how adjusted these men were without prior knowledge about their sexual orientation. Based on the results, experts were unsuccessful in differentiating heterosexuals from homosexuals.

Under the influence of this one and some other researches, expert bodies started re-examining the notion of same sex orientation being a disorder in itself. In 1973, members of the American Psychiatric Association (APA) voted to exclude homosexuality from DSM. In 1992 it was also excluded from ICD –the International Classification of Diseases of WHO.

Even today there are many misconceptions related to this historical fact (that it was about secret pressures; that it was the only category which was decided on by vote; that it represents undesirable interference of politics in unbiased medicine, etc.). For example, when it comes to PTSD (posttraumatic stress disorder) numerous war veterans suffered from, for a long time it was unsuccessful in becoming a part of DSM because in this way the responsibility for treatment would be on the state which sent people to war. It was more convenient for everyone to consider the suffering and difficulties of war veterans the consequence of their flawed psychological apparatuses rather than consequences of war. Precisely the human rights organisations had a decisive role in the pressures for PTSD to become a part of DSM and thus admit that problems of the veterans are a consequence of being in a war. This later led to the discovery of effective ways of treating this condition. Furthermore, when it comes to same sex orientation, pressures of human rights organisations were public (they were carrying banners during the meeting of the APA, exactly with the aim to win the approval to present the researches that were in favour of the idea that this was not an illness). Apart from this, social roots of defining psychiatric diseases is something that was discussed even before the exclusion of homosexuality and, therefore, this category does not represent anything unusual in comparison with many others that were changed, excluded or included in DSM throughout time.

International Pride Day: Stonewall Revolution

Authors:

Alden / Miloš Čolan / Nađa Labudović / Aleksandar Talijan

Since the position of LGBT+ persons in USA, and in the world, was very unfavourable, activism appeared which represented a way of improving the conditions and state in the field. This is related to a set of actions conducted by individuals as a response, not only to violence, but also to the system which was repressing these persons. Changes became necessary, so the influence of individuals on the masses and the surroundings started with civil disobedience, demonstrations and louder public expressing of dissatisfaction with the aim to incite attention of the media and call the public to confront the oppressive system.

The rebellion started in the Stonewall Inn Bar, which is still standing, in the Greenwich Village on 27th June 1969 and it lasted for three days. Riots started around 2 hours after midnight, when visitors rebelled against another police raid. LGBT+ persons suffered torture from executive bodies of foreign authorities (forced closing of the nightclub, frequent arrests and raids happened). Rebellion and revolt were reflected through physical reckoning in various ways. Like today, there were LGBTI+ persons who were against violent confrontation in actions, and there were those who were uninformed about the happenings in their city.

This rebellion is considered the first LGBT+ revolution. Exactly due to this event, gay prides are held approximately on 29th June in the world.

Pride Parade is a yearly celebration of the pride of the community of LGBT+ persons. It is held in many cities throughout the world, often as the most important part of wider happenings, usually in June, in memory of Stonewall riots when the community confronted police torture for the first time. These celebrations are related to the lesbian, gay, bisexual and transgender culture

and pride, and the most important thing is their political character because they serve as the basis for the visibility of LGBT+ persons in the public space.

The rainbow flag is the symbol of the LGBT+ community and it represents diversity within the movement, but it started being used as a symbol only later.

Gender Identity and the Letter “T”

Adapted by Jelena Zulević*

Transsexuality is a notion related to gender identity and it is independent from sexual orientation. Even though transsexual, i.e. transgender⁹ persons were simply considered homosexuals throughout history, today they can be of any sexual orientation, because sexual orientation and gender identity are considered independent and relatively stable categories. Despite this, there is a historical connection between these two groups in the LGBT+ movement for human rights, so the abbreviation LGBT+ also includes them, even though it is a different aspect of identity.

History

The first to make a differentiation between transsexuality and homosexuality, insisting these were two different phenomena, was Hirschfeld – the founder of the Institute of Sexual Research in Berlin. Apart from his interest and avocation for the rights of same sex oriented persons, he was the first to write a book on treating transsexuality in 1910. His associate Dora Richter went through the first¹⁰

9 Transgender is a term used to denote gender identities non-conforming to the traditional binary models of sex/gender classifications, while transsexuality is just one its category related to the persons who want to adjust their biological sex they were born with into the “opposite” one through hormonal therapy and sex reassignment surgery (so that physical sex is in accordance with the inner feeling of gender they feel they belong to). While the term transgender is more related to social sciences, in medicine transsexuality is considered a form of showing “gender dysphoria”.

10 The literature lists as the first doctor who attempted such a surgery (albeit, without enough details), German doctor F. Z. Abraham in 1931, while a complete reflection on one such intervention was given by Niels Hoyer in his book *Man into Woman: The First Sex Change*, representing a biographic story about “a Danish male painter who after series of operations in 1930 became a female painter Lily Elbe”.

ПРВИ СЛУЧАЈ ПРЕТВАРАЊА ЖЕНЕ У МУШКАРЦА У БЕОГРАДУ ХИРУРГ Д-р ВУКОТА БОЖОВИЋ, ОПЕРАЦИЈОМ, ЈУЧЕ ЈЕ ЈЕДНО СТВОРЕЊЕ НЕОДРЕЂЕНОГ ПОЛА ПРЕОБРАЗИО У МУШКАРЦА

То је Милоје Аврамовић, од двадесет шест година, из села Горње Бреснице

Како је четиросатнахи свргнутостина
Београд Београдског хирургичког одељења
након претварања у мушкарца, ова
операција извршена је у 10 часова
као и операција претварања жене у
мушкарца. То је Милоје Аврамовић, од
двадесет шест година, из села Горње
Бреснице, који је у својој осамнаестој
години извршио операцију претварања
у мушкарца. Према изјави лекара,
Милоје је био дете са неопређеним
полом. Када је у својој осамнаестој
години извршио операцију претварања
у мушкарца, он је постао мушкарац.
Операција је извршена у 10 часова
у Београдској болници. Милоје је
био дете са неопређеним полом. Када
је у својој осамнаестој години извршио
операцију претварања у мушкарца,
он је постао мушкарац.

Милоје је био дете са неопређеним
полом. Када је у својој осамнаестој
години извршио операцију претварања
у мушкарца, он је постао мушкарац.
Операција је извршена у 10 часова
у Београдској болници. Милоје је
био дете са неопређеним полом. Када
је у својој осамнаестој години извршио
операцију претварања у мушкарца,
он је постао мушкарац.



Милоје Аврамовић при операцији

Милоје је био дете са неопређеним
полом. Када је у својој осамнаестој
години извршио операцију претварања
у мушкарца, он је постао мушкарац.
Операција је извршена у 10 часова
у Београдској болници. Милоје је
био дете са неопређеним полом. Када
је у својој осамнаестој години извршио
операцију претварања у мушкарца,
он је постао мушкарац.

Пре двадесет шест година
Пре двадесет шест година у селу
Бреснице родила се Милоје дете које
је извршило родителски и жене које
су се назвали бану народна. То је
био дете са неопређеним полом.
Милоје је извршио операцију претварања
у мушкарца. Операција је извршена
у 10 часова у Београдској болници.
Милоје је био дете са неопређеним
полом. Када је у својој осамнаестој
години извршио операцију претварања
у мушкарца, он је постао мушкарац.

Пре двадесет шест година
Пре двадесет шест година у селу
Бреснице родила се Милоје дете које
је извршило родителски и жене које
су се назвали бану народна. То је
био дете са неопређеним полом.
Милоје је извршио операцију претварања
у мушкарца. Операција је извршена
у 10 часова у Београдској болници.
Милоје је био дете са неопређеним
полом. Када је у својој осамнаестој
години извршио операцију претварања
у мушкарца, он је постао мушкарац.

Милоје је био дете са неопређеним
полом. Када је у својој осамнаестој
години извршио операцију претварања
у мушкарца, он је постао мушкарац.
Операција је извршена у 10 часова
у Београдској болници. Милоје је
био дете са неопређеним полом. Када
је у својој осамнаестој години извршио
операцију претварања у мушкарца,
он је постао мушкарац.

Милоје је био дете са неопређеним
полом. Када је у својој осамнаестој
години извршио операцију претварања
у мушкарца, он је постао мушкарац.
Операција је извршена у 10 часова
у Београдској болници. Милоје је
био дете са неопређеним полом. Када
је у својој осамнаестој години извршио
операцију претварања у мушкарца,
он је постао мушкарац.

Милоје је био дете са неопређеним
полом. Када је у својој осамнаестој
години извршио операцију претварања
у мушкарца, он је постао мушкарац.
Операција је извршена у 10 часова
у Београдској болници. Милоје је
био дете са неопређеним полом. Када
је у својој осамнаестој години извршио
операцију претварања у мушкарца,
он је постао мушкарац.

The archives of the newspaper Politika from 1937 shows that Dr. V. Božović from Belgrade performed the first sex reassignment surgery in our country. Even though exact data is missing, it was most likely an intersex person (with prominent characteristics of both sexes at birth).

The title states: The first case of turning a woman into a man in Belgrade Surgeon Dr. Vukota Božović yesterday turned a creature of indeterminate sex into a man through surgery

documented genital surgery of sex reassignment in history (1931)¹¹. Soon he was surrounded by a team such as Eugen Steinach (Austrian endocrinologist who first identified morphological effects of the so called sex hormones – testosterone and oestrogen in 1910) and Harry Benjamin, who will later become one of the leading medical authorities on transsexuality during 50s. H. Benjamin started promoting the world transsexuality for persons who wanted to medically modify their body into the body of “the opposite” gender. It is interesting that in the beginning such surgeries were banned (they were considered unjustified injuring of healthy tissue) and therefore conducted in secrecy. The most famous case of the “real”, modern, medical sex reassignment was done in 1952 when George Jorgensen, a young medical technician and a photographer who served in the army, went to Denmark as a man, only to return as a trans-woman Christine

11 It was actually just castration, and not the reconstruction of female genital organs, even though this was represented as a sex change surgery.

Jorgensen. The surgery was conducted by a team of Danish surgeons under the leadership of Christian Hamburger. The medical support this case received the following year contributed to presenting the problem of transsexuality to the international public for the first time. Christina herself, who became a celebrity at the time, was not doing her job anymore officially, but instead she started performing on various European scenes, also earning from royalties for her autobiographic story. She died at 62 years of age. Numerous, and especially *MTF* transsexual persons during the years of the introduction of medical practice of sex reassignment became photo models and entertainers in various clubs and music halls, most likely because the discriminatory environment of the time disabled them from working in other specialised professions.

The term transsexuality appeared in professional use during the 50s of the past century to describe persons who intended to or actually lived in the role of the sex opposite to the one they were born with. At the time first surgeries were already being done, but there were no clear medical standards, so in 1979 the International Association «Harry Benjamin» gathering experts dealing with this issue (today renamed to *WPATH - World Professional Association for Transgender Health*), issued first standards for treating this problem. This was probably the key to inclusion of this diagnose in the new DSM-III in 1980. Later on, transsexuality was replaced with a new category *Gender Identity Disorder* (abbreviated to *GID*) in DSM IV, in 1994, and today the term in use is “syndrome of gender dysphoria” (DSM V).

Sex and gender. In order to understand the concept of gender dysphoria, it is necessary to recall the difference between the biological sex and gender as a social role, which was introduced by an American psychologist and sexologist John Money¹² in 1955. However, this distinction was not widely accepted until the appearance of the feminist theory in the 70s, when feminist theorists accepted it so they could emphasise that gender is actually a social construction of sex (and not biologically inherent to it).

Sex is related to biological characteristics: genetic material (XX and XY chromosomes), secondary sex characteristics, anatomic and endocrine-physiological aspects based on which a person is determined as being male or female. Gender is related to the subjective feeling of belonging to a particular

12 In numerous sources, Robert Stoller, a psychoanalyst is listed as the first to make this differentiation, and his book “Sex and Gender” was published in 1968. While Harry Benjamin was described as “the father of transsexualism” (Green, 2009), three more authors are historically crucial for understanding transsexuality, who worked with him during specific periods: John Money, Robert Stoller and Richard Green.

sex. It assumes behaviour, attitudes, personality traits shaped by society in a certain culture and historical period (manner of dressing, manners, activities, choice of profession) which publically determine the status of a person as male or female.

The notion transgender is most easily understood if we do not represent gender as a binary category (male/female), but as a continuous dimension where M and F are at the ends, whereas many categories in between these two marks are encompassed by it (all these gender identities not conforming to traditional binary models of sex/gender classifications). Hence, transsexuality is just one form of transgenderism.

When we speak about transsexual persons, they have need for hormonal-surgical adjustment of the body, and it is most commonly the case of two variants: trans men (from female to male) and trans women (from male to female). Usually the term “sex change” is used, however, today the term “sex reassignment” is increasingly being used because from the perspective of the person themselves it does not change, they are just reassigning their bodily characteristic (sex) to the inner feeling of gender.

Trans persons, with regards to their sexual orientation, can be heterosexual, bisexual, homosexual, asexual (etc.). This is why we say gender identity is a category which is completely independent from sexual orientation and they should not be confused.

Many transgender persons felt they were not visible enough and that their interests were not sufficiently represented within the wider LGBT+ project which is why they are becoming independent today. Activist trans groups today have a significant role both in the field of support (general support related to exclusion and discrimination, self-help groups, support prior to, during and after medical treatments, etc.) and in processes of decision making (e.g. the use of terminology in the new DSM, adopting medical standards of care, etc.).

* Taken and adapted from Marković-Žigić, D., Zulević, J. & Maksimović, K. (2015). *Rad sa transseksualnim klijentima – specifičnosti tranzicije i izazovi nakon nje*, [Working with transsexual clients – transition and challenges after it] in: Miletić & Milenković (eds.) Priručnik za LGBT psihoterapiju, [Manual for LGBT psychotherapy] Beograd: Udruženje za unapređenje mentalnog zdravlja [In Serbian]. Available at: <http://www.epsihoterapija.com/files/dokumenta/prirucnik-za-lgbt-psihoterapiju.pdf>

Guidelines for Working with LGBT+ Persons for Youth Workers

Authors:

Milena Kovačević / Admir Adilović / Ivana Radonjić / Ademir Eminović

Introduction

Guidelines are intended for youth workers who have or will have an opportunity to work with LGBT+ persons during their engagement. This manual should be guidance for all those who are not informed or have not previously gone through training programme for working with LGBT+ persons.

Guidelines are divided into two parts, namely – necessary steps before a training, lecture or workshop, and in the second part the sensibilized approach to participating LGBT+ persons will be explained and approximated.

Guidelines for the preparation of a youth worker before a training

Guideline 1: Introspection of previously adopted prejudices and stereotypes (Forget what you think you know.)

One of the most important traits of a good trainer of a training is their ability to transfer knowledge and help students adopt their new skills, which will not be possible if students at any moment feel discriminated or marginalised – through which the process of learning would be disrupted. Therefore, it is of utter importance for the trainer or facilitator to work on overcoming previously adopted stereotypes.

Some of the stereotypes can be the following:

- homosexuality is an illness and it can be cured
- interest for participating in same sex sexual and emotional relationship is just a passing phase of life and not a part of the individual's identity
- gay persons can be recognised, they always have to be the centre of attention
- pink is a gay colour

Guideline 2: Education of youth workers about the LGBT+ population in general, and also about the relationships between LGBT+ persons (Wisdom begins with the desire for knowledge.)

A youth worker should be someone who adopts new knowledge and who is not prevented to do so by stereotypes adopted earlier. One of the first steps in overcoming the adopted stereotypes is education and independent research on the topic since educational resources are available to every youth worker. Apart from getting familiar with the core terminology, one should incline towards developing empathy. By re-examining and discarding stereotypes, and also through education, it will be easier for youth workers to treat all members of a group equally.

Guideline 3: Youth workers should be aware that incorrect information about LGBT+ persons based on prejudice can lead to discrimination of one or more group members

Prejudice and incorrect information about LGBT+ persons are still very widespread in our society. LGBT+ persons live in fear of multiple personal losses every day, including family, friends, career and spiritual community, together with exposure to harassment, discrimination and violence. These factors can contribute to the fear of self-identifying as LGBT+ persons. Youth workers should be sufficiently prepared in advance to disprove incorrect information and prejudice one group member may have about another group member. Youth worker should intend to understand what kind of problems LGBT+ persons face, with the aim of preventing discrimination.

Guidelines for youth workers working with a group

At the very beginning it is important to emphasise that the youth worker should treat all group members in the same way and dedicate each of them equal amount of attention, regardless of their sex, gender orientation, sexual orientation, skin colour and such.

Guideline 4: Do not suppose anyone's sexual orientation

It is important to emphasise that one person can never know the sexual orientation of another person. There are stereotypes and prejudice saying that LGBT+ persons can be recognised by their behaviour, tone of voice, manner of walking or even level of intelligence and such. It is important to emphasise these are just incorrect information and that the trainer should not assume someone's sexual orientation because it is simply impossible to guess if someone is gay or straight.

Guideline 5: Respect of privacy and boundaries of all group members

Youth workers should never exert pressure on one or more participants of training to disclose their sexual orientation. It should be secured that every group member feels safe and that their physical, mental and spiritual boundaries are being respected.

Guideline 6: Anything said in the group stays in the group

Depending on the theme of a workshop, training or a lecture, participants can present different types of information of personal or other nature, and the youth worker is the one who should primarily secure a safe space so that every group member feels confident to speak freely without inhibitions, and

at the same time it should be secured that this information does not leave the frames of the group without the consent of the participants. However, it is also important to emphasise that the responsibility is on students themselves related to how much and what they want to share because no one can guarantee the behaviour of others.

Guideline 7: Prevention of possible discrimination within the group and dealing with already existing discrimination among members of the group

This guideline is especially related to youth workers working with adolescents. Since adolescence is a period of getting to know oneself, identity search, and it is characterised by numerous physical and psychological changes, it is of utmost importance to understand specific difficulties faced by LGBT+ persons of the adolescent age. Young LGBT+ persons can at one moment experience rejection by the remainder of the group. Therefore, it is very important that the trainer is someone who will notice in time the signals that could indicate the possibility of discrimination, and thus be prepared to deal with this in an adequate way so it does not occur.

Guideline 8: Labelling, even if we use it in the “positive” sense is still discriminatory

As we mentioned above, it is of utmost importance to treat all participants equally. This also applies to cases of “positive” labelling. Youth workers can sometimes think that using “positive” labelling is a way to encourage participants (for example: “All of you are great, all gay persons are good persons”), in order to achieve that some group members feel accepted; however, this actually has the opposite effect. In order for all participants to be truly equal they should all be given the same treatment.

Guideline 9: Addressing in the desired gender

It is important to respect the needs of participants related to gender affiliation. Listen carefully what name and what gender a person uses for introductions

and respect their choice. If you are not sure, ask the person what name and what gender do they want to be addressed with by the group. Do not worry if you occasionally make a mistake, what is important is the intention to respect the choice of the person.

Acknowledgements

We wish to express our gratitude to participants of the training “Raising Capacity of Youth Workers in Working with LGBT Youth”, held in Subotica (Serbia) from 7th to 15th December 2016 who gave crucial contribution to the development of this manual. For nine days we worked hard on each chapter. Previously, we created a draft of the manual in meetings in Dubrovnik and Skopje. In Subotica, through work in small working groups we developed individual chapters, and in the end in a large group we discussed and finally shaped the manual in its entirety using the knowledge and experiences of participants in working with youth. While respecting the desires of authors to be represented the way they chose to be, we listed them in order of chapters to which they significantly contributed:

Samir Rujović
Ana Bojchevska
Viktorija Bondikjova
Petra Bezjak
Eva Rotar
B.D.
Vasil
Simona
Filip
Alden Husković
Miloš Čolan
Nađa Labudović
Aleksandar Talijan
Milena Kovačević
Admir Adilović
Ivana Radonjić
Ademir Eminović

IMPRESSUM

**Manual For Youth Workers:
Raising Capacity In Working With LGBT+ Youth**

Project:

Raising capacity of youth workers
in working with LGBT+ youth

Publisher:

Association RAINBOW
www.asocijaciaduga.org.rs

Translation:

Aleksandar Petrović

Design and prepress:

Vladimir Opsenica

Cover design:

Vladimir Opsenica

Printed by:

Standard 2

Print run:

300 copies



Funded by the
Erasmus+ Programme
of the European Union

This project has been funded by the **Erasmus+** Programme of the European Union.
This publication reflects the views only of the authors,
and the European Commission cannot be held responsible for any use which may be
made of the information contained therein.