

August 26th, 2009

House Bill No. 4192

Melissa J. Grey, Ph.D.
5730 E. Church RD.
Bancroft, MI. 48414
810.444.9206

House Bill No. 4192
House Judiciary Committee Hearing

Dear Representatives of the House Committee:

I write this letter in support of HB4192 to amend the Elliott-Larsen civil rights act because of the overwhelming empirical evidence that discrimination causes individual and community harm and because of my professional experience with people who have needed these protections.

As a clinical psychologist, I have professional knowledge and experience about discrimination based on sexual orientation, gender identity, and gender expression. I have conducted research on the effects of sexual orientation-based discrimination, and I have worked with hundreds of college students and community members in mental health treatment. The empirical psychological research clearly shows that discrimination based on sexual orientation, gender identity, and gender expression is harmful. Personally, I have provided mental health treatment to gay and transgender persons who have experienced negative health consequences from discrimination.

Discrimination is an Alarming Community Problem

The problem of discrimination based on sexual orientation, gender identity, and gender expression is commonplace. In a national probability sample of lesbians, gay men, and bisexuals, approximately 20% had been criminally victimized, 50% had experienced verbal abuse, and 11% reported having experienced employment or housing discrimination in their adult lifetime because of their sexual orientation.ⁱ Since 1999, empirical studies have shown that transgender people across the U.S. experience even higher rates of verbal harassment, physical violence, and housing and employment discrimination.ⁱⁱ For example, approximately 40% of transgender people have reported some kind of job discrimination.ⁱⁱⁱ

Discrimination is Bad for Your Health

All people deserve to be free from discrimination and unfair treatment, including in employment, housing, and public accommodations. A body of scientific research has shown that unfair treatment on the basis of sexual orientation,^{iv} gender identity, and gender expression^v is associated with physical health problems and such mental health consequences as depression, anxiety, substance abuse, and suicidal ideation and suicidal behaviors.

It is important to note that sexual orientation and gender identity do not determine a person's mental health. The psychological and medical communities affirm that being gay is not an illness. Rather, it is the discrimination and unfair treatment of gay and transgender people that leads to their additional psychological distress.

In my clinical experience at two public universities in Michigan, I have provided mental health services to hundreds of students from all regions of Michigan as well as those from other states and countries. I have worked with clients who are scared and exhausted at work, at home, and in public because of sexual orientation and gender identity discrimination. They have been harassed, attacked, discriminated against, and barred from fair opportunities in every life arena on the basis of their sexual orientation or gender identity. It is clear that discrimination has serious harmful effects on gay and transgender people, but the negative consequences extend beyond these individuals to their families and communities.

The Widespread Costs of Discrimination

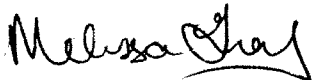
Employers and community members are negatively impacted by discrimination against gay and transgender people. The stress of discrimination against gay and transgender people affects their friends, family, and community members.^{vi} Discrimination has also been related to more negative work attitudes, fewer promotions,^{vii} and decreased job satisfaction.^{viii} In the workplace, the psychological distress from discrimination, described above, has been related to seven types of costs to employers. Indirect economic costs include low morale, motivation, and satisfaction, communication breakdowns, poor decision-making, decreased quality of work relations, and aggression. Direct economic costs include participation and membership problems (for example, absenteeism), decreased job performance, and increased turnover, grievances, work stoppages, and health care costs.^{ix} Discrimination, then, has widespread and demonstrable social and economic consequences for our communities.

Summary

The systematic and verifiable nature of the information gained from sound psychological research is invaluable to this legislative decision. There is overwhelming empirical evidence that discrimination based on sexual orientation, gender identity, and gender expression is widespread. An extensive body of research also shows that gay and transgender people experience negative mental health consequences because of this discrimination, and my work with clients in mental health treatment illustrates this research in a significantly personal way. Families, workplaces, and communities are also negatively impacted by this discrimination.

Fair treatment is not only a cornerstone of citizens' health, but it is also essential for promoting successful workplaces and vibrant communities. Discrimination based on sexual orientation, gender identity, and gender expression is injurious to everyday citizens and to our communities. As a citizen and as a psychologist, I strongly support the House Bill No. 4192.

Sincerely,



Melissa J. Grey, Ph.D.
Clinical Psychologist
District 85

-
- ⁱ Herek, G. M. (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence*, 24(1), 54-74.
- ⁱⁱ Clements, K., Wilkinson, W., Kitano, K., & Marx, R. (1999). Prevention and health service needs of the transgender community in San Francisco. *International Journal of Transgenderism*, 3(1/2), 1999; Keatley, J. (2003). *Drug use, HIV risk, and social stigma among male-to-female transgenders o color*. Proceedings from the NIDA-sponsored Satellite Sessions in Association with the XIV International AIDS Conference, Barcelona, Spain, July 2002 (pp. 173-175). Bethesda, MD: National Institute on Drug Abuse; Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2001). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality*, 42(1), 89-101; Reback, C. J., Simon, P. A., Bemis, C. C., & Gatson, B. (2001). The Los Angeles transgender health study: Community report. *West Hollywood, CA: Cathy J. Reback; Xavier, J. M., Bobbin, M., Singer, B., & Budd, E. (2005). A needs assessment of transgendered people of color living in Washington, DC. International Journal of Transgenderism*8(2/3) 31-48.
- ⁱⁱⁱ Movement Advancement Project, *Advancing Transgender Equality: A Guide For LGBT Organization and Funders*, January, 2009, 19-24.
- ^{iv} Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 91, 1869-1876; Meyer, I. H. (2001). Why lesbian, gay, bisexual, and transgender public health? *American Journal of Public Health*, 91, 856-859
- ^v American Psychological Association, *Report of the Task Force on Gender Identity and Gender Variance*, August, 2008.
- ^{vi} Massie, M.K. *The Stress of Workplace Discrimination: What Can Employers and Employees Do?* <http://career-advice.monster.com/in-the-office/Workplace-Issues/Stress-from-Workplace-Discrimination/article.aspx>, 2009.
- ^{vii} Ragins, B.R. & Cornwell, J.M. (2001). Pink triangles: Antecedents and consequences of perceived workplace discrimination against gay and lesbian employees. *Journal of Applied Psychology*, 86, 1244-1261.
- ^{viii} Waldo, C.R. (1999). Working in a majority context: A structural model of heterosexism as minority stress in the workplace. *Journal of Counseling Psychology*, 46, 218-232.
- ^{ix} Quick, J.C., Quick, J.D., Nelson, D.L., & Hurrell, Jr., J.J. (1997). *Preventive Stress Management in Organizations*. Washington, DC: American Psychological Association.