

>> So like I said, thank you so much for coming. We're really excited to be sharing sex week with you all. We want everyone to have a great time and get the most that they can out of this event. So we do have a couple of guidelines that we just like everybody to follow.

The first one is that as a general rule, the topics discussed in sex week are often sensitive and can feel personal. Know that we're not here to judge and we created these events because we truly feel there's something to be gained from having them. The second one is that some of these events may discuss tough topics such as sexual violence, health complications and mental health issues.

Feel free to step out of the room at any point, we will not be offended at all. Additionally, we can connect you with various resources if you'd like just ask anyone with a sex week name tag or sex week merch on. The third one is we recognize that although not inherently political, many of these topics are divisive.

However, we want to note the legitimate difference between fact and opinion. We recognize and respect each person's right to their own beliefs. But we also emphasize and support scientific facts. Student Advocates for Sexual Health Awareness, the group that planned Sex Week is a public health organization. And we do actively support any medical or social intervention that has been proven to reduce health disparities.

So with that, I will let you take it away.

>> All right, awesome. Thank you so let me start by thanking Sasha for the best Sex Week of my entire life.

>> So I'm so glad to be the Dean of the College of Public Health at The Ohio State University and I'm really pleased to be introducing not just a fabulous speaker, but an old friend.

So Ilan was the very first student I met. He was a PhD student, I was an MPH student, my first year in New York City at Columbia University. So that gives you a sense of just how many decades that I've known a long time. He is now the Williams distinguished senior scholar of public policy at the Williams Institute for Sexual Orientation Law and Public Policy at UCLA's law school.

So to me, I'd like kind of short, crisp introductions the word distinguished tells you everything. So he's been at one of the leading colleges of public health in the country, schools of public health in the country. He is a distinguished law scholar at UCLA. This guy's a rock star.

His work, it's conceptually solid, it's groundbreaking and it's been really important in the public arena too. I don't know if you're going to talk about it at all to that, but maybe I could kind of kind of tee up some Q&A questions. He's been important as an expert witness, in some, at least one landmark case and some other cases in the US.

So he's a real model of an engaged public scholar. So I'm really excited to be able to sit down and hand things over to lot and we're really privileged to have him here. I'm so glad to see this room, packed. Thank you very much. It's all yours.

>> Well, thank you so much.

And thank you for Sex Week and Sasha for inviting me and for Dean Fairchild for hosting this and hosting me and having the opportunities to see her after almost ten years. So you can tell me how many decades ago we met and it's been ten years since I've seen you.

>> Yeah.

>> But and I really like that little introduction that Sex Week people read. I thought it was really cool. And I would say that all that applies to what I'm saying or everything I talked about can be difficult and it's all political, by the very nature that we're talking about public policy.

And so I would love to hear your views and your opinions when we get to some issues that we discuss. But I like the idea of focusing on facts because this is really something that unfortunately is lacking in a lot of public discourse. And you mentioned a case, there was an expert witness here on and that's kinda what I think to me the importance of trials.

Where people have to present evidence and they have to show it's not just about shouting out certain facts that they bring up out of nothing. But actually providing evidence and if we have time at the end, I will give you some examples from the work of the Williams Institute.

Most recently, regarding the whole bathroom controversy with gender and transgender people and working out. We basically showed that there's no truth to the claim that some conservative groups were promoting that women are endangered when transgender people are allowed in women's bathrooms. And that really shut down an entire campaign.

We've seen since then, they're on communication saying, I guess we can't say that anymore because now there's a study published about it. And so facts are still important. I'm gonna talk about a whole lot of stuff and so it's gonna be a mix of brief and deep, but a mix of shallow and deep, but it will all be very brief.

And so I hope that I can engage you in all of that but I kind of start with a very broad perspective because I don't know who is in the room. And just to kind of have some basic information that we share. I do welcome if I say something that you wanna raise a question about or make a statement about, I have no problem being interrupted.

I like that. I mean, if it becomes too difficult to continue, then maybe I would suggest that we move on. But if you have any question or point, I'm happy to talk about it in the middle of the talk. So just a very, very brief background and history.

First of all about some language, some terms, so I don't know. First of all, we need to know that sexual orientation is definitely gender identities. A gender is, what is your gender and sexual orientation is your sexuality, who you're attracted to or who you have intimate relationships with.

And of course, people who have a gender identity also have a sexual orientations, so it's not either or. So you can be lesbian, gay, bisexual with sexual orientation as well as others. And you can be transgender or not transgender, so does it not, you're not either lesbian or transgender you can be both.

That's what this point is. So, sexual orientation is different than gender identity. Homosexuality and heterosexuality are terms that have been, in some extent, medicalized. They are older terms, people now don't use them that much, but you might hear them. Lesbian, gay, bisexual, and straight are sexual orientations. There are many others.

I don't think I would mention it today, but it's part of the thing we've studied. We just published two papers, one on homosexuality, if you're interested in that topic, and one on queer identity. So if I mention anything, by the way, you want to reference, you can send me an email later.

Then the term sexual minorities and gender minorities is a generic term that's been to refer to these populations, to sexual minorities, is sexual orientation related minorities. So LGB, and gender minorities is transgender or gender non binary. And that's a term that the NIH has taken on, so it's been catching up.

There's actually an office of FGM at NIH. So, as the term is catching up more and more. Transgender gender non binary are two gender expressions of two genders, as well as cisgender, which is the term we use for non from transgender, so I'm cisgender meaning my sex assigned at birth was male and I identify as a man.

So that means it's the same. Intersex is a condition that many different conditions with ambiguous sexuality, sex and not going to talk about it that much. But sometimes it's part of the mix. When we talk about LGBT I, another one is Q, which can be queer, but also questioning.

Questioning is a term that's often used with young people where they say, well, I'm not straight, but I'm also not a any of the sexual minority identities, I still am questioning. So that's what that meant. And then we have those other sexual identities that I mentioned before, queer, asexual, sender loving, pansexual, demisexual, and more.

So this is just kind of some words that people use. How many of you in this room, do not know what transgender means? So this is interesting, nobody raised their hand, maybe they're embarrassed. But I edited the first issue of the American Journal of Public Health in 2001, and it was labeled, public health issues of lesbian, gay, bisexual, and transgender health.

And I got 100 calls from journalists asking me what is transgender. Not that they didn't necessarily know but they didn't know how to explain what does it mean. And it just shows how 20 years later it's the word that most people are familiar with. How many people are LGBT, this is an estimate from Gallup and it shows a big difference between 2012 and 2017, like a growth of 1%, which is kind of stunning.

It's like almost a third of the population growth. But most of it has to do with millennials, the top green line. That more and more of them are identifying as sexual or gender minority. And so these are, I would say the top estimates four and a half

percent for the LGBT community or LGBT people.

In most federal studies, you find that the proportion is about 2% to 2.5. So it's somewhere there, there are a lot of differences in measurements, and who is selected, and who answers the questions, and so forth. But this is about what we're talking about is, let's say, 2 to 4%.

When people are asked to estimate how many people are gay, they usually say, 20%. So that's why we like to show that because it's a small minority. Ohio has LGBT people, as well.

>> And this is from our Williams Institute report. We have state reports. If you are interested, you can log on that.

But we estimate about under 400,000 LGBT adults, you see that the LGBT population is diverse and some studies show more diversity than non LGBT, about 30% of LGBT couples or people are raising children. And again, you see that age distribution that I mentioned before. So there's a long history of thinking about homosexuality, and talking about that term because that's not what we're talking about the 17th century, where homosexuality was considered a sin.

And that origin, the religious condemnation of homosexuality, as Michel Foucault has shown has led to perpetuating the idea of homosexuality being first a sin, then a disease, illegal. A lot of negative connotations really stemmed from originally from religious thinking that were incorporated into law and then incorporated into medical thinking.

And it took a long time to overcome that, so much time that it's really within the past. In 1970s that the American Psychiatric Association said that homosexuality is not an illness and not a mental illness. Before that it was considered an illness and there were a lot of attempts to change sexual orientation.

How many of you have heard about conversion therapy that's been in the news a lot lately? Well, that's not a new thing. In fact, it was the recommended therapy, for people who were diagnosed as homosexual. So everybody who was homosexual, if you went to a therapist, you would have conversion therapy, basically.

And there were a range of therapies from behavioral therapies to fair cycling therapies, and of course religious teaching. This is one of the most famous books that talks about treating homosexuality, but from a psychoanalytic perspective but even early as the 1950s and 60s they began more what we used to call gay affirmative writings.

And people began to talk about the fact that homosexuality and what we call now sexual minorities, and gender minorities are not mentally ill. And Evelyn Hooker is one of those professors I can't get into all this history. It's fascinating. But she showed that psychiatrists could not determine who is gay and who is not gay by just looking at their psychiatric profiles.

Which was counter shocking and and really not even believed at the time because everybody thought that if you're homosexual, you have a very different psychiatric profile. This is a gay writer psychiatrist who wrote about homosexuality from a psychoanalytic perspective, which is a whole other interesting thing, and there's a rich history about homosexuality and American psychiatry, and how we got, to that point, of removing homosexuality as a disease.

Which is really crucial even now internationally, we always think about different countries and where they are. And if homosexuality or sodomy is criminalized, it becomes very hard to talk about anything else in countries where it is criminalized, right? And you can understand why because we can talk about same sex marriage if it's a crime to even have same sex relationship.

Does anybody know? Not who this so I tell them who it is. He is a psychiatrist who presented in the American Psychiatric Association Professional meaning in the conference on the panel in 1972. And he was a psychiatrist at the time, psychoanalysts was the most prominent profession within psychiatry.

Can anybody know why he's wearing a mask or guess why is wearing a mask?

>> He's gay.

>> He is gay. Probably controversial working at that time

>> Right, he would be fired. Because being gay was considered mental illness. You couldn't be a psychiatrist and be gay. So he had to protect himself from being fired from his job.

And not just psychiatrists was fired, a lot of people were fired from their job for being gay, because again, it was considered to be a disease. So, so much for history. So my work is focused on minority stress. And the idea behind it was that all this prejudice and stigma that has evolved over, as I showed you, decades and centuries really has led to negative attitudes,

violence, discrimination against sexual minorities.

I'll talk about gender minorities in a second but my first work was about sexual minorities. And the very basic premise of this was that prejudice and stigma lead or raise stressors in the lives of people who are sexual minorities. And these stressors cause adverse health effects. So the fact that stress causes adverse health effects was already known, and there's a lot of research on stress.

And I joined two kind of perspectives from sociology and public health, one on stigma and one on stress and I said, well they match together. And the idea behind stress, if you have stress, like being fired from a job, is a stressor. Starting a new job is also a stressor but often we talk about negative, basically major life events that are all stressful.

And all this is saying here is that these negative life events don't just happen randomly in society, there are certain groups that are socially disadvantaged because of stigma and prejudice, that experience more of them. So if I had you guess, if I took a random sample of African-Americans and White Americans and ask people, have you ever lost a job?

So everybody could lose a job unfortunately, that's not an event that doesn't happen to white people. It happens to gay people, it happens to straight people. But who would you guess it had happened more to just in their lifetime, the white random person or the black random person?

>> Black.

>> Why?

>> History of discrimination.

>> Right, because that one extra reason, so there's a lot of reasons why you might lose a job. Maybe, There's an economic downturn, there's unemployment in general. Factories close down. We've seen a lot of that in the news. Maybe you're not a good worker, there's all kinds of reasons.

But there's one extra reason. That extra reason is in public health, we call the excess in exposure. And then the discrimination in this case. So, everybody can have risk factors for losing a job. But you have a little extra here that shows you- this is two bars. That shows you the excess in exposure, as we know, can be related to an excess in disease outcome if that exposure is related to the disease.

So this is the entire minority stress theory in a nutshell, that's what it's about. I've also worked with others on gender minorities and the same model has- that I'll show you in a minute has been applied to gender minorities. And, again, you can look at more of those articles.

It's similar ideas, the basic premise which I just described, the same thing with both the gender minorities. As it goes to, as I already mentioned, racial ethnic minorities, Other groups that are stigmatized. And of course, we like to think about the intersections of those identities. So a person is not just a sexual minority, or just a racial minority, or just why or anything, they're a whole intersection of identities.

And all of them impact them in different ways. So basically what this model is showing is that social structure leads to the exposure of stressors. As I said before, discrimination leads to losing a job, which in turn leads to health outcomes, to negative health outcomes. So this is the way the model looks like.

Basically it describe what some of the stressors here. So prejudice of events, so it shows that there's an intersection of disadvantage or advantage identities. That each of them together and alone lead to more or less chance of being exposed to prejudice related events such as losing a job, such as being attacked violently.

But there are also what I call proximal stressors that happened to the socialization process. For example, a person learned to internalize negative attitude, stigma. So internalized stigma can also work. And it is a social stressor because where do we learn it, only through interactions with society, but the person applies it toward themselves, which has many, many negative effects, and I can't get into the details of that.

But those are really interesting issues including for example, concealment which is hiding who you are. And hiding who you are, you're hiding it to avoid prejudice, right? Because you're trying to protect yourself. That itself has negative impact on the person through both psychological processes where you kind of have to lie about who you are.

At work perhaps you have to hide. You have to pretend to be something else, but also to not allow you to connect with resources because if you're hiding for example, you might not come to talk about it too when you need help. So, again, just to give you some ideas about the elements of the model.

And this is some of the ways that we measure it. I'm gonna show you some results now, soon. So I just wanted to give you an example of what are some of the ways that we measure it. One important thing that I didn't mention before is when we have stress, one of the things that helps prevent the negative effects of stress, is social support and resilience.

And the same thing is true with minority stress, but the way to get that A fact of social support and resilience is through the community. It's not enough for the person to be resilient on their own self. They really need to connect with a community that tells them, that teaches them about what it's like to be in that group.

I always like to think about the, there used to be a slogan, Black is beautiful, which was a way to teach at the time black girls against all the media that they used to and continue to be exposed to. And I always think, what is it like if one girl tells it to herself looking at the mirror, Black is beautiful that is not the same as a community telling you that.

And that's the difference between community resilience and individual resilience. So here we're talking, of course individual resilience is important but the community resilience is more important in this context. In the same way, learning values from often the minority community there are positive about this community. It's something that helps you counter internalized stigma, right?

So Amy mentioned that I testified in a trial about same sex marriage. You might be surprised that people used to think, medical people used to think and say and write, that gay people, LGBT people, sexual minorities do not have intimate relationships. They only have sexual relationships, that they are unable to have intimacy and that they live lonely lives.

By the way, interesting in stigma research, we see a lot of themes repeated in different groups, like oversexualization of the group. They're very sexual. That's been said about racial minorities, ethnic minorities, a lot of stigmatized groups, we see the same themes. But with gay people, I'm sorry to use gay in general for men and women and other sexual minority.

The notion was that they're not able to have relationships. So if this is what you learn, as many, many people did learn, that you're never gonna have a relationship, you're never gonna be able to achieve intimacy, some of you couldn't have children. You can see how that can be a little difficult to deal with.

And so, having a community that tells you the opposite and shows you role models that achieve relationships can be a hugely impactful ameliorating factor, a factor that goes against the stress or the stigma. So by definition of this minority stress, the social context matters because it's all about social context, social environment, legal environment.

And we've seen in the past, certainly 20 years, but really since the 60s, huge changes in public attitudes. I already mentioned that homosexuality was considered a disease, and of course, it's not since the 70s. Sodomy was under law in United States until 2005. So a lot has changed.

One really interesting or I think dramatic I would say, example of that is attitude towards same sex marriage, which you see from 1996 to 2019, 2020 years. There's been a huge shift where almost a third of the population felt that it is not acceptable to almost two thirds and it is acceptable over just 20 years.

So there's been shift, there's been an interesting shift, this is just over 10 years. These are two maps that are showing state by state. This is a group that did a tally of a whole range of laws and conditions that affect sexual and gender minorities. So this is football sexual and gender minorities.

And you could see the red is the worse and the dark green is the best in terms of how they count it, like do they have protection? Can they change the ID? Can they change their gender? Are there religious exemptions for laws? Can they be discriminated or not?

There's a whole range of things. And then you see again a huge change, it also shows you that we're not done yet, which is why I kind of like this map because sometimes people over-estimate how much has changed for people. And you can also see that there are regional differences, right?

But the fact that things have changed has been noted in the literature. And the title of this book says the notion is that

homophobia has declined. And in fact, this author McCormick, said this is actually established from London. It's a qualitative study of high schools, where the investigator investigated the environment that sexual minority kids experienced in high school.

And he basically said that the whole thing about minority stress is historical killed fact but no longer an issue. And in fact, Savrin Williams, who was a professor at Cornell, felt not only that minority stress is no longer relevant but it is stigmatizing. That the minority stress saying that gay people could be harmed by stigma is itself stigmatizing because we're so beyond stigma.

So now, just a little comment, I've been talking about it for a while and this study that I'm talking about started six years ago. And it's been a really interesting change in my rhetoric before and after Trump was elected. Because before Trump was elected, I had to convince people that even though things are so much better, there's still work to do.

And people were like, what are you talking about? We're done with this topic. And now I am in the opposite end and I have to remind people that things will improve.

>> So it's kind of a good perspective on how history is not linear and how things that we think accomplished are not always accomplished, yeah?

>> We'll see the medicalization of transgender people in a similar way to how sexuality was.

>> I do think there's a lot of push for that and there's some countries where certainly certain condition related issue have been already. I think it's a little more tricky because of the, and we can talk about it later.

Because of the, number one, the need for insurance coverage, and number two, the need for some medical interventions like prescribing hormones. But people are working on that, and there's a lot of interesting debate, I don't know if you're familiar with that. And they're really interesting question. I don't think is that easy, but we can talk about it more.

But I do think that it will happen. So now I wanna tell you about these two studies that, I'm actually just finishing now. One is called Trans Pop and one is called generations. I'm going to talk a little bit more about generations because that's more connective with the theme that I was just talking about, about how social changes impact minority stress.

But I'm going to show you results from both. So both of the studies are innovative in that they both are the first one that we tried to do an LGBT or sexual and gender minority study that uses a completely representative or probability or random sample of the entire US population.

And that was basically done by Gallup, which is a survey organization. And they called, I don't have the numbe, actually we actually call 400,000 people, and we asked them basically, are you gay?

>> And did the bunch of screens, including sexual and gender minority screens. And then if we identified a LGB non-transgender person, they were sent to generation.

Then we identified transgender person that could be LGB or straight. There were sent to this study because there were different questions that we wanted to ask. And in particular, we did have a lot of question about transitioning and about social transitioning, about medical needs and things like that for the trans population.

But the studies are very, very similar. And so going back to generations, I put them the top here that little thing that tells you what started talking about. We basically looked at the whole history in the United States since the 1960s, and this is available on our website.

We worked really hard on that. If you're interested in looking at historical points up to the end of 2015 when we did it. So what we did there is we looked at what ages should we decide are representing significant periods in history regarding LGBT issues in the United States?

And we looked at people when they were around age ten, not because we thought they were active in the gay community. But the theory was, what would be the discourse around them if they connected with the LGBT community at the time when they were at that age. And the idea was that that influence they're growing up.

And when they came out as gay or lesbian, that was the discourse around that. And we define three cohorts, one we call pride because people who are born before but kind of came of age immediately after Stonewall, the uprising and the

beginning of the gay rights movement. Where the notion of pride, the notion of identity were very prominent then.

And a lot of the discourse was around that. The second cohort we call the disability, which was in the early 90s after the AIDS became a public health crisis like in the mid 80s. Started in 81 but became a crisis in the mid 80s. And with all the negative impact that it had on the LGBT community, it also had some positive impacts such as growing visibility and especially growing off structures.

Both in terms of political structures and health structures and community structures that proliferated because of the response to AIDS at the time. So this group, and then the third group there's more people who were born in the 90, who came of age in the 90s. Those are millennials mostly.

And we call it the equality generations because the discourse around that time was about equality, not just marriage equality, but just equality in general. And those names do not necessarily mean that they're not perfect, but it kind of a quick reference. And this is some events that occurred during that time.

So this is the prior generation. We call it identity formation. The second generations were 34 to 41 in 2016, when we collected the data and this is some of the many things that took place in that period, which I was referring to as increased visibility. And this is the equality generation.

Again, some of the core events or experiences that characterize their, when they were children, still. And so our aim was to describe identity in these three generations, to describe minority stress and resilience. For example, I mentioned internalized stigma. Is it the same when you grow up in the equality generation as it was when you were in the 70s?

Of course, obviously, it's not. Younger people would not have as much internalized stigma because we think that stigma has reduced in society, so that's one example. We also wanted to look at utilization of healthcare services because a lot of the healthcare structures that were targeting sexual and gender minorities were centered in LGBT organizations.

And one of my concerns was if some of those other books that talk about the post gay world will correct, then young people will no longer connect with LGBT communities or with LGBT resources. Or when they go online to search for information they're not gonna use those terms.

And if everything was directed toward those terms, we're losing an entire generation that's no longer connected with that was important to know about that. And then, of course, looking at the health effects of the stress. So this was that, of course, that the young people will be more comfortable coming out, they'd experience less minority stress.

They have less adverse outcomes like suicide and depression and substance use. And a weaker sense of gay identity because of that post gay hypothesis. And, So some results. So we did see remarkable differences in what we call coming out, which is ages that people mark are important related to their LGB identity.

So you see that all of the generation, this is the young, the middle, and older generation. All of them kinda come to realize that they're attracted to same sex persons around the same age. Which, I don't wanna get into a debate about that, I don't necessarily know if that's true or not, but this kinda points to a more biological perhaps but.

But what is interesting here is the young age that identify as gay. The young generation at age 14, the older generation at age 18. And most fascinating to me, the age that they came out to a family member. The young age people two years later when they were 16, they came out to a family member.

The people of the older generation all the way at age 26. So that's a remarkable differences in what it means to be an LGB person in American society. Over this decade. But when it comes to stressors, I can see already the reveal. We did not see the differences that we expected to see in terms of the younger generation being exposed to a lot less stress than the older generation.

And even though I was always skeptical about the post gay world as I was about the post racial world that we were in after Obama was elected. I was just surprised by finding some of these findings. So this is conversion therapy. We see about the same rates of exposure to conversion therapy in the older and the younger people, meaning it continues to be, and we call it a stressor, and we actually have a paper coming out shortly, if the editor will stop harassing us.

>> That shows a relationship between conversion therapy and suicide attempts. Yeah.  
>> Do we see any regional differences with  
>> We haven't looked at that yet but that's in my discussion.  
>> Okay.  
>> And these are experiences of violent events and victimization. To make it easier I put in red the highest numbers and blue the lowest number.

And you see the younger generation here, had less of the someone verbally insulted you, to an object you robbed, property was telling or beaten, physically attacked, sexually assaulted. But these are lifetime rates. And of course if you're older you have more lifetime experience. When we looked at one year, so everybody's equal in that, you see that the younger generation experiences the most of all of these.

And to me that was quite stunning because again, supposedly our society is so much better and so much more accepting and it's so easy. The same thing is true when we looked at some of the internalized homophobia, internalized stigma, the stigma is the experience of stigma. And the everyday discrimination, which is a scale that you might be familiar with that a lot of people use to measure experiences discrimination.

Again, the young cohort was always higher than the older cohorts. And, again, there's different reasons but what it definitely doesn't show is that things are completely better for the younger cohort as that cohort that I showed you from that British writer. When we looked at mental health indicators, we found psychological distress to be higher in the younger cohort.

That is not telling a lot because that is true in general in the populations, the younger cohort have more psychological distress. But again, it's not like we find that they have less psychological distress. So it may not completely confirm that they have more but it definitely showed that they don't have less.

And this to me is always like the greatest barometer of where we are, I don't know, I just kind of in my mind, and that is suicide attempts. And we see and this is over the lifetime so the younger people still have a lot less chance to have it.

What happens with suicide attempts that it does tend to for LGBT people tends to be around the ages around coming out issues. But we see 30% so one in three had a suicide attempt. This is not ideation. And I quote here the national average to the right where you don't see anything, that's because it's so low.

So this numbers are huge numbers. And the younger generations, again has higher rates than even the two other generations. So you can again start to think why this is happening or not, but it's so it doesn't look like they're better off, in terms of that.  
>> Was there an item asking if respondents or measuring the ability to passed others.

>> Do we have that item?  
>> Yeah, and with that.  
>> We don't have the ability but we have, whether or not they are out.  
>> Okay.  
>> But, that is related to some of the violence and not in this study but in other studies.  
>> Yeah.  
>> Finally, in terms of relationship with the community, so to me, that was the only good news in that we did not see a withdrawal of the young people from LGBT community.

I didn't show you before is the use of identities. A lot of them don't use lesbian, gay, bisexual. They use a whole range of identities. But we did ask them specifically about how central their sexual minority identity were to them. And you see that they're almost the same as all the other generation.

So they're not post game, the sense of they're saying, it's not a big deal. We don't care about sexual minority identity. And the same thing is true in terms of the connection with the LGBT community and we did ask it like that. So we use the term LGBT community just because that's a term that is a lot of centers use and a lot of the media and this is like a term.

And so we didn't ask them if they said I'm asexual, what is relationship with the asexual community. We asked them specifically, purposefully, the LGBT community. And I can tell you that this is good news because in other studies, we've already shown that that is protected. People who are connected are better informed about HIV prevention about the use of prep.

About other issues that are of significant to sexual minority health.

>> We are yes, so we have ethnic, racial identity. What we do know is that it doesn't differ. So the fact that you are black or Latino doesn't make you less connected. But we also have connections with ethnic and minority communities.

And there are some issues around acceptance within the gay community of ethnic minorities. So we do have studies that show that of course what you would expect. That it's not easy and there's a lot of tensions around race and other socioeconomic status. I just want to show you some of the results from the transgender study.

And again, we're seeing. And this is not connected to these three cohorts, because we just wanted to get some information. And unfortunately, this is nothing surprising. Although it should be shocking to us, it's expected. And we found that transgender people, and here we have a comparison sample of cisgender meaning non transgender individual.

And we found higher rates of experiencing stressors, higher rates of bullying, incredibly higher. It's not just a little higher, when you do studies like that, you find huge differences, yeah.

>> Does this take into account late transitioners versus early transitioners?

>> Not yet, not yet. We're looking now at milestones and how they're related.

Here we see the everyday discrimination. Again, the bold numbers are significantly higher and you can see the numbers are much higher. And this is stressful experiences in the past year. Again, transgender, cisgender Chronic strains. So, the two studies are- have websites. And if you want to use the data, you can because they're gonna be available to the public soon and if anybody wants to- they're going to be at ICPSR in the University of Michigan archives.

So you can use that. So, we have some time for discussion and question. I won't show you my discussion points because they're not anything that- I would love to hear some of your thoughts about that. But basically, my feeling is, as much as I thought that minority stress probably continues in young people today, I was surprised by how much we didn't find evidence for things have gotten so much better.

And we also have a qualitative study, we interviewed people and by the way that data is available too, we interviewed people about in great detail including on intersectional issues. And even there, it was rare to find a story where somebody says, I came out, it was great, everybody loved me and there was no issue.

>> It was much more likely to talk about the opposite. Now I'm talking about the young cohort, not to mention the other cohort. So, that's my conclusion. And there are things that we're doing to look at the regional differences. Religion is an important thing. Whole right intersectionality, yeah.

>> That looks at their people have. So for example, I think about being here in Ohio, you're living in kind of a part of Ohio, you're isolated from these areas. Experience

>> Right.

>> And I had the same experience when I was in Kansas, so there's a really high contrast from when I was living in New York.

New York wasn't that much different than being out in other parts of New York State.

>> Right.

>> And so, I'm wondering about how that kind of contact effect impacts that minority stress and that experience that you had?

>> We are definitely interested in that and we have questions about that we even have a variable created that measures the distance from a closest LGBT center, the LGBT community centers.

And we have a on that but we haven't done all of this analysis, we haven't done the analysis by regions. But I have a colleague who is doing now, did you see that the map of the states as I showed you, we're looking at differences between the states based on the legal status.

But those are all things that I would expect would matter. But one of the stories I told you with qualitative study, we have a qualitative study that's not a probability sample or always but it's not a probability sample. And one of the first cases that I listened as part of our quality control, this was done in five different regions.

The qualitative part and one of the first one was a young guy who was 18, Who was gay and lived- and was born in San Francisco. And if you're a gay person, there's no better place in the world to be born.

>> And yet his story was- I was just stunned.

It was the same struggles, the same family rejection issues, the same. He was also talking about intra-community issues and I mean, we didn't see, I didn't see him, but he described himself as heavyset and having- even when he came out, having had trouble connecting with the community because of there's all these other pressures on gay men at least.

So, and the reason behind all of that was religion. He was born into a very religious family. So I think you're right. But I began to think, because of that and because of the rest of our results, that we think about environment in much broader term than how we live our environments.

And for this kid, being born in San Francisco really didn't matter, what mattered that his family was so religious, his church was so anti gay. So I think, I don't know how to capture that but I definitely in line with what you're saying.

>> Another thing that I've noticed living in a different place is because Kansas or Nebraska people, I actually felt a stronger sense of community there, since there was kinda more external force that forced people to get along and get together.

Whereas when I was in New York, that didn't really exist, right?

>> Right.

>> So I think it's complicated.

>> Exactly, so that's what I think, I don't know if we're doing that. I don't actually know of studies that think about environment as almost personal environment, or micro-environment.

And I think that would be really fascinating. I'm working with somebody on a study of minority stress in youth, and we're trying to talk about not just did you experience stressors but exactly where and with whom. So that's going along that line. So, I think with race studies, people also talk about segregated communities and the negative and the positive.

Sometimes people just portray it as a negative thing, but for some reason, you said there's also a lot of positives. And so we can't just talk about even community in such broad terms, but at the end of the day, probably because we do look at black population issues, and I think it's the good areas to think about, yeah.

>> How do you account for people in these studies who when they get a phone call, it's like, hey are you gay or transgender? They just hang up.

>> Well, hanging up is actually a huge problem in survey and a lot of survey research. So, our transphobe survey actually shifted from telephone activities, not because we wanted to, necessarily.

But because a lot of server groups now changing to address based sampling versus phone. The phone by the way with cell phones and landline. So it wasn't just landline, but it's very, very hard. We didn't just ask that question. So there a lot of question, actually it's part of the whole Gallup questionnaire and some of them ask about political issues and some bad health.

I did, so it was kind of like one of the questions and then if they said that they are, then we ask them more questions.

>> And when a very high participation rate in terms of people willing to participate, they then literally all complete the long questionnaires. So once they did the form, and we identified them, then we refer them to the questionnaire by either mail or email.

And that was a longer question, the phone interview was very short. So I don't think people hang up as much. In fact, Several researchers used to hate asking this question. One of the first times I did on that actually was on that very question. Because I was designing this study years and years ago, it wasn't funded then but I did survey about that and people don't mind talking about They like that better than a lot of other questions the survey has asked them.

>> They don't like income questions, they're suspicious. So, I don't expect that this is a huge issue of people because of that, they might hang up the phone for many other reasons, but not just that. So, it's more random.

>> How long, the Dean wants you to ask you a question?

>> Okay

>> And you can answer this as a give me a methods answer, but you know me, that's not necessarily what I'm looking for, so, I was really struck when you talked about your rhetoric pre and post-

>> Yeah

>> Trump, and the question is, how do we account for social polarization?

So, one of the incidents we had on campus was in one of our buildings, people being targeted, with it's okay to be white, it's okay to be Christian. I don't know if they're there, it's okay to be straight science. I can only imagine that, that's the case, but that seems to be I mean, the irony is this is now the experience and the equality generation.

I think it's been there all along. We've been seen increases in economic disparity since the Reagan administration, but it's bubbled up in a new kind of way, so, how do you factor in this moment in history and in the ways in which we are engaging in civil discourse as a society around a lot of these polarizing issues, divisive issues?

>> Wow

>> I mean, that is, to me, a very depressing time, in terms of what they call political tribalism. I would say one thing about, it's okay to be white and it's okay to be straight. That from a public health or really from a sociological perspective, the plight of people who feel oppressed for a majority position, is different.

And I was asked that actually, in every trial they ask me. And this is about Christians mostly. They ask me, well aren't Christians suffering from stigma, from people who hate them? It's not the same. In American society, if you're a Christian, you might suffer somebody not liking you.

But the power of that rejection is very different than the rejection based on the race, gender, gender is actually very complicated, and sexual orientation. So, because and I've talked about minor stress or very minor stressors that can have a huge impact. Why does it impact you, if somebody calls your name?

That has to do mostly with the power of social stigma that reverberates through your whole life history, right? So, if somebody calls me a name, it brings me back to being in first grade. If somebody called a straight person a name, referring to them being straight, it doesn't have that power, it doesn't mean that, I certainly don't think it's a good thing, I really hate all this tribalism.

I just wanna say, as the people said, facts are facts, it is a different thing, it's not a good thing. Even discrimination, discrimination is never a good thing, it has a different meaning when it's done against a group that has historical racism, sexism, it just has a different quality.

And again, to be clear, it is not to say that I minimize it, but it has a different impact psychologically as well as rhetorically and sociologically. So, I think that's a, and actually I'm in the law school, and that's a very difficult concept to tell lawyers, interestingly. Because they think the law is the law, you can't discriminate.

And I actually went and talked about it at this conference in Harvard, and I was a huge star, was surprised because I thought what I was saying was like so obvious.

>> And they were, wow, discrimination is not the same.

>> So, when a gay person is rejected from a wedding cake maker, is not the same as a straight couple being rejected.

When a black person is rejected from riding a bus, is not the same as a white person, just because of what it means when reverberate, when it means for. So, we have to remember that and at the same time, I do believe that people should be nice to each other

>> Including all those democrats who are on my Facebook and attacking each other.

>> Do you have any frameworks that you have found that were building and were

>> Right

>> And minority populations institutions otherwise

>> Exactly, interesting, yeah, let me take one more question and then I definitely wanna answer that.

Did you have any? Yeah

>> I'm a huge fan, so, thank you for coming to. So, I'm a PhD student who studies suicidality in bisexual and other non-bisexual populations. I'm wondering, in your opinion, what are the next steps in terms of research with really getting into why so many folks are committing suicide and what are the next steps for us to kind of tackle that?

>> Okay, so let me go to the resilience question, I think for me resilience is only measured in community level. I'm really interested in individual resilience people, that's another controversial thing that I always think people would hate me for and that's I agree with that.

>> I feel like individual resilience is the wrong approach, it's a psychological concept but for public health is the wrong approach because, we're interested in making structures that work for people.

We cannot count on people working against bad structures because they are resilient, that is not a good thing and I don't feel like elevated when I hear a story about a horrible person who is resilient, a person that, in horrible circumstances, who was resilient. It makes me feel sad, that we are so focused on how resilient they are, because that makes the other people who are not resilient, by default, blameful.

So, I think all resiliency is about what do you do to support community. And there are many different ways that you can do that. I think I mentioned the gay community centers now it's not for everybody, but they're very sparsely located, the person who was actually a PhD student at Columbia did this paper, looking at LGBT community centers, there are a handful across the country who provide transgender services.

So, this is one thing to do, for example, It doesn't mean that that, that's just a beginning. Talking about youth people, talk about GSAs, they used to be called gay-straight alliance. Now it's called, does anybody know what it's, they've kept the acronym, but it's called something, it stands-

>> What is it?

>> GSTA, cuz they added trans-

>> No, it's not gay-straight, it's gender, something, anyway. So that's a social club in high schools that is supposed to promote, for sexual and gender minorities and their allies, an environment where they can meet and talk, and I think that is very helpful.

But really, what people always bring up is resilience for kids in high school, and to me, that's just the drop in the bucket. That's an obvious thing, that you should allow kids to meet in a club, but that's not providing the support that they need. And I've actually written about that, in terms of what schools should do.

And I think they should debate, talking about what Amy just brought up, there should be debates in school. And I think it's okay for the debates to be difficult, because if you don't do it in a school, where are you gonna do it? But they also should be respect and protection for LGBT youth.

And in California, we have a law that requires all textbooks to include information about, I think they call it the contribution of LGBT people to the history of the state. So it's just to teach students about, and it adds to a whole list of communities that are required.

Of course, that law doesn't have strong teeth. And after I wrote this article about what schools can do or should do, legally, I got a call from a teacher in California, at LAUSD, which is very good in terms of those resilience issues. And again, talking about what we talked about, micro-communities.

She was telling me, I'm in a very religious community, and I can't even do any of what you're talking about. Any of what is required by law, because the parents don't want me to do it, and she was very desperate. So there's a lot, a lot, a lot to do, but this is just some examples.

And of course, laws and policies also advance resilience, so there's a lot to do. So in terms of the suicide, this is really a very difficult, and feel very emotional when I see data that. And I don't know if you're personal with the YRBS data. YRBS is the Youth Risk Behavior Survey that's conducted by the Centers for Disease Control.

And they publish, have been for a while, results based on sexual orientation. And now some states, it's state-by-state, I think

a majority of states have sexual orientation questions, and a minority of them have gender identity questions. So when they publish their result, which is once a year or two, I think once a year, I immediately look at the suicide numbers.

And they're always heartbreaking because, to me, until we see those reduce, something is still wrong. I don't care what all these writers talk about, if young people in high school attempt suicide. So there's a lot, I think what's needed is actually along the same line. What can we do in schools, with parents and with students, to intervene so that it doesn't get to death?

And I don't mean the kind of intervention that is preventing a suicide attempt, although of course that's very important. I was just in Australia, in a conference on suicide prevention, and I was really horrified that they invited me. But yet the discussion, they're developing a national prevention effort for suicide.

And all it was was about, now people want to focus on the, kind of the last minute, right, before the suicide attempt occurs. And everything I was talking about is about what you do for the entire lifetime before that last minute. So I'm not saying, again, it's important to prevent the suicide then.

But what can we do with parents, teachers, and children to educate them, to develop resilience, to reduce stigma. So that they don't need to think about, I'm gonna be alone, I mean, I'm going against what God tells me. There's work on family acceptance that you can look at.

The Family Acceptance Project, which is really interesting, working with religious families, and this is a project from Caitlin Ryan. Her approach to working with religious families is to work with them on the importance of family. She tells them, you don't have to accept homosexuality, we don't have to discuss that part.

Which of kind of maybe doesn't total make sense, honestly.

>> But no, but it works the way she does it, she works with their own value system, of the importance of the family. You don't want your kid to die, you don't want to lose your kid. She worked with Mormon families a lot, and so that's an entry, to enter this discussion.

And of course, hopefully, we hope that they do accept their kids as gay, lesbian, bisexual, or transgender. But a lot of times, that's when parents wake up, is around suicide. So in some ways, that's also an opportunity. We had a woman call us, whose child is a transgender boy, and she wrote about it too.

But she told me that when she read in our website, about the association between suicide and transgender youth. Is when she realized that she cannot wait with her kid, and allowed him to express himself, and it was a difficult point for her. But the way she described it is, if my kid had, her kid actually did have other medical, hearing problems, that I immediately would go to try to help.

But with that, she couldn't, because her husband was against it at first. It was the idea of suicide that led her to action. So sometimes, it could be an opportunity, too. But I'm looking for you all to figure out-

>> Your parents' generation. So I think we're done, right?

>> I think we're at the end, so along-

>> I think it's not hard to find, there's one. Now, you can find my email easily, but if you wanna email me, you're welcome to do that. And as I said, we do share our data, it will be probably in June, in ICPSR.

But if anybody wants to do it before that, you can email me, and we have a procedure, a process for that.

>> Come on-

>> Thank you.

>> Thank you.