Chapter 6
Community and Social Support

Chichun Lin and Sel J. Hwahng

6.1 Introduction

In a study of 741 men who have sex with men (MSM) living in New York City, Meyer (1995) found that the men experienced internalized homophobia, societal rejection and discrimination, and direct or indirect stress. Meyer (1995, 2003) called these experiences minority stress, which is defined as chronic feelings of stress on members of marginalized and stigmatized groups. Minority stress can lead to a heightened risk of physical health problems as well as mental health challenges. Studies in the United States have revealed the impact of minority stress associated with negative physical health outcomes (Flentje et al., 2020) and increased levels of depression, anxiety, loneliness, and diminished self-esteem (see Stigma and Mental Health chapters, Chaps. 2 and 3; Bowen et al., 2007; McDougall et al., 2001; Meyer, 2003). Minority stress has also been examined globally in lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations, with relevance among populations in Taiwan (Chan et al., 2022) and South Africa (McAdams-Mahmoud et al., 2014).

This chapter aims to introduce the benefits of a sense of community and social support among LGBTQ populations as an antidote to minority stress. We describe the consequences of a lack of community and social support. We also attempt to highlight and explore the experiences of LGBTQ individuals living in low- and middle-income countries (LMICs) in the Global South. This population tends to experience greater levels of minority stress because of the high levels of homophobia, biphobia, and transphobia in many countries, including the outright illegality of

C. Lin (✉)
Master of Marriage and Family Therapy Program, Faculty of Education,
The University of Winnipeg, Winnipeg, Manitoba, Canada
e-mail: ch.lin@uwinnipeg.ca

S. J. Hwahng
Department of Women's and Gender Studies, Towson University, Towson, MD, USA
e-mail: shwahng@towson.edu

same-sex relationships in some settings; moreover, the poverty-related issues, such as inadequate access to physical and mental health services, limited financial support, low levels of education, and limited capacity of their governments to solve the societal oppression might enlarge the minority stress of LGBTQ people (Detenber et al., 2014; Wang et al., 2009; Williams, 2009; Wong & Tang, 2003). In other words, LGBTQ individuals globally, but particularly in LMICs, tend to experience various health-related challenges that may be mitigated with sufficient social support.

Social support can buffer the negative effects of minority stress on an individual and allow someone to feel cared for, loved, esteemed, valued, and as belonging to a network of mutual obligations. House (1981), a social psychologist in the United States, described four types of social support, including (a) emotional (e.g., love, trust, caring, and listening); (b) appraisal (e.g., validation and positive feedback); (c) instrumental (e.g., money, time, labor, and resources); and (d) informational support (e.g., suggestion and advice). House (1987) also mentioned three aspects of social relationships, which are often referred to as social support, including (a) their existence or quantity (i.e., how many persons exist in the social group); (b) their structure (i.e., how the social group is formed); and (c) their function or behavior (i.e., what the members of the social group do). The members of communities to which an individual belongs are often the main sources of social support. According to Cohen et al. (2000), social support can be provided in a variety of ways through a network of two or more people. This chapter presents a general overview of community and social support research, networks, and organizations for LGBTQ individuals globally.

6.2 Support in Families

6.2.1 Parental Support

Unlike other stigmatized groups (e.g., racial minorities), LGBTQ individuals usually do not share their stigmatized identity with their parents; therefore, they may face numerous oppressions alone (Pachankis & Hatzenbuehler, 2013; Rothblum & Factor, 2001). Moreover, parental rejection can lead to additional challenges, especially in the Global South or for individuals migrating from the Global South. For example, a survey of 340 self-identified Filipino gay and lesbian adolescents found that parental rejection was a major risk factor leading to their suicidal ideation (Reyes et al., 2015). A qualitative study with female-to-male (FtM) transgender individuals of Asian and Pacific Islander descent in the United States suggested that parental rejections were rooted in a lack of knowledge about transgender and gender variant identities (Mar, 2011).

On the other hand, parental support can promote the well-being of LGBTQ children and improve their mental health (Goldfried & Goldfried, 2001; Needham & Austin, 2010; Pearson & Wilkinson, 2013; Ryan et al., 2009). For instance, a

survey of 277 self-identified Chinese LGB young adults found that perceived parental support in regard to their sexual orientation was associated with positive psychological adjustment (Shao et al., 2018).

6.2.2 Sibling Support

Sibling support also matters. Studies in the United States found that biological and heterosexual siblings' attitudes toward LGBTQ populations were associated with their LGBTQ siblings' suicidal ideation/attempts, self-injurious behavior, use of psychotherapy, and general well-being (Balsam et al., 2005; Hilton & Szymanski, 2011; Toomey & Richardson, 2009). The authors summarized the biological and heterosexual siblings' potential reactions after their LGBTQ siblings came out to them (Hilton & Szymanski, 2011). First, they felt shocked, confused, happy, and/or accepting. Second, they rethought or challenged their own stereotypes toward LGBTQ issues. Third, their sibling relationships started changing, and the biological and heterosexual siblings may have gained more awareness and knowledge about LGBTQ issues. Fourth, if the biological and heterosexual siblings fully accepted their LGBTQ siblings, they became allies to the siblings and provided assistance when the LGBTQ siblings came out to their parents. Fifth, they may have attended LGBTQ pride events with their siblings; moreover, they may have challenged the homophobia, biphobia, and transphobia existing in society.

LGBTQ individuals sometimes choose to come out to their siblings as a first step before sharing their identity with other family members. For example, in a case study, a Muslim lesbian living in Scotland reported that although she experienced many challenges because of her religion compared to other lesbians, she stressed that coming out to her siblings would still be easier and safer than to her parents and other relatives (Siraj, 2011). Similarly, an unpublished doctoral dissertation in which 16 siblings of LGBTQ individuals in Taiwan were interviewed found they were more likely to disclose their sexual and gender identity to their siblings before coming out to their parents; moreover, they connected with their siblings through LGBTQ-only Facebook accounts (in Taiwan, most LGBTQ individuals have two Facebook accounts, one for LGBTQ friends and one for family and straight friends) and shared the LGBTQ-related events with their siblings (Brainer, 2014). These two examples imply that disclosing one's sexual and/or gender minority identity with siblings may be an important step before sharing with one's parents.

6.3 Support in Schools

In addition to the impact of family relationships, school peers and teachers also play key roles in LGBTQ students' mental health. LGBTQ students in the US report greater loneliness and depression than their heterosexual peers (Davies & Kessel, 2017;

Westefeld et al., 2001). Allen (2020) found that heterosexual teachers in the United States often ignore homophobia that exists in the classroom or respond to it ineffectually; moreover, some heterosexual teachers perpetuate homophobia and heterosexism in the process of teaching. In a US study, Bradley et al. (2019) argued that teachers are in an ideal position to prevent the micro-aggressions or bullying of LGBTQ students, but most of them do not have adequate training. In a study with 732 LGBT high school and college students in China, students reported that most teachers lack training and awareness about LGBT issues, which led the students fearing coming out to the teachers (Wei & Liu, 2019). Another qualitative study in South Africa involved interviews with schoolteachers about their attitudes toward providing sexual education, especially about LGBTQ issues (Francis, 2012). The interviews revealed that teachers did not know how to teach because of their limited knowledge about LGBTQ individuals or because they were against teaching it due to their religious beliefs. However, some teachers were open to teaching LGBTQ+ topics but only to discuss it when students asked the relevant questions.

In another study of bisexual students in South Africa, Francis (2017) strongly recommended that school leaders, managers, and teachers be obligated to develop school support systems to protect sexual minority (SM) students. Glikman and Elkayam (2019) reported that LGBT students in Israel continue to experience alienation and opposition in the school environment, and these students strongly believe teachers should oppose and prevent homophobic behaviors in school through receiving relevant training.

A South African study with 35 adolescents who identified as MSM, transgender female, and drag queen adolescents living with HIV in South Africa stated that the participants experienced discrimination, homophobia, and abuse from both peers and teachers (Daniels et al., 2019). Participants reported that these experiences resulted in disengagement from school and limited their willingness to stay connected with education. Moreover, these experiences led them to adopt unhealthy coping behaviors, such as smoking, drinking alcohol, skipping school, and eventually dropping out of school (Daniels et al., 2019). However, the participants expressed their desires to continue education because they aspired to gain social and economic power through educational attainment, especially when their sexual and/or gender identity may have resulted in victimization. In a South African study with 35 adolescents who identified as MSM, transgender, and drag queen and were living with HIV, participants reported experiencing discrimination, homophobia, and abuse from both peers and teachers in schools (Daniels et al., 2019). Those experiences resulted in disengagement from school and limited their willingness to stay connected with education; moreover, the adolescents adopted unhealthy coping approaches, such as smoking, drinking alcohol, skipping school, and eventually dropping out of school (Daniels et al., 2019). In spite of these, the adolescents still expressed their desire to continue education because they could gain social and economic power and change their lives through education (Daniels et al., 2019).

6.4   Support in Other Relationships

6.4.1   Intimate Partners

Besides parent, sibling, peer, and teacher support, intimacy plays an influential role in one's health and well-being. Johnson et al. (1993) found that a romantic partner's support behavior affected the other partner's happiness in an intimate relationship.

A study among sexual minority women in Mumbai, India revealed that intimate partners comprised a fundamental aspect of their closest social support connections (Bowling et al., 2018). Those who had intimate partners described the constant source of support from these relationships. A stable, loving primary partner who could serve as a confidante was the ideal, but single women often had to deal with social stigma, lack of parental acceptance, and financial instability that interfered with meeting and forming long-term relationships with women.

According to Reczek and Umberson (2012), "health behavior work" includes activities that promote a partner's positive health behaviors. These researchers found that in lesbian and gay couples both partners were more likely to mutually take care of each other's health, termed "cooperative health behavior work," compared to heterosexual couples. Despite this mutuality, in a majority of lesbian and gay couples (73% and 80%, respectively), one partner performed work to enhance the other partner's health behavior, usually due to the latter partner engaging in unhealthy behavior that was perceived as needing intervention.

In a systematic review of sexual minority female cancer survivors in the United States, the United Kingdom, and Canada, intimate partners provided important forms of social support, such as emotional, instrumental (e.g., personal and medical care, transportation, meal preparation, and childcare), decision-making, post-treatment adjustment, and medical advocacy (Thompson et al., 2020). Intimate partners were also important for survivors to create pleasurable and fulfilling lives as cancer survivors. In a study among SGM cancer survivors, sexual minority women, compared to sexual minority men, were more likely to have an intimate partner in the room when they learned of their cancer diagnosis (Kamen et al., 2015). In another study, the association between having an intimate partner and a better physical quality of life was stronger for sexual minority women compared to heterosexual women (Boehmer et al., 2005). Sexual orientation disclosure has also been found to affect the level of intimate partner support SMW cancer survivors receive (Boehmer et al., 2005; Fish et al., 2019).

For older sexual minorities (SMs), losing an intimate partner can be particularly devastating. Some SMs experience "disenfranchised grief" (Hughes et al., 2014, p. 323) in which their losses are not openly acknowledged, publicly mourned, or socially supported due to homophobic stigma and exclusion. The loss of an intimate partner can also trigger re-experiencing previous losses that may have incurred during a coming-out process earlier in the life course. And the passing of an intimate partner may also signify the breaking of a bond that had been established upon a shared experience of social marginalization, in which the psychological burden

from social marginalization and exclusion had been alleviated by the relationship. Thus, SMs are particularly vulnerable to experiencing psychological distress and depression due to the passing of an intimate partner (Hughes et al., 2014).

In the Midwestern region of the United States, a bereavement support group specifically tailored for older SMs was developed that received a positive reception from group members (Hughes et al., 2014). The six-week curriculum included understanding the grief process (including experiences and stages of grief), emotional coping, stress management, managing difficult emotions, dealing with holidays, and returning to life after a person one loves has died. Hughes and colleagues also provide several recommendations for tailoring the support group curriculum, interfacing with other community and bereavement providers, and advertising and integrating the support group within the LGBT community (Hughes et al., 2014).

Intimate partner violence (IPV) also plays a crucial role in contributing to negative mental and physical health outcomes (Buller et al., 2014). Walters et al. (2013) found that the lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner was 43.8% for lesbian women, 61.1% for bisexual women, 35% for heterosexual women, 26% for gay men, 37.3% for bisexual men, and 29% for heterosexual men. The rate of IPV in LGB individuals was similar to the rate of IPV in heterosexual individuals. In a study with 99 LGBT individuals in Latin America, Swan et al. (2021) found that 60.61% reported at least one IPV event in their life, with psychological aggression being the most common type. Thus, the reduction of IPV events within LGBTQ couples is a crucial way to improve their well-being.

6.4.2   Parenting and Family-Building

It is a well-known fact that a number of positive mental and physical health outcomes result from people who live in stable families (International Federation for Family Development, 2022). Historically, however, there have been a number of systematic factors that have prevented LGBTQ people from parenting and family-building. Simon and Farr (2021) developed a Conceptual Future Parent Grief Scale for LGBTQ+ people to measure the "ambiguous loss" of an idealized future self-involving parenthood as a result of systematic factors that prevent LGBTQ people from pursuing parenthood. They found that LGBTQ+ identity authenticity (i.e., having a positive attitude toward their LGBTQ+ identity) could be protective against ambiguous loss and thus reduce barriers for LGBTQ+ people pursuing future parenthood. In addition, LGBTQ people often experience a myriad of financial, legal, and medical obstacles to starting and building families (Kreines et al., 2018). Social support available in health care can greatly facilitate LGBTQ parenting, yet many countries do not even provide the most basic access for LGBTQ people to build families. For example, many countries limit LGBTQ adoption and restrict in-vitro fertilization, insemination, or other assisted reproductive technologies for LGBTQ people. In the United States, LGBTQ people are less likely to have both personal health insurance coverage as well as family-building health insurance

(Kreines et al., 2018). An analysis of 100 US-based websites on LGBTQ family-building revealed poor reliability (according to criteria such as user feedback, privacy, purpose, identity, content updating, and content development) and a lack of inclusivity among many of the websites (Kreines et al., 2018).

Despite these barriers, a focus on what resources are available for LGBTQ family-building and parenthood can identify ways to augment these resources. A qualitative study among LGBTQ parents in Finland found several factors that contributed to parental empowerment with regard to maternity and child health care (Kerppola et al., 2019). These factors fell into three main categories—recognition and acknowledgment, cooperation and interaction, and equitable care. Recognition and acknowledgment included LGBTQ parents defining their own gender within the health care sector, defining their family constellation and the roles of various members of the family, and being welcomed and acknowledged within health care practice and communication. Cooperation and interaction included health professionals actively listening and inviting parents to speak, providing individualized information, respecting parents' authority and decision-making, and granting non-legal parents equal rights and responsibilities for health care involvement. Equitable care included health professionals providing a sense of security and confidentiality as well as being approachable, non-judgmental, and fair. It was important for LGBTQ parents in this study to experience being treated the same as heterosexual families, including receiving the same services (Kerppola et al., 2019).

In another qualitative study on reproductive health care in Sweden (Klittmark et al., 2019), some LGBTQ participants had experienced disempowering treatment by health care providers such as being assigned incorrect genders for their newborns and themselves, ascribed heteronormative stereotypes with regard to femininity and masculinity, and being questioned or excluded as LGBTQ people. Participants coped in various ways with the inadequate treatment, including using humor, overtly questioning and educating health care providers, and seeking out information and support through the Internet, social media, and social networks.

Through family, friends, and LGBTQ networks, participants in the aforementioned study were also able to seek out pregnancy and birthing clinics that were known to be LGBTQ-competent, and many of these clinics also provided LGBTQ-specific parent education groups (Klittmark et al., 2019). Participants who were able to receive care from LGBTQ-competent clinics or health care providers expressed satisfaction with this quality of care. This competence included providers being knowledgeable about LGBTQ rights and supporting participants to navigate the health care system as LGBTQ people, problematizing cisgender and heterosexual norms, using gender-neutral terms unless otherwise directed, acknowledging the entire family constellation, and being open and inclusive. If health care providers themselves also identified as LGBTQ and/or did not adhere to gender norms, divulging this information to participants also fostered a sense of connection (Klittmark et al., 2019).

LGBTQ+ people in studies in North America also emphasize the need for inclusive and educated health care practitioners as part of culturally competent reproductive and obstetrical environments during the prenatal/antenatal, intrapartum, and

postpartum care periods. This practice of care would include the following: (1) providing "queer-friendly" medical intake forms, sexual history conversations, pictures and posters decorating the facilities, and pornography for sperm donation; (2) providing gender-neutral bathrooms near ultrasound rooms and andrology laboratories to include trans and non-binary gendered people who were pursuing pregnancy or freezing sperm; (3) adopting non-cisgender and non-heteronormative terminology to refer to all patients, family members, and friends, including pregnant and non-pregnant partners; (4) understanding the varying combinations of conception modes, egg origin, and sperm origin; (5) knowledgeable about co-parenting arrangements and considerations, including co-nursing; (6) awareness of health-related risk factors that disproportionately affect LGBTQ+ people; and (7) cognizant of legal issues, such as second parent adoption, that LGBTQ+ parent families may have to navigate (Bushe & Romero, 2017; Gregg, 2018; Juntereal et al., 2020; Ross et al., 2014; Scheib et al., 2020).

The Human Rights Campaign regularly evaluates more than 2200 hospitals and other health care facilities in the United States through a Healthcare Equality Index, which measures how much a given facility has met the national benchmarks to promote LGBTQ equity and inclusion (Human Rights Campaign Foundation, 2022a). This tool may be particularly useful for LGBTQ people interested in accessing the best possible and most inclusive health care for a current or anticipated pregnancy.

A small body of literature exists specifically on sexual minority mothers in same-sex female relationships with regard to pregnancy and health care. In a study of lesbian mothers in South Africa, some participants expressed that their partner was a main source of emotional as well as other types of support in raising children (Van Ewyk & Kruger, 2017). This study also emphasized the importance of bonding between lesbian parents as well as between parent and child. Participants reported that children who were birthed by one woman in a couple often bonded equally with both the biological and non-biological parents. For those parents who adopted, children often loved both adoptive parents equally. The authors emphasized that a bonding relationship with a child was often premised on the attention and care a child received, not from a biological tie (Van Ewyk & Kruger, 2017).

In addition, lesbian mothers in South Africa often participated in equitable co-parenting arrangements so that one parent was not overly burdened with most of the childcare responsibilities. There was often no traditional gendered role division with respect to household chores and childcare in these lesbian-parented families, and a flexible and pragmatic approach was often endorsed for undertaking these tasks (Van Ewyk & Kruger, 2017. This study postulated that these equitable and flexible conditions may have been protective against the birthing mothers experiencing postpartum depression in their study.

In the same study, although some South African lesbian mothers experienced postpartum decreases in sexual activity with their partners, they viewed these decreases as temporary. Socializing with friends also became more difficult, which was viewed as a necessary sacrifice for family-building. Thus, lesbian mothers in South Africa were subversive by contesting the association of motherhood with biology given that both birthing and non-birthing partners identified as mothers.

However, some "traditional" motherhood tropes were still observed, such as that of the self-sacrificing mother (Van Ewyk & Kruger, 2017).

In the United States, many sexual minority female mothers experience heteronormative-based care or homophobia that diminishes their health care experiences (Bushe & Romero, 2017; Gregg, 2018; Juntereal et al., 2020). In fact, some same-sex couples resort to "crusading" to demand affirming treatment from health care providers (Hayman et al., 2015). Mothers in same-sex female relationships in Australia and the United States often use assisted reproductive technologies such as home or medical intrauterine insemination or in-vitro fertilization for conception, although some mothers also choose vaginal insemination (Bushe & Romero, 2017; Gregg, 2018; Juntereal et al., 2020; Power et al., 2020). Sexual minority female mothers in the United States have been found to often have to educate their health care practitioners on practices such as "co-nursing" through induced lactation, in which both the birthing and non-birthing partners nurse the infant (Juntereal et al., 2020). Co-nursing was found to provide a range of mental, physical, and emotional benefits and profound bonding between the mothers and children.

To date, most countries have not legalized same-sex marriage, so adoption or surrogacy for same-sex couples is still very difficult to pursue. Thus, studies about relationships between gay or lesbian parents with their own children are few. The relevant studies mainly seek to answer the question, "Does parental sexual orientation affect child development?" Stacey and Biblarz (2001) compared development among children of divorced lesbian mothers with development among children of divorced heterosexual mothers and found few significant differences. Patterson (2006) also found that children of lesbian couples and children of heterosexual couples showed no difference among levels of social competence, behavior problems, and adaption to a new environment. Wainright and Patterson (2006) reported there were no significant differences between teenagers living with same-sex parents and those living with other-sex parents on self-esteem, anxiety, school performance, and family relationships. A study with 93 Chinese girls adopted by single mothers, heterosexual couples, and lesbian couples (31 girls in each type of family) showed that girls from the three types of families were not statistically different in behavioral adjustment (Tan & Baggerly, 2009). In this study, the only difference occurred for preschool-aged girls from lesbian couples who had more somatic complaints than those from single-parent households. Also, school-aged girls from lesbian couples had more aggressive behaviors than those from single-parent households (Tan & Baggerly, 2009). Tan and Baggerly (2009) suggested that the difference might be rooted in the socio-cultural environment (e.g., children from lesbian couples might experience more prejudice).

6.4.3   Colleague Support

LGB employees tend to experience more challenges in the workplace than heterosexual employees as a result of their sexual identity. First of all, heterosexual employees do not need to worry about whether and how they disclose their sexual

orientation in the workplace as do LGB employees (Benozzo et al., 2015). There are three strategies for sexual identity management, including counterfeiting a false heterosexual identity; avoiding discussing any issues related to sexuality; and openly acknowledging and advocating for their LGB identity (Button, 2004). First, a sexual minority individual might apply a different strategy in different workplaces based on various factors (e.g., the individual's position in the workplace, the workplace's attitude toward LGB issues, the cost and effect of coming out in the workplace, and the individual's current mental and financial status) (Croteau et al., 2008). Second, LGB employees may worry about their physical and psychological safety in the workplace (Baker & Lucas, 2017). Third, LGB employees may worry about their relationships with co-workers and supervisors, such as whether their co-workers will discover their sexual identity through interactions or tell others in the workplace (Periard et al., 2018). Usually, a supervisor plays a more important role in creating an LGB-friendly environment than a co-worker (Periard et al., 2018). Supervisor support is defined as a type of social support that provides both work-related instrumental and emotional assistance to employees. In addition, employees value supervisor over co-worker support because supervisors are perceived as offering more stability, skill, and experience to employees (Periard et al., 2018).

The ability to be one's authentic self in the workplace could influence an LGBTQ employee's career success. For instance, a study which is phenomeno-logical and qualitative in design with 13 MSM interviewees living in South Africa revealed that the existing prejudices toward MSM in the workplace restricted their freedom and career development (Soeker et al., 2015). In particular, those MSM employees working in lower-level positions or those who had less power in their companies experienced more challenges and had more fear of being transparent in the workplace (Soeker et al., 2015). However, the same study found that those participants who disclosed their identity to colleagues and felt accepted and supported felt free and comfortable in the workplace and were able to fully engage in their job duties.

In India, workplace attitudes toward employees' sexual orientation or gender identity have typically followed a "don't ask, don't tell" pattern (Banerji et al., 2012). However, over the last two decades, India has emerged as one of the most rapidly developing economies, and thus, numerous multinational companies have entered the country (Banerji et al., 2012). Those international companies high-lighted LGBT issues within the workplace. Therefore, managers of companies in India began to work on creating LGBT-friendly environments, including (1) ensuring equal opportunity policies for all employees; (2) prohibiting discrimina-tion based on sexual and gender identity; (3) providing diversity training to employees and supervisors; (4) establishing and supporting an LGBTQ network in the workplace; and (5) offering counseling services for any employee, espe-cially for those who experience harassment in the workplace due to their sexual and gender identity (Banerji et al., 2012). These changes might lead not only to safer workplace environments but ones that provide ample social support for LGBTQ employees.

6.4.4 LGBTQ Elders

A US study defined loneliness as an individual's subjective experience with a lack of engagement in human relationships and a lack of physical and emotional support (Greysen et al., 2013). Loneliness has been found to be associated with an increased risk of depression, smoking, alcohol consumption, hospitalization, morbidity, and with a poor level of health-related quality of life and physical and mental health more broadly (Elovainio et al., 2017; Finlay & Kobayashi, 2018; Greene et al., 2018; Savikko et al., 2005). It is not surprising that LGBT elders experience more loneliness than someone who is either not a SM or not an elder (Harley et al., 2016; Wilkens, 2015). A study in the Philippines with 10 older and single MSM (61 years old and above) found that aging was associated with more discrimination, oppression, and experiences of abuse (de Guzman et al., 2017). In addition, loneliness forced them to overcome life challenges by themselves, and they desired to seek acceptance and belongingness (de Guzman et al., 2017).

In the United States there are several LGBTQ-friendly and LGBTQ-focused senior retirement communities in cities such as Palmetto (Florida), Palm Springs (California), Gresham (Oregon), Pecos (New Mexico), and Boone (North Carolina) (Feltman, 2021). These types of senior housing may not only help combat loneliness for LGBTQ+ older adults but may also provide much-needed material and social support resources. Examples may include information and access to affordable food, health, community, and social activity resources. Studies from several global regions found that social support was associated with positive physical health outcomes among older adults (Dai et al., 2016; Smith et al., 2017). Thus, social support may be especially important for older adults who may be encountering a myriad of health issues due to the aging process.

There is also LGBTQ-friendly senior housing for those who are at risk for homelessness and/or living with HIV/AIDS in Hollywood (California) and Chicago (Illinois) in the United States (Larson, 2016; Wehoville.com, 2021). These types of senior housing may be especially important for vulnerable LGBTQ+ older adults to receive material and social support for their housing and health care, as well as their other needs.

6.5 LGBTQ Communities

6.5.1 Same-Sex Male Communities

In the past, a same-sex male community usually meant a gay village, enclave, or ghetto within a geographical area containing gay bars, restaurants, or bookstores as well as gay residents. Examples of such communities are in Chelsea in New York City, USA; Castro in San Francisco, USA; and Davie Street in Vancouver, Canada. Wow Travel (2021) listed the following cities as the most gay-friendly cities in the

world: Toronto, Canada; São Paulo, Brazil; London, UK; Madrid, Spain; Miami, USA; Amsterdam, Netherlands; Barcelona, Spain; San Francisco, USA; New York City, USA; Berlin, Germany; and Tel Aviv, Israel. It should be noted that only 2 out of 11 cities were outside of the Global North. Due to the longer history of development and wealth, Global North countries are generally more accepting of LGBTQ people compared to many Global South countries. Ironically, however, it is the colonization by Global North countries that often introduced homo- and transphobic laws and norms in many Global South countries (see Victimization and Intentional Injury chapter, Chap. 9). It is also important to observe that gay cis-gender men are usually the population that is most visible and active in these gay-friendly cities.

There are gay-friendly places in the Global South, but these might not be as visible compared to those in the Global North. For example, Rio de Janeiro, São Paulo, Recife, Salvador, Porto Alegre, Florianópolis, and Brasília are the most LGBTQ-friendly cities in Brazil (Alface, 2018). Chapinero, Bogotá is a popular and inclusive place in Colombia for local and international LGBTQ tourists to visit its bars, clubs, and bathhouses (Lifeafar, 2019). The most LGBTQ-friendly district in Cuba is the tangle of streets around the Malecón, Av de Infanta, and La Rampa on the cusp of Centro Habana and Vedado (Lonely Planet, 2021). Cape Town, South Africa, is the undisputed queer capital of Africa with an inclusive culture and community that grows stronger each year (Matador Network, 2020). Silom Soi 4 and Silom Soi 2 are the major gay areas in Bangkok, Thailand, which is one of the most popular gay destinations in Asia (Nomadic Boys, 2021a, b).

In the Chinese gay communities, such as those in Taiwan, Hong Kong, mainland China, Malaysia, and Singapore, due to the severe level of societal homophobia, Chinese gay men tend to engage with their own gay groups in order to obtain a sense of acceptance and belongingness and to buffer the rejections and prejudices from their families, schools, or workplaces (Lin, 2016). However, the Chinese gay community is not always cohesive; instead, it is divided into different categories: gay bear (heavy, hairy, and masculine), gay wolf or hamadryad (muscular, fit, and hypermasculine), and gay twink (who is also called gay monkey in the Chinese societies and has an effeminate manner, thin build, and no bodily or facial hair, all of which contributes to a youthful look) (Lin, 2014, 2018). Research has shown that Chinese gay men sometimes feel secondarily excluded from the gay community because they might not meet the physical standards of the gay groups they wish to engage in (Lin, 2016). This causes some men to feel excluded from heterosexual society because of their sexual orientation and gay society because of their physical appearance (Lin, 2016). Moreover, Chinese gay men living with HIV, mental or physical disabilities, and aging issues tend to experience more exclusions than those without these additional challenges (Lin, 2016).

Although there exist hierarchies and prejudices for men in this example of a singly ethnic gay community (e.g., the Chinese gay community), gay men living in ethnically diverse gay communities may also experience challenges. For example, in Canada, gay Black Canadian men not only experience racism in the greater Canadian society but also in the gay Canadian community (George et al., 2012). In one study, some gay Canadian men directly stated "No Asians" in their dating

profiles or email responses when they were seeking potential dating partners (Nakamura et al., 2013). In sum, gay communities may provide belongingness and support to gay men but, sadly, can also create challenges through various types of exclusions of certain groups of gay men.

6.5.2 Same-Sex Female Communities

Compared to the gay male community, the lesbian community may be less visible globally. For example, lesbians in the United States experience higher rates of poverty compared to gay cis-gendered men (17.9% vs. 12.1%, respectively, Badgett et al., 2019). It also appears to be more of a trend over the last few decades for younger people in the LGBTQ spectrum who are assigned female at birth (AFAB) in the United States to take on other types of sexual and gender identities instead of the identity of lesbian (Schmidt, 2021). Thus, the lesbian community may be diminishing in numbers since younger AFAB people may not be identifying as lesbian in equal or higher rates compared to older lesbians passing away.

Jones (2020) mentioned that lesbian groups have historically been marginalized from women's and gay men's movements as well as were excluded from LGBTQ spaces. In South Korea, although gay and lesbian organizations collaboratively hosted the first pride parade in 1999, the lesbians had much fewer physical spaces for gatherings, especially outside Seoul and outside college campuses (Jones, 2020). In South Korea, the oldest LGBTQ neighborhood is located in the Jongno District of Seoul but only provides services for cisgender gay men; also, the second oldest LGBTQ neighborhood, located in the Yongsan District of Seoul, mainly hosts cisgender gay men through the provision of several gay male establishments. Conversely, only two lesbian-only bars exist in this district (Jones, 2020). Lesbian bars were a common meeting ground for South Korean sexual minority women to congregate and build community. The owners of lesbian bars therefore developed multiple strategies to protect their lesbian patrons. First, the lesbian bar signboards were often rendered in English to avoid garnering attention from the South Korean public. Second, while the gay men's bars were often located on the first floor, the lesbian bars were more commonly located on the basement or top floor of a building to avoid attention. Some lesbian bars coordinated their schedules to remain open until public transportation resumed in the morning for security reasons (Jones, 2020). It thus appears that owners and employees from different lesbian bars worked together to ensure the safety of their women patrons from potential harassment and victimization by cisgender men.

Thailand has a long history of sexual and gender diversity including female spirit mediums who would adopt masculine identities or make explicit claims to masculinity (Morgan, 1999; Sinnott, 2004). Another tradition is *toms* and *dees*, who traditionally enter into same-sex female romantic relationships with each other. *Toms* are transmasculine individuals who do not identity as either women or men, whereas *dees* are their feminine partners who do identify as "normal" women (Sinnott, 2004).

Because heteronormative Thai society does not consider sexual activity between two anatomically female-bodied people as actual sex, *toms* have traditionally been "utilized" to safeguard the virginity of *dees*. That is, within mainstream Thai culture, young *dees* may be encouraged to partner with young *toms* until the *dees* reach marriageable age. The *dees* are then "released" by the *toms* so that the *dees* can enter into "proper" marriage and sexual unions with cisgendered men (Sinnott, 2004). The *dees* are considered virgins until marriage because *tom/dee* unions are considered asexual, even if these unions include female same-sex activity.

Tom/dee communities are most prevalent in large cities like Bangkok but can also be found in more rural areas as well. These communities have been found among various social classes including factory workers, students, urban professionals, and even media celebrities (Sinnott, 2004). Anjaree was established in 1986 and was the oldest advocacy and activist organization for *toms*, *dees*, lesbians, and other sexual minority women. This organization launched a public information campaign, sponsored workshops and seminars to educate academics and the public on sexual rights, held social events, and promoted the terms "women who love women" and "same-sex love" in Thailand (Sinnott, 2004).

Lesla was established in 2000 and seems to be currently still viable focusing on urban middle-class female-bodied people and, in particular, on young *toms* and *dees*. It was first founded as an online club but also organizes parties at bars and discos in Bangkok. The focus of this organization is social and does not sponsor educational or political events or initiatives. When Anjaree was still viable, many people were members of both Anjaree and Lesla and both organizations provided open forums on the gender roles of *toms* and *dees* (Sinnott, 2004). There have also been nationwide social events, such as Mr. Tom Act, which was a talent show that attracted *tom* participants—and their *dee* admirers—across the country (Coconuts, 2015). It is probable that the gender forums that Anjaree and Lesla provided allowed for members to explore departures from and derivations of the traditional *tom/dee* gender roles. New roles and identities such as one-way, two-way, *tom gay*, *les king*, and *les queen* are currently in use among sexual and gender minority anatomically-female communities in Thailand (Coconuts, 2015).

Mitini Nepal (2021) is a Nepalese NGO focused on women with lesbian, bisexual, and transgender identities. According to Mitini Nepal (2021), several programs and services are offered including lobbying and advocacy, awareness and sensitization, provision of skill development and income-generating training, leadership development and human rights training, and psychological and legal counseling. Some of these initiatives focus on various sectors of Nepalese society such as utilizing street dramas, cultural programs, posters, and pamphlets to educate the public as well as impacting institutions such as schools, colleges, government stakeholders, and police. Increasing awareness in schools and colleges, among governmental officials, and throughout the general public could greatly augment access to resources and support for sexual minority women and transgender people throughout various sectors of Nepalese society.

In the United States, a study of butch/femme lesbian participants suggested that femme lesbians might be afraid of not being desired by women and not being

recognized as lesbians, whereas butch lesbians might be afraid of being rejected by potential partners and mistaken for males (Hiestand & Levitt, 2005). Butch/femme identities have a relatively long history in the United States and can be traced from the early twentieth century (Kennedy & Davis, 1993; Faderman, 1992). In one pivotal study based on 45 oral histories, the evolution of a working-class community of both Black and White butch/femme lesbians in upstate New York in the United States was examined from the 1930s to the 1960s (Kennedy & Davis, 1993). In these more politically repressive times in the United States, these lesbians had to develop several ways to resist various forms of hostility and oppression, including sometimes getting involved in physical altercations with cisgendered men. These women were financially independent, working at their own jobs (instead of being financially dependent on cisgendered men). These lesbians often met other lesbians in bars, and lesbian bar culture was thus prominent during these decades. The public spaces of bars, however, could not be taken for granted, and these lesbians often had to assertively claim and maintain these public spaces for the continual existence of these meeting grounds. Women in this community also supported and encouraged each other to actively resist heteronormative coercive forces. It is thus believed that this community was one of the roots of the more recent US gay and lesbian liberation social movement (Kennedy & Davis, 1993).

In one US-based sexual minority women's online magazine, Kim (2019) listed the best lesbian-friendly cities. The cities were evaluated based on the Municipal Equality Index, calculated from the quality of non-discrimination laws, services, and leadership, and the LGBTQ population density, based on the Gallup survey. What can be inferred is that a mixture of equality laws, ample service provision, and prominent LGBTQ+ communities can comprise a supportive matrix in which lesbians can thrive. The highest-ranked cities included the following: Austin, Texas; New Orleans, Louisiana; Portland, Oregon; Tampa, Florida; Louisville, Kentucky; Columbus, Ohio; Atlanta, Georgia; and Denver, Colorado.

Senior retirement communities also exist for older sexual minority women, including lesbians. Discovery Bay Resort in Washington State is a recreational vehicle (RV) community located on the North Olympic Peninsula (Feltman, 2021). The Resort in Fort Myers, Florida, encompasses 50 acres with over 250 homes and RV lots and offers many activities for its residents (Covelloin, 2021). As noted above, it is important for older adults, including older sexual minority women, to access crucial material and social support resources. Access to these resources may become even more dire due to the health effects of aging. These retirement communities may thus provide a "safety net" for older sexual minority women by providing companionship, information, and access to resources.

6.5.3 Bisexual Communities

Bisexual groups include those who identify as bisexual, men who have sex with men and women (MSMW), women who have sex with men and women (WSMW), pansexual, omnisexual, biromantic, polysexual, and sexually fluid. Bisexuals seem

to be divided into two groups—those who are "out" with regard to being bisexual and those who are not.

Numerous "out" bisexual communities exist globally, including many that organize communities online. For example, Bi-Sides (2021) hosts a cyberspace for bisexual people in Brazil and is actively working against biphobia in the Brazilian society. Toronto Bi+ Network (2021) offers peer support, social networks, information, and resources to support the community of bisexuals, pansexuals, omnisexual, two-spirit, fluid, and people questioning their sexuality and is committed to operating within an anti-oppression framework, such as biphobia, transphobia, homophobia, ableism, racism. There also exist some bisexual groups on social media such as the Bi Collective Delhi (2021) on Twitter for Indian bisexual people and BiQuPan (2021) on Facebook for Swedish bisexual people.

In contrast, men who are not "out" about their bisexual activities are often termed "non-disclosing" in research studies. Arena and Jones (2017) explained that bisexual persons were less likely to disclose their sexual orientation publicly as compared to gay and lesbian persons because of the potential negative views toward bisexuality from heterosexual, gay, and lesbian groups. Non-disclosing bisexual MSM are often characterized as a hard-to-reach population with no discernable SGM community affiliations. Some of these men will identify as heterosexual or will have no sexual orientation identification and have been identified as a potentially high-risk HIV population (Millett et al., 2005; Siegel et al., 2008; Siegel & Meunier, 2019).

6.5.4   Transgender and Non-binary Gender Communities

Although in the Global North, it may appear that trans and non-binary gender communities are relatively new, there are several cultures in Mexico, Thailand, India, South Africa, the Middle East, and Polynesia in which trans and non-binary gender identities have existed for hundreds or even thousands of years (Gannon, 2007; Gibson, 2002; Herdt, 2020; Mirandé, 2017; Morris, 1994; Mujtaba et al., 1997; Reddy, 2005). In some countries and regions such as Thailand, South Africa, Mexico, and North America, both transfeminine and transmasculine people existed as part of the historical traditional cultures (Gibson, 2002; Gosling & Osborne, 2000; Lang, 1998; Morris, 1994; Roscoe, 1998). These identities that come from historical traditions in the Global South often have non-binary gender characteristics and these identities are often considered a third or fourth sex rather than transitioning from one side of a gender binary to the other (Herdt, 2020; Hwahng, 2011; Morris, 1994; Sinnott, 2004). Despite this history, transfeminine communities in the Global South, in particular, are highly marginalized, and a large number of transfeminine people live in poverty and engage in survival sex work (Gannon, 2007; Kulick, 1998; La Fountain-Stokes, 1998; Nuttbrock, 2018).

One exception to the extreme forms of marginalization and coerced sex work that many transfeminine people encounter in the Global South is the transfeminine *muxes* in the Oaxaca district of Mexico (Finkler, 2008; Gosling & Osborne, 2000;

Mirandé, 2017). *Muxes* are considered part of traditional indigenous Mexican society but do not have to engage in survival sex work because of their relatively higher societal acceptance and integration into the larger Zapotec society. They are thus able to engage in other types of occupations within the legal work economy including working as beauty salon owners, NGO staff, local politicians, and lawyers. *Muxes* also host large traditional festivals (*velas*) that are well attended by the general community and consecrated by the local Catholic church as well as engaging in *muxe*-specific support groups (Mirandé, 2017).

There is also an active global transgender or "trans*" community presence online. For example, TransWorldView is comprised of blog posts written by Kayley Whalen, a transfemale activist who actively travels in Asia and writes about the diversity of transgender communities she encounters (Whalen, 2021). She was also selected in 2020 to represent Miss USA in the Miss International Queen pageant in Thailand, which is the world's most prestigious transgender beauty pageant. In general, transfeminine communities appear to be more visible globally compared to transmasculine communities. Although speculative, it is interesting to note that there may be some parallels between the greater visibility of gay men among the cis-gendered sexual minority communities and the greater visibility of transfeminine people among the gender minority communities. Over the last few decades, there has been a marked increase in trans visibility, resulting in legislative changes, marches, and media visibility (Flores & Sutterman, 2020).

6.5.5 Biphobia and Transphobia in Lesbian/Gay Communities

Socially and politically, LGBTQ groups work together to protest anti-LGBTQ policies and confront anti-LGBTQ groups. However, bisexual and transgender/gender non-binary individuals are usually marginalized in the merged community composed of all sexual and gender minorities. Moreover, studies related to the bisexual and transgender/gender non-binary communities are lacking. A study with 69 cisgender bisexual men and 21 cisgender bisexual women in France reported the existence of biphobia in either gay or lesbian communities; moreover, the bisexual participants reported they were stereotyped as disloyal partners in same-sex relationships because they have interest in more than one gender (Welzer-Lang & Tomolillo, 2008). The lack of inclusion of MSM and non-cisgender individuals in gay communities has also been documented in Taiwan, Hong Kong, mainland China, Malaysia, and Singapore (Lin, 2016). A study with 112 male-to-female (MtF) individuals in Thailand found that the participants were excluded from the heterosexual society and lesbian/gay groups because of their job types (most were sex workers) and the high rate of HIV within the transgender population in Thailand (Nemoto et al., 2012). A US study with six cisgender gay males and five cisgender lesbian female participants found that the inexperence of some gay and lesbian participants led them to feel uncomfortable being around transgender people because of the lack of familiarity (Nagoshi et al., 2017).

6.5.6   Intersex Communities

Compared to other sexual and gender minority groups, the intersex community is much less invisible and has less access to relevant information and resources. Organization Intersex International (2021) is a decentralized global network of intersex organizations from various countries and regions of the world. For instance, Organization Intersex International Austria (2021) provides counseling services for intersex people in Austria and training for people who work for this population, and Organization Intersex International Chinese (2021) advocates for human rights for intersex people in Taiwan and promotes education to raise awareness about this population. There are also some cyberspaces for intersex people in the Philippines (OII InterSex Philippines Inc, 2021) and Latin America (Organización Internacional Intersexual – Hispanoparlante, 2021). Intersex Asia (2021) on Facebook is the first regional network established by Asian intersex activists and organizations advocating intersex human rights.

6.5.7   Asexual/Aromantic Communities

Asexual (ace) and aromantic (aro; and derivations including greysexual/romantic and demisexual/romantic) communities are the most recently visible communities within the LGBTQ spectrum (Aces and Aros, 2021). There is still debate whether ace/aro communities should be included in the LGBTQ spectrum (Kelsey, 2017). A good introduction to ace and aro identities is provided by the Asexual Visibility and Education Network's website (2020), which hosts the world's largest online asexual community as well as an archive of asexuality and aromantic resources. An international network of asexuality organizers has also been organizing "Ace Week" since 2010 as an awareness campaign to encourage LGBTQ orgs to support the ace community (Ace Week, 2021). One major campaign run by this network is to change the Diagnostic and Statistical Manual so that asexual and aromantic identities are completely depathologized. This group was able to advocate for partial depathologization in the DSM-5, however, this group is still advocating for complete depathologization. The Ace Week site also lists community events from Australia, India, and various regions of the US Indian Aces (2021) is a collective of, for, and by ace and aspec (asexual spectrum) people from/in India. This organization offers a series of workshops and events on gender and sexual diversity including asexuality and LGBTQIA+ identities. The collective is also involved in research and advocacy.

6.5.8   Online Communities and Social Media

In most LGBTQ communities within LMICs, members tend to hide their sexual and gender identity in public and, thus, would tend not to live in an LGBTQ village, enclave, or ghetto. Instead, LGBTQ online communities offer opportunities for

connection and social support, such as those on Facebook, Twitter, and Instagram as well as dating apps (e.g., Grindr (for gay men), Scruff (for gay men), GROWLr (for gay men, especially bears), Her (for lesbians), Bumble (for lesbians), TS Dates (for transgender individuals)). These online communities allow LGBTQ individuals to meet their interpersonal, intimate, and sexual needs quickly and conveniently.

In general, there do not seem to be active online lesbian communities in the Global South that are separate from larger LGBTQ organizations and communities tied to specific geographic locations. One network that stands out is the Eurocentralasian Lesbian Community (ELC) (2021), which is an NGO advocating for lesbian rights in Europe and Central Asia. In early 2021, ELC disseminated a survey about the impact of COVID-19 on lesbians in Europe and Central Asia as a way to assess the state of these lesbian communities in these specific regions of the world. ELC also offers emergency grants for lesbian-led and focused groups and promotes lesbian politicians.

A recent study also found a fairly large and fast-growing gay Mandarin-language cybercommunity on Facebook in Asia (Lin, 2018). For some LGBTQ individuals, however, having an online presence requires them to mask their true identity in one profile and to be "out" in another profile. This approach was documented in a study of Taiwanese gay men (Lin, 2018).

6.5.9 Religious and Spiritual Groups

Religious and spiritual groups can also offer support to LGBTQ individuals. For example, the Reformation Project is a Bible-based ecumenical organization inclusive of Protestant, Catholic, and Orthodox Christians. Its mission is to advance LGBTQ inclusion in the Church (The Reformation Project, 2022). Another example is the Good Hope Metropolitan Community Church (GHMCC) in South Africa, which stands in solidarity with LGBTQ individuals to fight for human rights and be a voice for social justice (Potgieter & Reygan, 2011). Comunidad San Elredo is a gay Catholic youth group started in Mexico in 2007 to support such youth (Agren, 2007). The conservative Christian denomination Seventh Day Adventists (SDAs) are considered the most racially diverse religious group in the United States (Lipka, 2015). Although officially the SDA Church does not accept LGBTQ+ behaviors and lifestyles, there is an international network of current and former SDAs who have organized as Seventh-Day Adventist Kinship International (2021). This organization has branches in South America, Europe, and other international sites and offers alternative faith-based programming and resources that are inclusive of and supportive to LGBTQ+ people (Seventh-Day Adventist, 2021).

In Judaism, the Reform Movement (the largest Jewish denomination in the United States) has been leading the inclusiveness of LGBTQ individuals in synagogues and Jewish communities more broadly, including the acceptance of LGBTQ-identifying rabbis and acknowledgment of same-sex Jewish marriages (Human Rights Campaign Foundation, 2022b). Keshet is an LGBTQ Jewish organization

based in the United States that works for the full equality of all LGBTQ Jews and families in Jewish life (Keshet, 2022).

While many religions enact rules about sexual behavior, Buddhist attitudes toward LGBTQ people are often a reflection of culture rather than Buddhist philosophy, and Buddhism is generally socially liberal and welcoming to LGBTQ members (Atwood, 2019). For example, Ven. Shih Chao-Hwei, a Taiwanese Buddhist master, was awarded the 38th Niwano Peace Prize in 2021 and has been a vocal supporter of same-sex marriage and officiated the first Buddhist same-sex wedding for a lesbian couple in Taiwan in 2012 (Lewis, 2021; Lieblich, 2020).

Paganism was originally a polytheistic religion from ancient Europe that has been adopted by many LGBTQ+ people globally in contemporary times. The contemporary form is sometimes viewed as modern/post-modern paganism, may involve witchcraft, and has attracted people across the LGBTQ+ spectrum (Gay in the CLE, 2021; "Gay Pagan Men," 2021). Informed by paganism as well as New Age spirituality, the Radical Faeries originated in the 1970s as a gay male movement combining queer liberation and secular spirituality that has since grown into a worldwide network encompassing a variety of genders and sexual identities. The Radical Faeries often organize gatherings and environmentally sustainable rural-based sanctuaries (Baume, 2021).

6.5.10 BDSM/Leather and Polyamory Communities

Finally, within the LGBTQ community exist subcultures that are considered the radical fringe. One such subculture is the BDSM community, which stands for bondage, discipline, and sado/masochism play. BDSM emphasizes power exchange between consenting adults in which role-playing and physical and/or psychological stimulation or manipulation is often involved (Ullmann, 2015). In 2013, the American Psychiatric Association depathologized BDSM as a mental disorder in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (National Coalition for Sexual Freedom, 2021). While individuals interested in BDSM come from all genders and sexualities, many BDSM community members identify as LGBTQ.

Despite its depathologization, organized BDSM communities seem to only exist in the Global North. For example, there are annual International Ms./Mr. Leather and International Ms./Mr. Bootblack contests held in the United States that have attracted thousands of people, many of whom identify within the LGBTQ+ spectrum (IMSLBB, 2021; International Mr. Leather, 2021). Another organization is Women of Drummer, which hosts several regional parties all over the United States (Women of Drummer, 2021) as well as an annual camping weekend in Maryland, USA. SISC is located on a farm in Denmark and hosts international BDSM weeks for the LGBTQ+ community (SISC, 2021). One week is set aside specifically for queer, women, lesbian, trans, and intersex people, and a few weeks are reserved for gay men.

Although there do not appear to be specific LGBTQ+ polyamory communities, many polyamory communities include members who identify within the LGBTQ+ spectrum, BDSM/Leather communities, and/or have fluid gender identities or sexual orientations (The Polyamory Society, 2021). An annual retreat for members of polyamory communities is held in the United States (Loving More, 2021).

6.5.11   Other Support Groups

Besides the other categories of social support delineated in this chapter, there are also a variety of groups that offer support and resources for other types of LGBTQ subpopulations such as those living with HIV, youth, seniors, and people with disabilities. For an example regarding people living with HIV (PLWHIV), the Taiwan Lourdes Association works on HIV prevention and human rights and quality of life among PLWHIV, provides group and individual counseling services for PLWHIV, and helps build up support groups for PLWHIV (Taiwan Lourdes Association, 2019). For an example about the youth group, CamASEAN Youth's Future in Cambodia aims to combat societal discrimination on LGBTQ youth and to build up support groups for them (CamASEAN Youth's Future, 2019). For an example regarding LGBTQ seniors, Indiapink provides the customized and leisure travels for LGBTQ seniors in India in order to improve their social interaction and well-being (Indiapink, 2019). For an example about disabilities, the Disabled+Queer in Taiwan works on the human rights and well-being of LGBTQ individuals living with (Disabled+Queer, 2019).

6.5.12   LGBTQ-Related Organizations

LGBTQ-focused organizations also play important roles for LGBTQ individuals. They aim to provide social support, hold local LGBTQ pride events, collect health-related resources including counseling services and medical care, build up Parents, Families and Friends of LGBTQ+ (PFLAG) groups, and improve the LGBTQ-related policies (e.g., anti-discrimination, marriage equality, and gender change). PFLAG was founded in 1973 and has over 400 chapters and 200,000 members in both urban and rural areas of the United States (PFLAG, "About PFLAG," 2021a). Although the "official" PFLAG is only affiliated with the United States, also known as "PFLAG National," they have granted permission to some international organizations and activists to also utilize the PFLAG name. Thus, organizations in Australia, Belgium, Canada, China, France, Israel, Italy, Japan, Jamaica, Mexico, New Zealand, Portugal, South Africa, Spain, Switzerland, the United Kingdom, and Vietnam also utilize the PFLAG moniker (PFLAG, "International Focus," 2021b).

Human rights are a large focus of many global LGBTQ+ human rights organizations. The International Lesbian, Gay, Bisexual, Trans, and Intersex Association

(ILGA) (2021) is a leading organization and global voice for the rights of those who face discrimination on the grounds of sexual orientation, gender identity, gender expression, and/or sex characteristics.

Outright Action International (OAI; formerly International Gay and Lesbian Human Rights Commission) focuses on advocacy, movement resourcing, and research. OAI has spearheaded a number of important international cases resulting in legal and policy wins for LGBTQ+ rights around the world. OAI has also incubated several LGBTQ+ organizations in the Global South as well as provides training and support to Global South and BIPOC activists. OAI has also produced hundreds of reports and briefing papers, sponsored a webinar, video, and podcast series, and in December 2020 hosted the OutSummit LGBTIQ human rights conference, bringing together 1600 people from 100+ countries (Outright Action International, 2021).

Astraea: Lesbian Foundation for Justice is a public foundation based in New York City in the United States that raises and distributes funds to programs and initiatives, prioritizing those led by lesbians, queer women, transgender and gender nonconforming people, intersex people, and people of color. Aside from philanthropic ventures, Astraea is also involved in media and communications awareness campaigns, capacity building, and leadership development (Astraea, 2021).

There are also a variety of locally-focused LGBTQ organizations based in the Global South: Nouakchott Solidarité Association in Mauritania (aims to improve human rights for LGB communities, people living with HIV, and women); the Iranian Lesbian and Transgender Network (aims to improve human rights for lesbian and transgender people); and Bedayaa in the Nile Valley Area (works to promote the acceptance of homosexuality in Egypt and Sudan and helps LGBTQI people to live a life free of discrimination or stigma) (The International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2021). Other Global South-based organizations include Comunidad Homosexual Argentina (2021), ADESPROC Libertad GLBT (2021) in Bolivia, Quality of Citizenship Jamaica (2021), Guyana RainBow Foundation (2021), and AZAD LGBT (2021) in Azerbaijan. It is important that local, regional, and global LGBTQ-focused organizations continue to flourish to provide much-needed information, support, guidance, and resources to LGBTQ+ people and communities throughout the world.

6.6   Conclusion

LGBTQ populations experience minority stress, especially those who live in LMICs or the Global South. Their stress may be amplified by inadequate access to health services, financial challenges, few educational resources, and the limited capacity of their governments to solve social problems. Therefore, it is important for LGBTQ individuals to receive social support from their families (biological or chosen) and communities. In this chapter, we discussed support from parents, siblings, teachers, partners, and colleagues. We also discussed support provided during other life

stages, such as parenthood and elderhood, and by religious and spiritual connections. We explored worldwide LGBTQ+ communities, including those in physical spaces and those online. We discussed the impact of biphobia and transphobia in lesbian and gay communities. Lastly, we provided rich information about global, regional, and local LGBTQ-related organizations throughout the world, including organizations focused on specific LGBTQ subpopulations. As demonstrated in this chapter, there is seemingly an abundance of LGBTQ community and social support institutions, organizations, networks, and resources. The challenge is not only to augment access to the already existing institutions, organizations, and resources, but to continue building additional community and social support institutions, organizations, networks, and resources so that all sectors of the LGBTQ population can be well-served.

6.7 Case Study: South African LGBTQ Communities and Social Supports

South Africa has been a democracy since the end of apartheid in 1994 and has continually worked on addressing the legal rights of lesbian, gay, and bisexual people (Nel, 2014). Act No. 108 of 1996 in the South African Constitution enshrines the right to non-discrimination on the basis of sexual orientation. South Africa was the first country in the world to include this ban on discrimination based on sexual orientation in their constitution (Outright International, 2022). Since then, South Africa legalized same-sex marriage in 2006 (Brouard & Pieterse, 2012).

However, this progression in legislation has not eliminated the societal discrimination toward sexual and gender minority populations in the country. Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people in South Africa continue to experience high levels of violence, abuse, homophobia, and discrimination in their families and certain public social spaces and challenges accessing basic services including education, health care, and legal justice (Francis & Msibi, 2011; Haffejee & Wiebesiek, 2021; Olney & Musabayana, 2016; Reygan & Lynette, 2014; Smuts, 2011; Van Zyl, 2015). For example, in a nationally representative study conducted in 2015, 72% of those surveyed indicated they believed that same-sex relationships are morally wrong, and only one in ten participants said they believed someone's sexual orientation was something they acquired from birth (Brouard et al., 2016).

Sexism and racism also often exist within LGBTQ communities in South Africa. In 1995, gay identity in South Africa was used to refer almost exclusively to White middle-class urban men (Gevisser & Cameron, 1995). Williams (2008) indicated that racial segregation continued to exist in queer social spaces in Cape Town and noted that the gay areas in the city were most frequented by White gay men, while Black gay men and Black lesbian women were situated in the townships on the periphery of central Cape Town. Also, gendered boundaries served to exclude lesbian women from male-dominated gay social spaces, leading to the invisibility of

South Africa map showing major cities as well as parts of surrounding countries and the Indian and South Atlantic Oceans (Source: Central Intelligence Agency, 2021)

Black lesbian women in queer social spaces in South Africa at large (Stephens & Boonzaier, 2020). Interestingly, Black LGBTQ organizations were understood to have political agendas that were rooted in their experiences of class and race oppression, while White LGBTQ organizations were described as having social agendas rooted in classism and material privilege (Stephens & Boonzaier, 2020).

While White LGBTQ people may experience privilege compared to their Black counterparts, they are still marginalized in South African society as a whole. As a result of prejudice, stigma, and discrimination from both outside and within queer spaces, LGBTQ people in South Africa experience a range of mental health challenges such as depression, anxiety, post-traumatic stress disorder, substance use disorder, and suicidal ideation (Polders et al., 2008; Theuninck, 2000; Wells, 2006). However, despite experiencing continued societal discrimination, resilience also exists in LGBTQ populations (Haffejee & Wiebesiek, 2021). One example comes from understanding that despite the challenges they face, the LGBTQ community in South Africa continues to explore and welcome gender and sexual fluidity. Fixed gender roles are being challenged, and gender fluidity is welcomed in the gay male community (Henderson, 2018). Additionally, cisgender gay men also purportedly have relationships and engage in sexual practices with transgender men as well as intersex men, demonstrating their expanding understanding and celebration of various gender identities (Henderson, 2018).

Because of the continued hardships LGBTQ people face in South Africa, as well as to foster their resilience and build a sense of community, LGBTQ-focused social support organizations have been created. Their overall goal, as in many countries, is to support this population through education, service provision, health care, strengths-building practices, and more. One example of such an organization is Triangle Project. Triangle Project is one of the largest LGBTQI ("I" being intersex) organizations in the country, offering a wide range of services to a diverse and growing community. Triangle Project provides mental health services, a medical clinic, a mobile clinic, home-based care, solidarity spaces, and support groups. Triangle Project seeks to foster community engagement and empowerment, explorations of sex, attraction, and gender through solidarity and support groups, and political leadership and activism, while addressing intimate partner violence, hate crimes, and alcohol and drug use. Clientele includes people living with HIV, refugees, migrants, LGBTQI youth and adults, and parents of LGBTQI children (Triangle Project, 2022).

Triangle Project has a long history of supporting LGBTQ communities in South Africa. Its origins are in an organization called the Gay Association of South Africa (GASA) 6010, which was established in 1981. GASA 6010 provided counseling and medical services and a telephone hotline starting in 1982. It was one of the first organizations in South Africa to respond to the HIV/AIDS crisis, assisting with prevention initiatives in gay bars and clubs in 1984. AIDS Support and Education Trust (ASET) was established as part of GASA 6010 in 1989, and ASET and the counseling service became independent from the parent organization in 1994. In 1996, GASA 6010 changed its name to Triangle Project to reflect the multi-faceted nature of its services. Triangle Project then established the first gay and lesbian health project in a Black African township in Cape Town.

Another organization doing important work to support the LGBTQ community in South Africa is OUT LGBT Well-Being, the second-oldest LGBT organization in the country (OUT LGBT Well-Being, 2022). It began in 1994 and is a professional services organization and a member organization of the International Lesbian and Gay Association (ILGA). OUT LGBT Well-Being's work takes place on local, provincial, national, continental, and international levels, and its focus areas are direct health and mental health services, research, training, advocacy, and other forms of support. Since 2006, OUT LGBT Well-Being has been particularly active in advocacy, and past efforts include same-sex marriage, victim empowerment, hate crimes mitigation, and advocating for the Sexual Offenses Act. Current advocacy work by OUT LGBT Well-Being focuses on HIV and hate crime legislation. The organization has played a major role in securing an LGBT Sector within the South African National AIDS Council. As a member of African Men for Sexual Health and Rights (AMSHeR), this organization actively promotes the interest of men who have sex with men on the continent.

In summary, while South Africa has multiple legal protections for LGBTQ people, there are still societal barriers to equality and equity for these populations. Organizations like Triangle Project and OUT LGBT Well-Being work tirelessly to improve the lives of LGBTQ people in South Africa. Support for these organizations and continued research into ways to encourage LGBTQ people to thrive are key to continuing to positively impact LGBTQ people in South Africa.

References

Ace Week. (2021). *The history of ace week*. https://www.aceweek.org/the-history-of-ace-week. Accessed 20 Nov 2022.

Aces & Aros. (2021). *The asexual umbrella*. https://acesandaros.org/learn/the-asexual-umbrella. Accessed 20 Nov 2022.

Adesproc Libertad GLBT. (2021). *ADESPROC Libertad GLBT*. https://ilga.org/civi_details. Accessed 20 Nov 2022.

Agren, D. (2007). Gay Catholic youth group ministers in Mexico. *National Catholic Reporter, 43*(36), 5.

Alface, F. (2018). *Do Brazil's gay-friendly certified cities protect LGBTI residents?* https://www.washingtonblade.com/2018/08/22/do-brazils-gay-friendly-certified-cities-protect-lgbti-residents/. Accessed 20 Nov 2022.

Allen, L. (2020). Heterosexual students' accounts of teachers as perpetrators and recipients of homophobia. *Journal of LGBT Youth, 17*(3), 260–279. https://doi.org/10.1080/19361653.2019.1643272

Arena, D. F., Jr., & Jones, K. P. (2017). To "B" or not to "B": Assessing the disclosure dilemma of bisexual individuals at work. *Journal of Vocational Behavior, 103*(Part A), 86–98. https://doi.org/10.1016/j.jvb.2017.08.009

Astraea Lesbian Foundation for Justice. (2021). *About us*. https://www.astraeafoundation.org/about-us/. Accessed 20 Nov 2022.

Atwood, H. (2019). *LGBTQ Buddhists: Teachings, profiles, and conversations*. https://www.lion-sroar.com/lgbtq-buddhism/. Accessed 20 Nov 2022.

AZAD LGBT. (2021). *AZAD LGBT*. https://ilga.org/civi_details. Accessed 20 Nov 2022.

Badgett, M. V., Choi, S. K., & Wilson, B. D. (2019). *LGBT Poverty in the United States: A study of differences between sexual orientation and gender identity groups*. https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf. Accessed 20 Nov 2022.

Baker, S. J., & Lucas, K. (2017). Is it safe to bring myself to work? Understanding LGBTQ experiences of workplace dignity. *Canadian Journal of Administrative Sciences, 34*(2), 133–148.

Balsam, K. F., Beauchaine, T. P., Mickey, R. M., & Rothblum, E. D. (2005). Mental health of lesbian, gay, bisexual, and heterosexual siblings: Effects of gender, sexual orientation, and family. *Journal of Abnormal Psychology, 114*(3), 471–476. https://doi.org/10.1037/0021-843X.114.3.471

Banerji, A., Burns, K., & Vernon, K. (2012). *Creating inclusive workplaces for LGBT employees in India: A resource guide for employers*. Resource document. https://www.shrm.org/ResourcesAndTools/hr-topics/global-hr/Documents/indlgbtrg2012.pdf

Baume, M. (2021). *Radical faeries have been pushing queer boundaries for 40 years*. https://hornet.com/stories/radical-faeries-history/. Accessed 20 Nov 2022.

Benozzo, A., Pizzorno, M. C., Bell, H., & Koro, L. M. (2015). Coming out, but into what? Problematizing discursive variations of revealing the gay self in the workplace. *Gender, Work and Organization, 22*(3), 292–306. https://doi.org/10.1111/gwao.12081

Bi Collective Delhi. (2021). *Bi collective Delhi*. https://twitter.com/bi_delhi. Accessed 20 Nov 2022.

BiQuPan. (2021). *BiQuPan*. https://www.facebook.com/groups/bikupan2.0/. Accessed 20 Nov 2022.

Bi-Sides. (2021). *Bi-Sides*. https://www.bisides.com/. Accessed 20 Nov 2022.

Boehmer, U., Freund, K. M., & Linde, R. (2005). Support providers of sexual minority women with breast cancer: Who they are and how they impact the breast cancer experience. *Journal of Psychosomatic Research, 59*(5), 307–314. https://doi.org/10.1016/j.jpsychores.2005.06.059

Bowen, D. J., Boehmer, U., & Russo, M. (2007). Cancer and sexual minority women. In I. H. Meyer & M. E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual, and transgender populations* (pp. 523–538). Springer Science.

Bowling, J., Dodge, B., Banik, S., Bartelt, E., Mengle, S., Guerra-Reyes, L., et al. (2018). Social support relationships for sexual minority women in Mumbai, India: A photo elicitation interview study. *Culture, Health & Sexuality, 20*(2), 183–200. https://doi.org/10.1080/13691058.2017.1337928

Bradley, E., Albright, G., McMillan, J., & Shockley, K. (2019). Impact of a simulation on educator support of LGBTQ youth. *Journal of LGBT Youth, 16*(3), 317–339. https://doi.org/10.1080/19361653.2019.1578324

Brainer, A. (2014). *Lesbian, gay, and queer kinship in Taiwan: Generational changes and continuities* (Doctoral dissertation). https://indigo.uic.edu/articles/thesis/Lesbian_Gay_and_Queer_Kinship_in_Taiwan_Generational_Changes_and_Continuities/10811915

Brouard, P., & Pieterse, J. (2012). Two steps forward, one step back: Equality and sexual orientation in South Africa 2009–2011. In K. Kometsi (Ed.), *South African Human Rights Commission equality report* (pp. 49–61). South African Human Rights Commission.

Brouard, P., Judge, M., Lekorwe, M., Metebeni, Z., Msibi, T., & Payi, X., et al. (2016). *Progressive prudes: A survey of attitudes towards homosexuality & gender non-conformity in South Africa*. The Other Foundation & Human Sciences Research Council. Resource document. https://theotherfoundation.org/wp-content/uploads/2016/09/ProgPrudes_Report_d5.pdf

Buller, A. M., Devries, K. M., Howard, L. M., & Bacchus, L. J. (2014). Associations between intimate partner violence and health among men who have sex with men: A systematic review and meta-analysis. *PLoS Medicine, 11*(3), e1001609. https://doi.org/10.1371/journal.pmed.1001609

Bushe, S., & Romero, I. L. (2017). Lesbian pregnancy: Care and considerations. *Seminars in Reproductive Medicine, 35*(5), 420–425. https://doi.org/10.1055/s-0037-1606385

Button, S. B. (2004). Identity management strategies utilized by lesbian and gay employees: A quantitative investigation. *Group & Organization Management, 29*(4), 470–494. https://doi.org/10.1177/1059601103257417

CamASEAN Youth's Future. (2019). *Our mission*. http://www.camasean.org. Accessed 20 Nov 2022.

Central Intelligence Agency. (2021). South Africa map showing major cities as well as parts of surrounding countries and the Indian and South Atlantic Oceans. *The World Factbook.* Central Intelligence Agency. https://www.cia.gov/the-world-factbook/

Chan, C. H., Huang, Y. T., So, G. Y., Leung, H. T., Forth, M. W., & Lo, P. Y. (2022). Examining the demographic and psychological variables associating with the childbearing intention among gay and bisexual men in Taiwan. *Journal of Ethnic & Cultural Diversity in Social Work*, 1–11. https://doi.org/10.1080/15313204.2022.2027313

Coconuts, T. V. (2015). Toms: The complex world of female love in Thailand. *YouTube*. https://www.youtube.com/watch?v=rUagSrRd6kI. Accessed 27 Sept 2022.

Cohen, S., Underwood, L. G., & Gottlieb, B. H. (2000). *Social support measurement and intervention: A guide for health and social scientists*. Oxford University Press.

Comunidad Homosexual Argentina. (2021). *Comunidad Homosexual Argentina*. Retrieved from https://www.facebook.com/CHAArgentina/

Covelloin, R. (2021). *All-women resort on Carefree Boulevard in Fort Myers is home to 500 lesbians*. https://outcoast.com/all-womens-resort-on-carefree-boulevard-in-fort-myers/. Accessed 20 Nov 2022.

Croteau, J. M., Anderson, M. Z., & VanderWal, B. L. (2008). Models of workplace sexual identity disclosure and management: Reviewing and extending concepts. *Group & Organization Management, 33*(5), 532–565. https://doi.org/10.1177/1059601108321828

Dai, Y., Zhang, C. Y., Zhang, B. Q., Li, Z., Jiang, C., & Huang, H. L. (2016). Social support and the self-rated health of older people: A comparative study in Tainan Taiwan and Fuzhou Fujian province. *Medicine, 95*(24), e3881. https://doi.org/10.1097/MD.0000000000003881

Daniels, J., Struthers, H., Maleke, K., Catabay, C., Lane, T., McIntyre, J., & Coates, T. (2019). Rural school experiences of South African gay and transgender youth. *Journal of LGBT Youth, 16*(4), 355–379. https://doi.org/10.1080/19361653.2019.1578323

Davies, R. D., & Kessel, B. (2017). Gender minority stress, depression, and anxiety in a transgender high school student. *The American Journal of Psychiatry, 174*(12), 1151–1152. https://doi.org/10.1176/appi.ajp.2017.17040439

de Guzman, A. B., Valdez, L. P., Orpiana, M. B., Orantia, N. A. F., Oledan, P. V. E., & Cenido, K. M. (2017). Against the current: A grounded theory study on the estrangement experiences of a select group of Filipino gay older persons. *Educational Gerontology, 43*(7), 329–340. https://doi.org/10.1080/03601277.2017.1281005

Detenber, B. H., Cenite, M., Zhou, S., Malik, S., & Neo, R. L. (2014). Rights versus morality: Online debate about decriminalization of gay sex in Singapore. *Journal of Homosexuality, 61*(9), 1313–1333. https://doi.org/10.1080/00918369.2014.926769

Disabled+Queer. (2019). *Support Disabled+Queer*. https://dbqueer.weebly.com/3063735299275443723920818.html. Accessed 20 Nov 2022.

ELC Eurocentralasian Lesbian Community. (2021). *ELC Eurocentralasian Lesbian Community*. https://www.facebook.com/EurocentralasianLesbianCommunity/. Accessed 20 Nov 2022.

Elovainio, M., Hakulinen, C., Pulkki-Råback, L., Virtanen, M., Josefsson, K., Jokela, M., Vahtera, J., & Kivimäki, M. (2017). Contribution of risk factors to excess mortality in isolated and lonely individuals: an analysis of data from the UK Biobank cohort study. *The Lancet Public Health, 2*(6), e260–e266. https://doi.org/10.1016/S2468-2667(17)30075-0

Faderman, L. (1992). The return of butch and femme: A phenomenon in lesbian sexuality of the 1980s and 1990s. *Journal of the History of Sexuality, 2*, 578–596.

Feltman, Y. (2021). *Top 15 LGBT-friendly senior living communities in the U.S.* https://www.senioradvice.com/articles/Top-15-LGBT-Friendly-Senior-Living-Communities-in-the-US. Accessed 20 Nov 2022.

Finlay, J. M., & Kobayashi, L. C. (2018). Social isolation and loneliness in later life: A parallel convergent mixed-methods case study of older adults and their residential contexts in the

Minneapolis metropolitan area, USA. *Social Science & Medicine, 208*, 25-33. https://doi.org/10.1016/j.socscimed.2018.05.010

Finkler, T. (2008). *Sexual diversity challenging HIV AIDS prevention in Oaxaca, Mexico*. Royal Tropical Institute (KIT).

Fish, J., Williamson, I., & Brown, J. (2019). Disclosure in lesbian, gay and bisexual cancer care: Towards a salutogenic healthcare environment. *BMC Cancer, 19*(1), 678. https://doi.org/10.1186/s12885-019-5895-7

Flentje, A., Heck, N. C., Brennan, J. M., & Meyer, I. H. (2020). The relationship between minority stress and biological outcomes: A systematic review. *Journal of Behavioral Medicine, 43*(5), 673–694. https://doi.org/10.1007/s10865-019-00120-6

Flores, C., & Sutterman, A. (2020). *Ecuador's transgender communities organize first-ever National Trans March*. https://globalvoices.org/2020/12/19/ecuadors-transgender-communities-organize-first-ever-national-trans-march/. Accessed 20 Nov 2022.

Francis, D. A. (2012). Teacher positioning on the teaching of sexual diversity in South African schools. *Culture, Health & Sexuality, 14*(6), 597–611. https://doi.org/10.1080/13691058.2012.674558

Francis, D. A. (2017). "I think we had one or two of those, but they weren't really": Teacher and learner talk on bisexuality in South African schools. *Journal of Bisexuality, 17*(2), 206–224. https://doi.org/10.1080/15299716.2017.1326998

Francis, D., & Msibi, T. (2011). Teaching about heterosexism: Challenging homophobia in South Africa. *Journal of LGBT Youth, 8*(2), 157–173. https://doi.org/10.1080/19361653.2011.553713

Gannon, S. (2007). With respect to sex: Negotiating hijra identity in South India. *Journal of the History of Sexuality, 16*(2), 328–330. https://doi.org/10.1353/sex.2007.0052

Gay In The CLE. (2021). *Paganism and LGBTQ*. https://gayinthecle.com/2020/02/28/paganism-and-lgbtq/. Accessed 20 Nov 2022.

Gay Pagan Men. (2021). *Gay Pagan men*. https://www.facebook.com/groups/gaymenofpaganism/discussion/preview. Accessed 20 Nov 2022.

George, C., Adam, B. D., Read, S. E., Husbands, W. C., Remis, R. S., Makoroka, L., & Rourke, S. B. (2012). The MaBwana Black men's study: Community and belonging in the lives of African, Caribbean, and other Black gay men in Toronto. *Culture, Health & Sexuality, 14*(5), 549–562. https://doi.org/10.1080/13691058.2012.674158

Gevisser, M., & Cameron, E. (Eds.). (1995). *Defiant desire: Gay and lesbian lives in South Africa*. Routledge.

Gibson, B. (2002). Boy-wives and female husbands: Studies in African homosexualities. *Journal of Men's Studies, 10*(3), 394–397.

Glikman, A., & Elkayam, T. S. (2019). Addressing the issue of sexual orientation in the classroom–attitudes of Israeli education students. *Journal of LGBT Youth, 16*(1), 38–61. https://doi.org/10.1080/19361653.2018.1526732

Goldfried, M. R., & Goldfried, A. P. (2001). The importance of parental support in the lives of gay, lesbian, and bisexual individuals. *Journal of Clinical Psychology, 57*, 681–693. http://dx.doi.org/10.1002/jclp.1037

Gosling, M., & Osborne, E. (2000). *Blossoms of fire*. Documentary.

Greene, M., Hessol, N. A., Perissinotto, C., Zepf, R., Parrott, A. H., Foreman, C., Whirry, R., Gandhi, M., & John, M. (2018). Loneliness in older adults living with HIV. *AIDS and Behavior, 22*(5), 1475–1484. https://doi.org/10.1007/s10461-017-1985-1

Gregg, I. (2018). The health care experiences of lesbian women becoming mothers. *Nursing for Women's Health, 22*(1), 40–50. https://doi.org/10.1016/j.nwh.2017.12.003

Greysen, S. R., Horwitz, L. I., Covinsky, K. E., Gordon, K., Ohl, M. E., & Justice, A. C. (2013). Does social isolation predict hospitalization and mortality among HIV+ and uninfected older veterans? *Journal of the American Geriatrics Society, 61*(9), 1456–1463. https://doi.org/10.1111/jgs.12410

Guyana RainBow Foundation. (2021). *Guyana RainBow Foundation*. https://www.astraeafoundation.org/stories/guyana-rainbow-foundation/. Accessed 20 Nov 2022.

Haffejee, S., & Wiebesiek, L. (2021). Resilience and resistance: The narrative of a transgender youth in rural South Africa. *Gender Issues, 38*(3), 344–360. https://doi.org/10.1007/s12147-021-09285-4

Harley, D. A., Gassaway, L. & Dunkley, L. (2016). Isolation, socialization, recreation and inclusion of LGBT elders. In P. B. Teaster & D. A. Harley (Eds.). Handbook of LGBT elders: An interdisciplinary approach to principles, practices, and policies. (pp. 563–581). Cham, Switzerland: Springer.

Hayman, B., Wilkes, L., Halcomb, E., & Jackson, D. (2015). Lesbian women choosing motherhood: The journey to conception. *Journal of GLBT Family Studies, 11*(4), 395–409. https://doi.org/10.1080/1550428X.2014.921801

Henderson, N. J. (2018). 'Top, bottom, versatile': Narratives of sexual practices in gay relationships in the Cape Metropole, South Africa. *Culture, Health & Sexuality, 20*(11), 1145–1156. https://doi.org/10.1080/13691058.2017.1347715

Herdt, G. (2020). *Third sex, third gender: Beyond sexual dimorphism in culture and history*. Princeton University Press.

Hiestand, K. R., & Levitt, H. M. (2005). Gender within lesbian sexuality: Butch and femme perspectives. *Journal of Constructivist Psychology, 18*(1), 39–51. https://doi.org/10.1080/10720530590523062

Hilton, A. N., & Szymanski, D. M. (2011). Family dynamics and changes in sibling of origin relationship after lesbian and gay sexual orientation disclosure. *Contemporary Family Therapy: An International Journal, 33*(3), 291–309. https://doi.org/10.1007/s10591-011-9157-3

House, J. S. (1981). *Work stress and social support*. Addison Wesley.

House, J. S. (1987). Social support and social structure. *Sociological Forum, 2*(1), 135–146.

Hughes, A. K., Waters, P., Herrick, C. D., & Pelon, S. (2014). Notes from the field: Developing a support group for older lesbian and gay community members who have lost a partner. *LGBT Health, 1*(4), 323–326. https://doi.org/10.1089/lgbt.2014.0039

Human Rights Campaign Foundation. (2022a). *Healthcare equality index 2022*. https://www.hrc.org/resources/healthcare-equality-index. Accessed 1 Sept 2022.

Human Rights Campaign Foundation. (2022b). *Stances of faiths on LGBTQ issues: Reform Judaism*. Resource page. https://www.hrc.org/resources/stances-of-faiths-on-lgbt-issues-reform-judaism. Accessed 27 Sept 2022.

Hwahng, S. J. (2011). The western "lesbian" agenda and the appropriation of non-western transmasculine people. In J. Fisher (Ed.), *Gender and the science of difference: Cultural politics of contemporary science and medicine* (pp. 164–186). Rutgers University Press.

IMSLBB. (2021). *International Ms. Leather & International Ms. Bootblack goes virtual for 2021*. https://imslbb.org/. Accessed 20 Nov 2022.

Indian Aces. (2021). *Indian Aces*. http://indianaces.org/. Accessed 20 Nov 2022.

Indiapink. (2019). *Senior LGBT travelers*. https://indjapink.co.in/senior_lgbt.html. Accessed 20 Nov 2022.

International Federation for Family Development. (2022). *The crucial role of families*. United Nations Economic and Social Council. https://www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/integration/2017/IFFD.pdf. Accessed 20 Nov 2022.

International Mr. Leather. (2021). *International Mr. Leather*. https://www.imrl.com/. Accessed 20 Nov 2022.

Intersex Asia. (2021). *Intersex Asia*. https://www.facebook.com/IntersexAsia. Accessed 20 Nov 2022.

Johnson, R., Hobfoll, S. E., & Zalcberg-Linetzy, A. (1993). Social support knowledge and behavior and relational intimacy: A dyadic study. *Journal of Family Psychology, 6*(3), 266–277. https://doi.org/10.1037/0893-3200.6.3.266

Jones, C. (2020). Balancing safety and visibility: Lesbian community building strategies in South Korea. *Journal of Lesbian Studies, 24*(3), 272–285. https://doi.org/10.1080/10894160.2019.1678335

Juntereal, N. A., & Spatz, D. L. (2020). Breastfeeding experiences of same-sex mothers. *Birth, 47*(1), 21–28. https://doi.org/10.1111/birt.12470

Kamen, C. S., Smith-Stoner, M., Heckler, C. E., Flannery, M., & Margolies, L. (2015). Social support, self-rated healthy and lesbian, gay, bisexual, and transgender identity disclosure to cancer

care providers. *Oncology Nursing Forum, 42*(1), 44–51. https://doi-org.uwinnipeg.idm.oclc.org/10.1188/15.ONF.44-51

Kelsey. (2017). *Should asexuals be included in the LGBTQ+ community?* https://medium.com/lgbtq-american-history-for-the-people/recently-there-has-been-some-debate-online-over-whether-or-not-asexuality-truly-belongs-in-the-b23a28a20c21. Accessed 20 Nov 2022.

Kennedy, E. L., & Davis, M. D. (1993). Boots of Leather, Slippers of Gold: The History of a Lesbian Community. New York: Routledge.

Kerppola, J., Halme, N., Perälä, M. L., & Maija-Pietilä, A. (2019). Parental empowerment: Lesbian, gay, bisexual, trans or queer parents' perceptions of maternity and child healthcare. *International Journal of Nursing Practice, 25*(5), e12755. https://doi.org/10.1111/ijn.12755

Keshet: For LGBTQ Equality in Jewish Life. (2022). *What we do*. Resource page. https://www.keshetonline.org/. Accessed 27 Sept 2022.

Kim, W. S. (2019). *14 lit cities for lesbians to live in*. http://gomag.com/article/14-lit-cities-for-lesbians-to-live-in/. Accessed 20 Nov 2022.

Klittmark, S., Garzón, M., Andersson, E., & Wells, M. B. (2019). LGBTQ competence wanted: LGBTQ parents' experiences of reproductive health care in Sweden. *Scandinavian Journal of Caring Sciences, 33*(2), 417–426. https://doi.org/10.1111/scs.12639

Kreines, F. M., Farr, A., Chervenak, F. A., & Grünebaum, A. (2018). Quality of web-based family-building information for LGBTQ individuals. *The European Journal of Contraception & Reproductive Health Care, 23*(1), 18–23. https://doi.org/10.1080/13625187.2018.1432036

Kulick, D. (1998). *Travesti: Sex, gender, and culture among Brazilian transgendered prostitutes*. The University of Chicago Press.

La Fountain-Stokes, L. M. (1998). Mema's house, Mexico City: On Transvestites, Queens, and Machos. *NACLA Report on the Americas, 31*(4), 48.

Lang, S. (1998). *Men as women, women as men: Changing gender in Native American cultures*. University of Texas Press.

Larson, B. (2016). Intentionally designed for success: Chicago's first LGBT-friendly senior housing. *Generations Journal, 40*(2), 106–107.

Lewis, C. (2021). *Taiwanese Buddhist Master Ven. Shih Chao-hwei selected for 38th Niwano Peace Prize*. https://www.buddhistdoor.net/news/taiwanese-buddhist-master-ven-shih-chao-hwei-selected-for-38th-niwano-peace-prize. Accessed 20 Nov 2022.

Lieblich, J. (2020). *Buddhist Nun leads Asia's fight for gay marriage*. https://bulletin.hds.harvard.edu/buddhist-nun-leads-asias-fight-for-gay-marriage/. Accessed 20 Nov 2022.

Lifeafar. (2019). *Is Chapinero the gay area of Bogotá?*. https://blog.lifeafar.com/is-chapinero-the-gay-area-of-bogota/. Accessed 20 Nov 2022.

Lin, C. (2014). Chinese gay bear men. *Culture, Society and Masculinities, 6*(2), 183–193. https://doi.org/10.3149/CSM.0602.183

Lin, C. (2016). The dominant value system of Chinese gay males in family, couple, and community relationships: A qualitative study. *Journal of Family Psychotherapy, 27*(4), 288–301. https://doi.org/10.1080/08975353.2016.1235434

Lin, C. (2018). Reinforcing behaviors of Chinese gay male users on Facebook. *Psychology of Popular Media Culture, 7*(3), 289–296. https://doi.org/10.1037/ppm0000131

Lipka, M. (2015). *The most and least racially diverse U.S. religious groups*. Pew Research. https://www.pewresearch.org/fact-tank/2015/07/27/the-most-and-least-racially-diverse-u-s-religious-groups/. Accessed 20 Nov 2022.

Lonely Planet. (2021). *The safest countries for LGBTQ+ travelers, according to a new study*. https://www.lonelyplanet.com/news/safest-countries-lgbtq-travel. Accessed 20 Nov 2022.

Loving More. (2021). *Loving more polyamory events*. https://www.lovingmorenonprofit.org/conferences/polyamory-retreat/. Accessed 20 Nov 2022.

Mar, K. (2011). *Female-to-male transgender spectrum people of Asian and Pacific Islander descent*. Dissertation Abstracts International: Section B: The Sciences and Engineering. ProQuest Information & Learning.

Matador Network. (2020). *The ultimate LGBTQ guide to Cape Town, South Africa*. https://mata-dornetwork.com/read/lgbtq-guide-cape-town-south-africa/. Accessed 20 Nov 2022.

McAdams-Mahmoud, A., Stephenson, R., Rentsch, C., Cooper, H., Arriola, K. J., Jobson, G., de Swardt, G., Struthers, H., & McIntyre, J. (2014). Minority stress in the lives of men who have sex with men in Cape Town, South Africa. *Journal of Homosexuality, 61*(6), 847–867. https://doi.org/10.1080/00918369.2014.870454

McDougall, P., Hymel, S., Vaillancourt, T., & Mercer, L. (2001). The consequences of child-hood peer rejection. In M. R. Leary (Ed.), *Interpersonal rejection* (pp. 213–247). Oxford University Press.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*, 38–56. https://doi.org/10.2307/2137286

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual popula-tions: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Millett, G., Malebranche, D., Mason, B., & Spikes, P. (2005). Focusing "down low": Bisexual Black men, HIV risk and heterosexual transmission. *Journal of the National Medical Association, 97*(7), 52S–59S.

Mirandé, A. (2017). *Behind the mask: Gender hybridity in a Zapotec community*. University of Arizona Press.

Mitini Nepal. (2021). *Vision mission goals values*. https://mitininepal.org.np/vmvg/. Accessed 20 Nov 2022.

Morgan, A. (1999). TRIPS to Thailand: The act for the establishment of and procedure for intel-lectual property and international trade court. *Fordham International Law Journal, 23*, 795.

Morris, R. C. (1994). Three sexes and four sexualities: Redressing the discourses on gender and sexuality in contemporary Thailand. *Positions: East Asia Cultures Critique, 2*(1), 15–43. https://doi.org/10.1215/10679847-2-1-15

Mujtaba, H., Murray, S. O., Roscoe, W., Allyn, E., Crompton, L., Dickemann, M., & Khan, B. (1997). *Islamic homosexualities: Culture, history, and literature*. NYU Press.

Nagoshi, J. L., Hohn, K. L., & Nagoshi, C. T. (2017). Questioning the heteronormative matrix: Transphobia, intersectionality, and gender outlaws within the gay and lesbian community. *Social Development Issues, 39*(3), 21–31.

Nakamura, N., Chan, E., & Fischer, B. (2013). "Hard to crack": Experiences of community inte-gration among first-and second-generation Asian MSM in Canada. *Cultural Diversity and Ethnic Minority Psychology, 19*(3), 248–256. https://doi.org/10.1037/a0032943

National Coalition for Sexual Freedom. (2021). *The DSM-5 says kink is OK!*. https://ncsfreedom.org/dsm-5/. Accessed 20 Nov 2022.

Needham, B. L., & Austin, E. L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of Youth and Adolescence, 39*, 1189–1198. http://dx.doi.org/10.1007/s10964-010-9533-6

Nel, J. A. (2014). South African psychology can and should provide leadership in advancing understanding of sexual and gender diversity on the African continent. *South Africa Journal of Psychology, 44*(2), 145–148. https://doi.org/10.1177/0081246314530834

Nemoto, T., Iwamoto, M., Perngparn, U., Areesantichai, C., Kamitani, E., & Sakata, M. (2012). HIV-related risk behaviors among kathoey (male-to-female transgender) sex workers in Bangkok, Thailand. *AIDS Care, 24*(2), 210–219. https://doi.org/10.1080/09540121.2011.597709

Nomadic Boys. (2021a). *10 most gay friendly countries in Asia*. https://nomadicboys.com/most-gay-friendly-countries-in-asia/. Accessed 20 Nov 2022.

Nomadic Boys. (2021b). *A complete guide to the gay area of Bangkok*. https://nomadicboys.com/gay-area-of-bangkok/. Accessed 20 Nov 2022.

Nuttbrock, L. (2018). *Transgender sex work and society*. Harrington Park Press, LLC.

OII InterSex Philippines Inc. (2021). *OII InterSex Philippines Inc*. https://www.facebook.com/IntersexPhilippines. Accessed 20 Nov 2022.

Olney, S., & Musabayana, J. (2016). *Pride at work: A study on discrimination at work on the basis of sexual orientation and gender identity in South Africa* (Working paper no. 4). International Labour Organization.

Organización Internacional Intersexual – Hispanoparlante. (2021). *Organización Internacional Intersexual – Hispanoparlante*. https://www.facebook.com/OIIhispano. Accessed 20 Nov 2022.

Organization Intersex International. (2021). *Organization Intersex International*. http://oiiinterna-tional.com/. Accessed 20 Nov 2022.

Organization Intersex International Austria. (2021). *Verein Intergeschlechtlicher Menschen Österreich*. https://vimoe.at/. Accessed 20 Nov 2022.

Organization Intersex International Chinese. (2021). *Organization Intersex International Chinese*. http://www.oii.tw/. Accessed 20 Nov 2022.

OUT LGBT Well-Being. (2022). *OUT LGBT well-being*. https://out.org/za/. Accessed 22 Oct 2022.

Outright Action International. (2021). *About us*. https://outrightinternational.org/about-us. Accessed 20 Nov 2022.

Outright International. (2022). *Country overview: South Africa*. Resource page. https://outrightint-ernational.org/our-work/sub-saharan-africa/south-africa. Accessed 21 Oct 2022.

Pachankis, J. E., & Hatzenbuehler, M. L. (2013). The social development of contingent self-worth in sexual minority young men: An empirical investigation of the "Best Little Boy in the World" hypothesis. *Basic and Applied Social Psychology, 35*, 176–190. http://dx.doi.org/10.1080/01973533.2013.764304

Patterson, C. J. (2006). Children of lesbian and gay parents. *Current Directions in Psychological Science, 15*(5), 241–244. https://doi.org/10.1111/j.1467-8721.2006.00444.x

Pearson, J., & Wilkinson, L. (2013). Family relationships and adolescent well-being: Are families equally protective for same-sex attracted youth? *Journal of Youth and Adolescence, 42*, 376–393. http://dx.doi.org/10.1007/s10964-012-9865-5

Periard, D. A., Yanchus, N. J., Morris, M. B., Barnes, T., Yanovsky, B., & Osatuke, K. (2018). LGB and heterosexual federal civilian employee differences in the workplace. *Psychology of Sexual Orientation and Gender Diversity, 5*(1), 57–71. https://doi.org/10.1037/sgd0000257

PFLAG. (2021a). *About PFLAG*. https://pflag.org/about. Accessed 20 Nov 2022.

PFLAG. (2021b). *International focus*. https://pflag.org/intlfamilygroups. Accessed 20 Nov 2022.

Polders, L. A., Nel, J. A., Kruger, P., & Wells, H. L. (2008). Factors affecting vulnerability to depression among gay men and lesbian women in Gauteng, South Africa. *South Africa Journal of Psychology, 38*(4), 673–687. https://doi.org/10.1177/008124630803800407

Polyamory Society. (2021). *Mission of the Polyamory Society*. http://www.polyamorysociety.org/mission.html. Accessed 20 Nov 2022.

Potgieter, C., & Reygan, F. (2011). Disruptive or merely alternative? A case study of a South African gay church. *Journal of Gender and Religion in Africa, 17*(2), 58–76.

Power, J., Dempsey, D., Kelly, F., & Lau, M. (2020). Use of fertility services in Australian lesbian, bisexual and queer women's pathways to parenthood. *Australian and New Zealand Journal of Obstetrics and Gynaecology, 60*(4), 610–615. https://doi.org/10.1111/ajo.13175

Quality of Citizenship Jamaica. (2021). *Quality of citizenship Jamaica*. http://qcjm.org/. Accessed 20 Nov 2022.

Reczek, C., & Umberson, D. (2012). Gender, health behavior, and intimate relationships: Lesbian, gay, and straight contexts. *Social Science & Medicine, 74*(11), 1783–1790. https://doi.org/10.1016/j.socscimed.2011.11.011

Reddy, G. (2005). *With respect to sex: Negotiating hijra identity in South India*. University of Chicago Press.

Reyes, M. E., Victorino, M. C., Chua, A. P., Oquendo, F. Y., Puti, A. S., Reglos, A. A., & McCutcheon, L. E. (2015). Perceived parental support as a protective factor against suicidal ideation of self-identified lesbian and gay Filipino adolescents. *North American Journal of Psychology, 17*(2), 245–250.

Reygan, F., & Lynette, A. (2014). Heteronormativity, homophobia and "culture" arguments in KwaZulu-Natal, South Africa. *Sexualities, 17*(5–6), 707–723. https://doi.org/10.1177/1363460714531267

Roscoe, W. (1998). *Changing ones: Third and fourth genders in Native North America*. St. Martin's Press.

Rothblum, E. D., & Factor, R. (2001). Lesbians and their sisters as a control group: Demographic and mental health factors. *Psychological Science, 12*, 63–69. http://dx.doi.org/10.1111/1467-9280.00311

Ross, L. E., Tarasoff, L. A., Anderson, S., Epstein, R., Marvel, S., Steele, L. S., & Green, D. (2014). Sexual and gender minority peoples' recommendations for assisted human reproduction services. *Education, 36*(2), 146–153. https://doi.org/10.1016/s1701-2163(15)30661-7

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics, 123*, 346–352. http://dx.doi.org/10.1542/peds.2007-3524

Savikko, N., Routasalo, P., Tilvis, R. S., Strandberg, T. E., & Pitkälä, K. H. (2005). Predictors and subjective causes of loneliness in an aged population. *Archives of Gerontology and Geriatrics, 41*(3), 223–233. https://doi.org/10.1016/j.archger.2005.03.002

Scheib, J. E., McCormick, E., Benward, J., & Ruby, A. (2020). Finding people like me: Contact among young adults who share an open-identity sperm donor. *Human Reproduction Open, 2020*(4), hoaa057. https://doi.org/10.1093/hropen/hoaa057

Schmidt, S. (2021). 1 in 6 Gen Z adults are LGBT. And this number could continue to grow. *Washington Post*. https://www.washingtonpost.com/dc-md-va/2021/02/24/gen-z-lgbt/. Accessed 20 Nov 2022.

Seventh-Day Adventist Kinship International. (2021). *About kinship*. https://www.sdakinship.org/en/about-kinship. Accessed 20 Nov 2022.

Shao, J., Chang, E. S., & Chen, C. (2018). The relative importance of parent–child dynamics and minority stress on the psychological adjustment of LGBs in China. *Journal of Counseling Psychology, 65*(5), 598–604. https://doi.org/10.1037/cou0000281

Siegel, K., & Meunier, É. (2019). Traditional sex and gender stereotypes in the relationships of non-disclosing behaviorally bisexual men. *Archives of Sexual Behavior, 48*(1), 333–345. https://doi.org/10.1007/s10508-018-1226-3

Siegel, K., Schrimshaw, E. W., Lekas, H. M., & Parsons, J. T. (2008). Sexual behaviors of non-gay identified non-disclosing men who have sex with men and women. *Archives of Sexual Behavior, 37*(5), 720–735. https://doi.org/10.1007/s10508-008-9357-6

Simon, K. A., & Farr, R. H. (2021). Development of the Conceptual Future Parent Grief (CFPG) Scale for LGBTQ+ people. *Journal of Family Psychology, 35*(3), 299–310. https://doi.org/10.1037/fam0000790

Sinnott, M. J. (2004). *Toms and dees: Transgender identity and female same-sex relationships in Thailand*. University of Hawai'i Press.

Siraj, A. (2011). Isolated, invisible, and in the closet: The life story of a Scottish Muslim lesbian. *Journal of Lesbian Studies, 15*(1), 99–121. https://doi.org/10.1080/10894160.2010.490503

SISC. (2021). *QWLT*I* – Week 27 (7 days)*. https://sisc.dk/bdsm-weeks/the-sisc-weeks/week-27. Accessed 20 Nov 2022.

Smith, G. L., Banting, L., Eime, R., O'Sullivan, G., & van Uffelen, J. G. (2017). The association between social support and physical activity in older adults: A systematic review. *International Journal of Behavioral Nutrition and Physical Activity, 14*, 56. https://doi.org/10.1186/s12966-017-0509-8

Smuts, L. (2011). Coming out as a lesbian in Johannesburg, South Africa: Considering intersecting identities and social spaces. *South African Review of Sociology, 42*(3), 23–40. https://doi.org/10.1080/21528586.2011.621231

Soeker, S., Bonn, G. L., de Vos, Z., Gobhozi, T., Pape, C., & Ribaudo, S. (2015). Not STRAIGHT forward for gays: A look at the lived experiences of gay men, living in Cape Town, with regard to their worker roles. *Work: Journal of Prevention, Assessment & Rehabilitation, 51*(2), 175–186. https://doi.org/10.3233/WOR-141848

Stacey, J., & Biblarz, T.J. (2001). Does sexual orientation of parents matter? A merican Sociological Review, 65, 159–183. https://doi.org/10.2307/2657413

Stephens, A., & Boonzaier, F. (2020). Black lesbian women in South Africa: Citizenship and the coloniality of power. *Feminism & Psychology, 30*(3), 324–342. https://doi.org/10.1177/0959353520912969

Swan, L. E., Henry, R. S., Smith, E. R., Aguayo Arelis, A., Rabago Barajas, B. V., & Perrin, P. B. (2021). Discrimination and intimate partner violence victimization and perpetration among a convenience sample of LGBT individuals in Latin America. *Journal of interpersonal violence, 36*(15–16), NP8520-NP8537. https://doi.org/10.1177/0886260519844774

Taiwan Lourdes Association. (2019). *Taiwan Lourdes Association's history, goals, and objectives*. https://www.lourdes.org.tw. Accessed 20 Nov 2022.

Tan, T. X., & Baggerly, J. (2009). Behavioral adjustment of adopted Chinese girls in single-mother, lesbian-couple, and heterosexual-couple households. *Adoption Quarterly, 12*(3–4), 171–186. https://doi.org/10.1080/10926750903313336

The Asexual Visibility and Education Network. (2020). *An asexual person is a person who does not experience sexual attraction*. https://asexuality.org/. Accessed 20 Nov 2022.

The International Lesbian, Gay, Bisexual, Trans, and Intersex Association. (2021). *ILGA members*. https://ilga.org/civi_details. Accessed 20 Nov 2022.

The Reformation Project. (2022). *Mission and vision*. https://reformationproject.org/mission/. Accessed 20 Nov 2022.

Theuninck, A. C. (2000). *The traumatic impact of minority stressors on males self-identified as homosexual or bisexual* (Unpublished master's dissertation, University of the Witwatersrand).

Thompson, T., Heiden-Rootes, K., Joseph, M., Gilmore, L. A., Johnson, L., Proulx, C. M., et al. (2020). The support that partners or caregivers provide sexual minority women who have cancer: A systematic review. *Social Science & Medicine, 261*, 113214. https://doi.org/10.1016/j.socscimed.2020.113214

Toomey, R., & Richardson, R. (2009). Perceived sibling relationships of sexual minority youth. *Journal of Homosexuality, 56*(7), 849–860. https://doi.org/10.1080/00918360903187812

Toronto Bi+ Network. (2021). *Toronto Bi+ Network*. https://www.torontobinet.org/. Accessed 20 Nov 2022.

Triangle Project. (2022). *Triangle project*. https://triangle.org.za/. Accessed 22 Oct 2022.

Ullmann, A. (2015). *BDSM for dummies*. https://www.hercampus.com/school/app-state/bdsm-dummies/. Accessed 20 Nov 2022.

Van Ewyk, J., & Kruger, L. M. (2017). The emotional experience of motherhood in planned lesbian families in the South African context: "… look how good a job I'm doing, look how amazing we are". *Journal of Homosexuality, 64*(3), 343–366. https://doi.org/10.1080/00918369.2016.1190216

Van Zyl, M. (2015). Working the margins: Belonging and the workplace for LGBTI in post- apartheid South Africa. In F. Colgan & N. Rumens (Eds.), *Sexual orientation at work: Contemporary issues and perspectives* (pp. 137–151). Routledge.

Wainright, J. L., & Patterson, C. J. (2006). Delinquency, victimization, and substance use among adolescents with female same-sex parents. *Journal of Family Psychology, 20*(3), 526–530. https://doi.org/10.1037/0893-3200.20.3.526

Walters, M. L., Chen, J., & Breiding, M. J. (2013). The national intimate partner and sexual violence survey (NISVS): 2010 findings on victimization by sexual orientation. Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. http://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

Wang, F. T., Bih, H. D., & Brennan, D. J. (2009). Have they really come out: Gay men and their parents in Taiwan. *Culture, Health & Sexuality, 11*(3), 285–296. https://doi.org/10.1080/13691050802572711

Wehoville.com. (2021). *New senior housing center opens at Los Angeles LGBT Center*. https://wehoville.com/2021/11/16/new-senior-housing-center-opens-at-los-angeles-lgbt-center/. Accessed 22 Jan 2023.

Wells, H. L. (2006). *Homophobic victimization and suicide ideation among gay and lesbian people in Gauteng* (Unpublished master's dissertation, University of South Africa).

Welzer-Lang, D., & Tomolillo, S. (2008). Speaking out loud about bisexuality: Biphobia in the gay and lesbian community. *Journal of Bisexuality, 8*(1–2), 81–95. https://doi.org/10.1080/15299710802142259

Westefeld, J. S., Maples, M. R., Buford, B., & Taylor, S. (2001). Gay, lesbian, and bisexual college students: The relationship between sexual orientation and depression, loneliness, and suicide. *Journal of College Student Psychotherapy, 15*(3), 71–82. https://doi.org/10.1300/J035v15n03_06

Whalen, K. (2021). *TransWorldView: Exploring transgender community across the world*. https://transworldview.com/. Accessed 20 Nov 2022.

Wilkens, J. (2015). Loneliness and belongingness in older lesbians: The role of social groups as "community". *Journal of Lesbian Studies, 19*(1), 90–101. https://doi.org/10.1080/10894160.2015.960295

Wei, C., & Liu, W. (2019). Coming out in Mainland China: A national survey of LGBTQ students. *Journal of LGBT Youth, 16*(2), 192–219. https://doi.org/10.1080/19361653.2019.1565795

Williams, J. R. (2008). Spatial transversals: Gender, race, class, and gay tourism in Cape Town, South Africa. *Race, Gender & Class, 15*(1/2), 58–78.

Williams, W. L. (2009). Strategies for challenging homophobia in Islamic Malaysia and secular China. *Nebula, 6*(1), 1–20.

Women of Drummer. (2021). *Women of drummer*. https://www.womenofdrummer.com/. Accessed 20 Nov 2022.

Wong, C., & Tang, C. S. (2003). Personality, psychosocial variables, and life satisfaction of Chinese gay men in Hong Kong. *Journal of Happiness Studies, 4*(3), 285–293. https://doi.org/10.1023/A:1026211323099

Wow Travel. (2021). *11 most gay friendly cities in the world*. https://wowtravel.me/11-most-gay-friendly-cities-in-the-world/. Accessed 20 Nov 2022.