

Article 66

From Awareness to Action: Becoming a LGBT Advocate in a Conservative Rural Community

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Abstract

Graduate students training to be mental health counselors are taught the importance of developing the skills to advocate for clients, especially those from underrepresented groups. This article chronicles one student's journey from growing awareness of the struggles of the lesbian, gay, bisexual, and transgendered (LGBT) population in a rural community to making a personal and professional commitment to advocacy by establishing a chapter of Parents, Families and Friends of Lesbians and Gays (PFLAG). Personal reflections and a case study are included that demonstrate both the emotional and practical steps needed to implement advocacy initiatives.

The importance of mental health practitioners being prepared to provide services to clients from diverse groups and to potentially advocate for underrepresented populations is a well-established expectation in the counseling profession. The American Counseling Association (ACA) *Code of Ethics* (2014) clearly states, "When appropriate,

counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients” (p. 5). ACA felt so strongly about the importance of client advocacy that they created a task force that created specific advocacy competencies for the counseling profession (Lewis, Arnold, House, & Toporek, 2002). To prepare students to meet these expectations, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) has specified both knowledge and skills standards for training programs related to client advocacy in order to assure students “Understand effective strategies to support client advocacy and influence public policy and agreement relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling” (p. 113) and that students will be able to “advocate(s) for policies, programs, and services that are equitable and responsive to the unique needs of clients” (p. 114). This means that training programs must develop ways for students to become involved in implementing meaningful advocacy initiatives both within the context of their curricular and extra-curricular experiences. This article chronicles the journey of a graduate student in a Clinical Mental Health Counseling training program from the awareness of the importance of advocacy to the implementation of advocacy action that resulted in the creation of a partnership with interested community members to establish a chapter of Parents, Families and Friends of Lesbians and Gays (PFLAG) in a rural setting in Nebraska.

Support and resources for lesbian, gay, bisexual and transgendered individuals and their families is especially important in more conservative rural areas in states like Nebraska, where political and social oppression is routinely experienced individually, institutionally and legislatively. In rural communities, LGBT individuals and their families often face discrimination and a lack of social support systems (Fisher, Irwin, & Coleman, 2013; Kennedy, 2010; King & Dabelko-Schoeny, 2009; Kosciw, Greytak, & Diaz, 2009; Leedy & Connolly, 2008; Meyer, 2003; Yarbrough, 2003). For example, 97% of rural LGBT students report hearing negative remarks related to their sexual orientation or gender expression, 87% being verbally harassed, nearly half being physically harassed, and one in five being physically abused in their school setting (Palmer, Kosciw, & Bartkiewicz, 2012). The social isolation of LGBT adolescents in rural settings has led to mental health issues such as difficulty developing positive self-identity and higher rates of suicidal behaviors than heterosexual peers (Cohn & Hastings, 2010; Poon & Saewyc, 2009). In rural Nebraska, LGBT individual have significantly lower social engagement, are not as out to familial and social circles, are less accepting of their LGBT identity, and show more depressive symptoms than those living in urban settings (Fisher et al., 2013). As LGBT individuals come out, family members also experience an adaptation of identity and need additional resources and support. As Fields (2001) stated, “straight mothers and fathers may find on their sons’ and daughters’ coming out, they can no longer claim simply to be ‘parents’; instead, they become ‘the parents of lesbians and gay men’” (p. 2).

Unfortunately, despite the need, there are few available resources in rural settings for LGBT students or their families. Only one in 10 students reported having access to LGBT resources and only 13% reported that school staff intervened when harassment or abuse was occurring at school (Palmer, Kosciw, & Bartkiewicz, 2012). Both general and

mental health care in rural areas is restricted for LGBT individuals and treatment providers often lack knowledge about their specific needs or their social and legal challenges (Eady, Dobinson, & Ross, 2011; Eliason & Hughes, 2004; Mollon, 2012; Walinsky & Whitcomb, 2010; Willging, Salvador, & Kano, 2006). For example, in rural Nebraska, there are no LGBT community centers and the only clinic and service organization specific to LGBT needs in the state is located in Omaha (Fisher et al., 2013). There is a constitutional ban on same-sex marriage in Nebraska and attempts to pass employment non-discrimination policies have created contentious debate and tension in communities where they have been proposed. Attempts to repeal policies have been made in the two urban centers where they passed. In one rural Nebraska community, an initiative for creating employment protection equality for LGBT individuals was recently voted down amid statements from community members such as “this community did not want to become known as ‘gay-friendly’” (Overstreet, 2012a). Community leaders stated there was no need for laws protecting special populations and the state governor expressed his belief that “adding sexual orientation as a protected class would... hurt small businesses” (Overstreet, 2012b).

The dialogue in Nebraska among community members concerning the moral, legal, and social justice implications of actions emerging during the employment equality debate influenced one counselor-in-training to take advocacy action. This article chronicles how his personal journey intersected with his professional training to move him from heterosexism to advocacy in support of the LGBT population, and highlights the importance of faculty in counseling training programs providing hands-on opportunities in advocacy action for students.

Personal Testimony—Journey to Awareness

I grew up in a conservative farm family in Nebraska. Upon graduating from high school I attended college at Nebraska Wesleyan University. While there I became a born-again Christian and accepted the predominant views of White, evangelical, charismatic Christianity. Regarding homosexuals, this meant that they were sinners who could change their sexual orientation. I did not use the term gay as I felt that was a corruption of the word. While I was not filled with the hatred that some Christians hold regarding the LGBT population, I was not sympathetic to their views and politely but firmly held to the view that they just needed Jesus and all would be well. I participated at one point in a ministry that later became known as Exodus International, where I had friends who struggled with their sexual orientation and with whom I spent many hours praying and listening as they told their stories and even participated in one session of exorcism attempting to rid a young man of “homosexual demons.”

In 1998, I started a church in Littleton, Colorado. My wife and I had two sons. We were delighted in our boys and would do anything for them. Our oldest son, Jacob, tended to be somewhat effeminate. We were not too concerned about this until he reached middle school and when we relocated to Nebraska and he began to experience bullying from other students as well as from at least one teacher. By the time Jacob started high school, his demeanor had changed to that of a very angry young man and he began dressing in the “goth” style. In 2004, he attempted suicide. We rushed him to the hospital 40 miles away where his stomach was pumped and he stayed for several days in

a psych unit. He left there determined never to attempt suicide again. That was reassuring to us as parents, but the incident left us with lots of questions to answer. What prompted this attempt? How do we connect with him as parents? How can we help him?

His behavior eventually changed on the outside as he became more involved in church. He tried to deny his sexual orientation. He “accepted Christ” and was baptized. Later he travelled to West Virginia and worked as a youth worker for a summer where they attempted to rid him of his demons. He returned home feeling rejected and shamed. When he started college, he eventually found gay friends who helped him accept his sexual orientation. In November 2009, he called to inform us that he was gay and that he was no longer going to try to be different than how he simply was. He said he was not going to fight the battle anymore because it wasn’t a bad thing to be gay, and that he just needed to accept who he was and wanted his parents to accept that as well. His mother accepted it more readily than I did. I told him I needed some time to process this news and Jacob told me, “Regardless of your decision it isn’t going to change anything for me. This is who I am.” I talked with a good friend who challenged my belief that Jacob had made a choice to be gay. He said, “Who in God’s name would ever choose to be gay, knowing the discrimination, hatred, persecution, and trouble they would face?” This actually caused me to pause and consider what he was saying. I also took time to review my son’s life and how he had been raised. It became clear that his sexual orientation had always been there. He was born gay.

This realization challenged my perceptions of God and what I had been taught about Him profoundly. This event, along with other issues eventually led to a crisis of faith. But I called my son that day and told him that I loved him and nothing could ever change that. I told him that we would figure out the rest along the way. Fellow Christians responded to our news that our son was gay with dismay and sympathy. Often it made me feel that my son had died rather than found peace with himself for how he was born. Of course, in the dominant Christian view, he wasn’t born that way, it was a result of sin and choices.

Transition to Advocacy Action

My faith crisis eventually led me to return to school to finish a master’s degree in Clinical Mental Health Counseling. One of the first classes I took was a course in Multicultural Counseling where I learned about the ethical responsibility to advocate and the ACA Advocacy Competencies. I was also made aware of an organization that would have been very helpful as I dealt with my son’s announcement, Parents, Families and Friends of Lesbians and Gays (PFLAG). PFLAG was created by Jeanne Manford in 1972 as an effort to provide the support, acceptance, and resources that parents and families need (Broad, 2011; PFLAG, 2013) and has been a driving force in support, education, and advocacy for the LGBT population and their families. I discovered that PFLAG offers many opportunities for continuing advocacy, education, and support for the LGBT community including Ally training and the “Cultivating Respect: Safe Schools for All” program, both of which focus on ways to create safe zones for LGBT people so that they can study and/or work in an environment free of discrimination and harassment (PFLAG, 2013). The nearest chapter in my rural area of Nebraska was 60 miles away. I attended and discovered a number of like-minded people and access to beneficial support and

resources. At the same time I was learning in my counseling training program about the importance of advocacy and the responsibility that counselors have to work to provide access to services for underrepresented groups, the debate over employment protection equality for LGBT individuals mentioned before was occurring in a rural Nebraska town close to my community. After experiencing the sense of support and becoming aware of the opportunities associated with PFLAG, I thought that 60 miles was a long way for LGBT individuals and their families to have to go to have access to support, and that my community should have a PFLAG chapter as well, especially given the current heterosexist rhetoric and actions in Nebraska in response to public policy initiatives in support of the LGBT population.

I knew I wanted and needed to act, but at that point, I was stuck and not sure where to turn to begin a chapter. I was discovering that knowing about the ethical responsibility to advocate was one thing, actually doing it was another. I found that sometimes the hardest steps towards advocacy action are the first ones, and that advocacy most generally requires collaboration and connecting in joint action with others who share your sense of concern and see the need for change. In August 2012, at the suggestion of a faculty member, I approached members of the counseling honorary organization Chi Sigma Iota at my university about the need to establish a local PFLAG group, and several students accepted an invitation to become involved in the project. People had various reasons for joining this effort; some had their own stories of loved ones who had been oppressed, and some had no personal experience but believed that social justice was important for all and for the development of a strong community. As we started to make it known that we were advocating for LGBT individuals, we found that many believed that we must be LGBT persons as well. This challenged each of us to look inside ourselves and see if there was any internalized heterosexism that was leading us to want to keep our support quiet out of concern for how others might perceive us. We found that allies have their own coming out process, and that it is vital for family and friend allies to be prepared as they may also encounter and experience discrimination and resistance. We discovered that it takes an emotional commitment to place others' interests ahead of one's own in order to educate the community effectively.

In addition to finding partners interested in advocating and collectively addressing the emotional aspects of "coming out," it proved crucial to discover how to take the organizational and managerial steps necessary to make advocacy a reality and to find willing partners to assist in this part of the process. I found that the actual process of implementing advocacy can require knowledge of how to work within existing systems, dedication to details, and a skill set beyond therapeutic counseling interventions. For example, it was important to contact and maintain professional communication with the state Field and Policy Manager and the Regional Director of PFLAG, who aided us in formulating a mission statement that is professional, positive, educational, and briefly captures and markets the chapter's purpose, values, and intended goals of supporting, educating, and advocating for LGBT individuals and their loved ones. To file articles of incorporation for the chapter, we found it valuable to seek legal advice, which was difficult because resources and funds were limited. This became a great opportunity reach out to community members, and we were fortunate to find a lawyer willing to help the chapter file the articles of incorporation pro bono, yet it still took two attempts for the Secretary of State in Nebraska to approve the articles of incorporation. The lawyer was

also helpful in filing for a Federal Employee Identification Number (FEIN), state tax exemption, and for 501(c)(3) status as a non-profit organization within the 15-month window so that members could receive tax deductions and a bank account could be opened. As a non-profit organization, it was also important to create and implement a record keeping and accounting system to keep track of donations of funds or resources to the chapter, dues income, and expenses paid. In order to fund educational programs for members and to advertise the availability of services, the membership fee charged by most PFLAG chapters ranges from \$30 to \$60. A portion of each membership fee is sent to National PFLAG headquarters.

Given limited personnel and budget, we discovered implementing a strategic plan that included outreach and educational programs for youth and adults required us to form partnerships with other community groups and programs. For example, in accordance with the emphasis in the ACA Advocacy Competencies on collaborating with outside agencies, we connected with the Nebraska AIDS Project and the Nebraska Department of Education to show the movie *Pedro* (Oceano, 2008) at a local theatre with follow-up discussion with the attending young people to promote awareness about HIV and AIDS. We also supported the University of Nebraska at Kearney's (UNK) Queer Straight Alliance (QSA) and UNK's Women's Center by attending their Take Back the Night and drag show events. These collaborations helped us promote PFLAG and directly reach LGBT individuals and/or their family and friends.

While our PFLAG chapter is off to a good start, there is still much work to be done. Another thing learned about implementing advocacy is that one initiative can lead to another. For example, we have found that for some family members and friends, attending a meeting like PFLAG in a small rural town fuels fears of public disclosure and discrimination. Many parents who are supportive have expressed concerns about attending due to safety concerns and the possibility that they might be "outed" themselves. In some small towns, this is a very real possibility as people who happen to drive by the meeting place could conceivably recognize the vehicles parked there and know they are attending PFLAG. Further educational outreach in the community to create a more supportive and less fearful environment and establishing a referral network for these family members with willing regional mental health providers who can provide services is needed. Contacts from students in the local high school who are interested in starting a Gay Straight Alliance group will involve coordinating with them and identifying allies in the school system.

Conclusion

By moving out of the classroom and becoming actively involved in advocacy, we discovered that implementing advocacy requires not just an intellectual commitment to the idea of social justice, but also an emotional and behavioral commitment. My journey to advocacy action required personal examination and emotional growth, as well as knowledge about LGBT issues and a skill set in advocacy interventions like collaboration, negotiating institutional procedures, and working towards systemic change. Perhaps this personal story will challenge others to question or reassess views that are oppressive and harmful to others and to encourage them to move to action and make a positive difference in their communities. Perhaps it will reinforce to counselors-in-

training, and those who train them, that valuing advocacy requires moving beyond attitudinal support and a knowledge base about advocacy to involvement in advocacy action as a part of their training experience, so that they are prepared to work in a positive and productive manner to create access to resources and support for the under-represented and underserved individuals and their families they will serve.

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Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm