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The effects of homophobia, legislation, and local policies on heterosexual pupil services professionals' likelihood of incorporating gay affirming behaviors in their professional work with sexual minority youths in public schools

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The Effects of Homophobia, Legislation, and Local Policies on Heterosexual Pupil
Services Professionals' Likelihood of Incorporating Gay-Affirming Behaviors in Their
Professional Work with Sexual Minority Youths in Public Schools

by

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A dissertation submitted in partial fulfillment
of the requirements for the degree of
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The Effects of Homophobia, Legislation, and Local Policies on Heterosexual Pupil Services Professionals' Likelihood of Incorporating Gay-Affirming Behaviors in Their Professional Work with Sexual Minority Youths in Public Schools

Lance Santoro Smith

ABSTRACT

Research suggests that non-judgmental, unbiased counseling (that includes an advocacy component) is effective in addressing the psycho-social needs of sexual minority youths—a population of students considered at-risk (Reynolds & Koski, 1994; Savin-Williams, 1994). The ability to provide such services is impeded if the clinician has not first come to terms with his or her own feelings and attitudes about homosexuality (Pederson, 1988). This study examined the attitudes and anticipated professional behaviors relevant to sexual minority youths of 309 pupil services professionals in the fields of school psychology, school social work, school nursing, and school counseling.

Participants from two regions of the US (Florida and New Jersey) responded to a survey comprising a homophobia measure and a measure of anticipated professional behavior toward sexual minority youths, and questionnaires collecting demographic information. Results of multiple regression analysis, with the significance level set at .05, indicated that levels of homophobic bias were positively correlated with political conservatism ($r = .52$), high religiosity ($r = .51$), and lower education levels ($r = .30$)

among the participants. Furthermore, a backward elimination model predicting biased professional behaviors toward sexual minority youths was significant ($p = .001$). Results indicated that those less likely to employ gay affirming professional behaviors were more politically conservative ($p = .001$) than those more likely to do so. Implications of this study suggest that even among these counseling professionals, personal ideologies and dogmatic belief systems could potentially impede many of their ability or willingness to advocate in behalf of sexual minority students.

Training efforts, therefore, should assist these professionals in distinguishing between their personal ideologies with regard to sexual orientation diversity and their professional responsibility to serve the needs of all students.

CHAPTER I

Statement of the Problem

Over the last several decades, our society has experienced radical social and technological changes and challenges. New values and beliefs have been asserted about individual freedom, minority rights, human relationships, and global involvement. Schools have become a major arena of social conflict, as one group asserts traditional values, and the other demands that children be prepared for changes in technology, the environment, and society/culture. One major issue that exemplifies this conflict within the educational system is the topic of homosexuality (Callahan, 2001).

Several social and historical factors have combined to make the controversy over homosexuality and education one of the most publicly volatile and personally threatening debates in our national history (Apple, 2001). Since colonial times, American education has emphasized religious and moral development as a primary goal (Harbeck, 1992; Pulliam & Van Patten, 1995). Thus, teachers and other school personnel, as role models for impressionable youth and as employees of local government, often faced a wide variety of forbidden behaviors, such as prohibitions on smoking, drinking, dancing, dating, marriage, and pregnancy, that was unequaled in any other profession. In fact, historically, monitoring the activities of the educator has been an affirmative community responsibility, rather than a mere prurient interest (Apple, 2001).

With this in mind, both sexuality and homosexuality have been major threats to the traditional cultural ideology set forth in the schools (Craig, et. Al, 2002; Snider,

1996). Historically, homosexuality has been viewed as a sin, a sickness, and a crime (Bohan & Russell, 1997; Boswell, 1980; Via, et. Al, 2003). Additional scientific theories advanced in the early 1900's explained it as a genetic defect, a mental disorder, or even a learning disability (American Psychiatric Association, 1973; Friedman, 2002; Hatheway, 2003). Since the late 1960's, however, lesbians and gay men have joined other disenfranchised minority groups in our society, such as African Americans, women, disabled individuals, and others, to assert their civil rights, personal freedoms, and social entitlements (Chadorow, 2002; Myers, 2003). Their struggle has not been without backlash, however, as evidenced by the resurgence of conservative political influence (Apple, 2001; Card, 1994; Dowsett, 2003). Indeed, it is not surprising, given the historical context, that the men and women—and young students—who had same-sex attractions chose to remain invisible rather than face the harsh consequences of the previous (almost unrestricted) power of educational administrators and the extremes of community intolerance (Dynes & Donaldson, 1992). Even today, most gay and lesbian educators and students remain invisible—some, because of the very real experience of hostility, and others, because of internalized oppression that leads to self-doubts and fears (Blumenfield, 1992; Edwards, 1996).

Those students who choose to be open and truthful about their minority sexual orientation status often face severe and hurtful outcomes (Browning, 2000). Consider, for example, the case of a female couple in Big Piney, Wyoming who were met at their high school homecoming dance by police officers. The couple was promptly removed from the dance due to an administrator's decision to ban 'same-sex dating' at all school functions (365gay.com News & Issues, November 20, 2003). A similar case occurred in

Clarksville, Maryland, where two female high school students were suspended from school for sharing a 12-second kiss. The two (heterosexual) girls reported that they engaged in the kissing as a form of protest against homophobia, which, they asserted, was rampant in their high school. They also contended that heterosexual couples frequently 'made out' in hallways for extended periods, but received no disciplinary actions. In addition to the suspension, one of the girls was also denied membership in the National Honor Society as a result of the incident (365gay.com News & Issues, November 14, 2003).

Homophobia and heterosexism often extend to other areas of school policy as well. For example, at least seven states in the U.S. have official prohibitions against the positive depiction of homosexuality or of sexual minorities in schools (Bauer, 2002; GLSEN, 2004). Furthermore, 75% of all students attend school in states with no laws or policies whatsoever to protect them from harassment and arbitrary discrimination based solely on sexual orientation (Bauer, 2002; GLSEN, 2004). Examples such as these abound (Kosciw, 2002) and underscore the impact of homophobia and heterosexism in our educational institutions.

Research over the past two decades suggests that the real cost of homophobia and invisibility in our society is becoming more apparent (Baker, 2002). In 1989, the Department of Health and Human Services Report on the Secretary's Task Force on Youth Suicide was released (Alcohol, Drug Abuse, and Mental Health Administration of the U.S. Department of Health and Human Services, 1989). The report suggested that of the approximately 5,000 suicides annually by young men and women between the ages of 15 and 24 years, over 30% of them may be directly related to emotional turmoil over

sexual orientation issues and societal prejudices surrounding same-sex relationships. Other data suggest that lesbian, gay, and bisexual youth are four times more at-risk for suicide than their heterosexual peers (Gibson, 1998). These data indicate an overrepresentation of gay/lesbian youth among suicide cases, since most estimates of the percentage of homosexual persons in the general population range from 1 to 10 percent (Bell, et al., 1981; Herek, et al., 2002). Other studies (e.g., Elliot, 2000; Engstrom, 1997; Flowers, 2001; Fontaine & Hammond, 1996; Green, 2003; Hillier, 2004; Kourany, 1987; Sears, 1992; Uribe & Harbeck, 1992) reveal that gay, lesbian, and bisexual adolescents and young adults in our society are frequently struggling with the numerous and very serious consequences of social disapprobation and isolation. In addition to higher than average instances of suicide (Bernat, et al., 2001), these young people also experience higher levels of substance abuse, sexual abuse, homelessness, parental rejection, emotional isolation, drop-out risk, low self-esteem, prostitution, physical and verbal abuse, and sexually transmitted diseases (Herek, et. Al, 2002). According to a report on anti-gay and lesbian victimization from the National Gay and Lesbian Task Force (1989), students who describe themselves as lesbian, gay, bisexual, or transgender are five times more likely to miss school because of feeling unsafe. Some 28% are forced to drop out of high school for this reason. More recent research (e.g., Bernat, et al., 2001; Bontempo & D'Augelli, 2003; Callahan, 2001; Flowers & Buston, 2001; and Herek, et al., 2002) has confirmed high rates of dropping out of high school among sexual minority students due to their experiences of unchecked discrimination and harassment.

Sears (1992) provides perspectives on how homosexuality is frequently dealt with in middle and high schools. His interviews with sexual minority youths suggest that, by

and large, teachers and counselors fail to respond to issues concerning gay, lesbian and bisexual students, including instances of overt prejudice. In the Sears (2002) study, data gathered from counselors and teachers concerning their feelings and professional responsibilities with regard to this population of students indicates that while these educators believe that they can and should adopt a supportive stance in dealing with homosexuality, in fact, personal prejudice, lack of knowledge, and fear prevent them from being effective resources for these students.

Clearly, gay, lesbian, and bisexual adolescents should be considered an at-risk population. However, society's hostile contempt for homosexuality has resulted in an avoidance of examining the special mental health issues pertinent to gay, lesbian, and bisexual youth—even among mental health providers. This avoidance is reflected in the dearth of research articles in the professional literature related to counseling and psychology. Indeed, from 1978 to 1989, only 43 of 6,661 articles published in six major psychological journals addressed gay and lesbian issues (Buhrke, Ben-Ezra, Hurley, & Ruprecht, 1992).

Research addressing adolescent homosexuality is even scarcer. For example, from 1977 to 1993, only three articles pertaining to gay and lesbian adolescents were published in The School Counselor, the primary professional journal for a national counseling association with access to the entire population of adolescents. During the 1990's, only about 54 articles focusing on lesbian, gay, and bisexual youth were published in journals that are most frequently read by school practitioners (i.e., school counselors, school psychologists, school social workers, and school nurses), including the primary and secondary journals published by their professional associations (Callahan, 2001;

O'Hanlan, et al., 2000) . Most of these articles addressed general topics, such as identity development, support needs, creating a safer environment, or counseling approaches. Some included specific interventions, such as developing a school-based support program (Williams, Doyle, Taylor & Ferguson, 1992) or the impact of a training program for school professionals on HIV/AIDS and adolescent homosexuality (Remafedi, 1993).

Three empirical studies were conducted on school counselors' knowledge, attitudes, and experiences with lesbian, gay, or bisexual students (Fontaine, 1998; Price & Telljohann, 1991; Sears, 1992), all demonstrating a need for increased professional training and guidance. In a random sample of secondary/high school counselors who were members of the American School Counselors Association, Price and Telljohann found a notable lack of knowledge of the needs and experiences of gay, lesbian, and bisexual youth. A majority (71%) had counseled at least one gay student and 41% felt that schools were not doing enough to help sexual minority students adjust to their school environment.

In a follow-up study of 110 school counselors who worked with students in grades K-12, Fontaine (1998) found that only 1 in 10 counselors felt they had a high level of competence in working with lesbian, gay, and bisexual youth, and 89% requested additional training. Nearly half (42%) had worked with at least one sexual minority youth, and 51% had worked with students who were questioning their sexual orientation. In a recent pilot study examining the experiences of school-based helping professionals with GLBTQ students, Smith (2006) found that although 73% of his sample was aware of sexual minority youths in their schools, less than half had received training in dealing with the psychoeducational needs of those students. Furthermore, only 29% felt

adequately prepared to address issues surrounding sexual orientation in a counseling situation. In assessing school climate for sexual minority students, counselors reported that no school environment was neutral toward homosexuality. Instead, counselors believed that attitudes of faculty, students and administrators ranged from negative to intolerant, with administrators having slightly less negative perceptions than others.

According to Reynolds and Koski (1994), school counselors are in a key position for building alliances with sexual minority youth and lowering the psychological stress they encounter on a daily basis in schools. However, in order to effectively meet the needs of those students, school counselors must be able to provide the following: (a) support and affirmation, (b) knowledge and accurate information, (c) role modeling, and (d) the ability to be counselor/consultant/advisor. Throughout the literature, it is emphasized that counselors who work with sexual minority youth need a high degree of self-awareness and sensitivity and need to have addressed their own attitudes and biases (Calahan, 2001; Chodorow, 2002; Collins, 2004; Hillier, 2004; Hunter and Schaecher, 1987; Russell, 1989; Wakelee-Lynch, 1989). Some researchers have found that, although the majority of sexual minority young adults interviewed felt they would have benefited from sensitive and informed counseling services when in high school, these individuals saw their counselors as ill informed, unconcerned, and uncomfortable talking with them about issues surrounding sexual orientation and discrimination based on their status as sexual minorities (Bernat et. Al, 2001; Bontempo & D'Augelli, 2003; Hillier, 2004; Sears, 1992).

During 1997 and 1998, two special journal issues were published on sexual minority youth related to schools—one by the Journal of Gay and Lesbian Social

Services and the other by Professional School Counseling, the primary journal for members of the American School Counselor Association. Publication of the special issue of Professional School Counseling significantly expanded the availability of information for school practitioners and included new information that had been only marginally addressed in the existing literature, including a discussion of sexual minority student suicide (McFarland, 1998) and the first article in a school-related journal on sexual minority youth of color, in this case, Asian-American lesbian, gay and bisexual youth (Chung & Katayama, 1998).

In the year 2000, The School Psychology Review, a journal published by the National Association of School Psychologists, published a special mini-series addressing lesbian, gay, bisexual, and questioning youth. Topics covered in this mini-series included developmental challenges faced by sexual minority students (Tharinger & Wells, 2000), strategies for reducing anti-gay harassment in schools (Henning-Stout, James, & MacIntosh, 2000), and addressing gender atypical behaviors in youth (Halderman, 2000), among other topics. Publication of this mini-series significantly expanded the availability of research on gay/lesbian/bisexual issues to an additional group of student services professionals (i.e., school psychologists). However, none of the research topics covered related to heterosexist bias on the part of counseling professionals, or whether such bias might impede their willingness or ability to intervene in behalf of sexual minority students. Neither did those topics address the potential effect of homo-negative or homo-positive societal factors in influencing counseling professionals' services to LGBTQ students.

Despite recent interest in sexual minority youth on the part of some researchers, in terms of counselor training in issues specific to the mental health needs of gay, lesbian, and bisexual adolescents, such preparation is virtually nonexistent. Burkh (1989) reported that almost one third of 213 female counseling psychology students in APA-approved doctoral graduate programs stated that gay and lesbian issues were not discussed in *any* of their graduate courses. Seventy percent said they knew of no faculty, 80% knew no supervisors, and 48% knew no students who were conducting research on gay, lesbian, or bisexual subject matter. In a study conducted by Glenn and Russell (1986) with 36 female master's-level counseling students, all of the students reported that they had not received sufficient training about gay and lesbian issues, and that their heterosexism and homophobia had not been challenged during their education.

Since education is a socialization process that imparts the values of the dominant culture, the absence of such discourse on these issues in graduate programs reveals the influence of homophobia and heterosexism in society. It should be no surprise, then, that graduate students and practitioners in mental health fields, though ethically bound by the tenants of their professions to be informed and compassionate towards sexual minority clients, remain woefully uneducated and unprepared to help with issues concerning homosexuality. In fact, mental health students and professionals have been shown to display heterosexism, homophobia, and ignorance about gay and lesbian issues (Callahan, 2001; Chodorow, 2002; Herek, 2000; Lance, 1987; Lance, 2002; Pope, 2000; Rondahl, et al., 2004; Russell, 1989; Sears, 1992).

Clearly, because the stigma of homosexuality often gives rise to psychosocial problems for adolescents and complicates delivery of appropriate, ethical, and sound

mental health treatment, meeting the health care needs of gay, lesbian, and bisexual youth has become a public health imperative, and mental health providers should be prepared for the challenge. The neglect of this area relative to research coupled with the inadequate coverage of the mental health needs of gay, lesbian, and bisexual adolescents in counselor training programs essentially precludes professionals from receiving adequate preparation for ethical and competent counseling of this neglected and ignored population.

Besides the relative scarcity of available research and the lack of training resources, there is evidence to suggest that homophobic and heterosexist attitudes among mental health providers may present an even more insurmountable barrier to the provision of relevant and unbiased counseling services to sexual minority youth (Callahan, 2001; Chodorow, 2002; Edwards, 1996; Rondahl, et al., 2004) . Although the American Psychiatric Association removed homosexuality from its list of psychological disorders contained in the Diagnostic and Statistical Manual in 1973, and the American Psychological Association followed its lead in 1975, many mental health providers have been resistant to this newer perspective (Chodorow, 2002; Pope, 2000).

More than a dozen years after the actions of those national mental health organizations actions, a survey of psychologists found that nearly 30% of responding clinicians felt that treating homosexuality per se as pathological constituted ethical practice (Tabachnick, & Keith-Spiegel, 1987). A study of heterosexual bias in counseling trainees determined that 83% of participants assumed client heterosexuality when given ambiguous conditions (Glenn & Russell, 1986). Slater (1988), Chodorow (2002), Pope (2000), and Rondahl, et al. (2004) all have suggested that even those

clinicians who have relatively supportive attitudes toward sexual minorities and neutral attitudes about homosexuality may avoid opportunities to gain knowledge and experience in providing unbiased helping services to this population because they fear public and agency backlash based on the confusion of moral and rational thinking and on homophobia.

What do mental health providers need to know in order to work effectively with sexual minority youth? Pederson (1988) identifies a well-known tripartite approach to diversity training which begins with awareness of the counselor's own attitudes and beliefs, moves into the acquisition of knowledge, and then finishes with a the final stage of skill acquisition. Supporting this, effective unbiased counseling with sexual minority youth or those questioning their sexual orientation cannot happen if the clinician has not first come to terms with his or her own feelings and attitudes about homosexuality and homosexually oriented individuals.

The existing research on the topic of counseling needs of gay, lesbian, and bisexual adolescents appears to indicate that effective, unbiased counseling with this group of students cannot happen if the clinician has not first come to terms with his or her own feelings and attitudes about homosexuality and homosexually oriented individuals. Several researchers (e.g., Callahan, 2001; Chodorow, 2002; Edwards, 1996; Rondahl, et al., 2004; Sears, 1992) have provided perspectives on how homosexuality is frequently dealt with in schools. Their interviews with sexual minority youths and young adults reflecting on their experiences in high school and middle school suggest that, by and large, teachers and counselors fail to respond to issues concerning gay, lesbian and bisexual students, including instances of overt prejudice. Data gathered directly from

school counselors and teachers concerning their feelings and professional responsibilities with regard to this population of students indicate that while these educators believe that they can and should adopt a supportive stance in dealing with homosexuality, in fact, personal prejudice, lack of knowledge, and fear may prevent them from being effective resources for these students (Sears, 1992; Smith, 2006). Further research (GLSEN, 2004) indicates that educators, including pupil services professionals, may be less likely to employ gay-affirming professional practices, act as mentors and allies for GLBTQ students, or intervene in instances of anti-homosexual bias against sexual minority students if they are working within an educational and social climate that is unwelcoming towards sexual minority individuals. In such cultural and educational climates, educators (including pupil services professionals) may perceive a lack of legislative and administrative support for their efforts to assist GLBTQ students within a gay-affirming intervention framework. Therefore, they may fail to act in supportive ways toward those students out of fear of retaliation, job loss, or other negative effects on their careers (Blanford, 2003; GLSEN, 2004; Malinsky, 1996; Sears, 1992).

The problem, therefore, is that when school-based counseling professionals lack the training, experiences, and attitudes conducive to working effectively (i.e., within a gay-affirming and unbiased framework) with sexual minority students, those students may be denied the needed support for school success and emotional well-being. Additionally, even when school-based counseling professionals do possess attitudes, training, and experiences conducive to providing supportive, unbiased, and effective services to LGBTQ youths, without perceiving that their efforts on behalf of those youths are supported administratively and protected through statewide legislation and local

policies, pupil services professionals may be less likely to incorporate gay-affirming professional practices in their work with sexual minority students. The potential result is that GLBTQ students attending schools where such legislative and policy protections do not exist (or are exceedingly limited) may fail to receive the most effective services to meet their psychoeducational needs, even where counseling staff are both willing and able to provide those services.

Purpose of the Study

The purpose of this study is twofold. First, this study is intended to determine whether or not student services personnel (i.e., school social workers, guidance counselors, school nurses, and school psychologists as well as advanced graduate students in those pupil services disciplines) possess the attitudes and experiences conducive to addressing effectively the needs of sexual minority students. The second purpose of this study is to determine the effect of region, the existence of anti-discrimination LGBTQ legislation, and gay-affirming official policy on the likelihood that pupil services professionals will incorporate gay-affirming behaviors into their professional repertoire when working with sexual minority youths in the public school setting. School-based counseling professionals working in the state of New Jersey were chosen for comparison with professionals working in the state of Florida because, according to the first objective analysis of statewide “Safe Schools” policies pertaining to the safety of all students regardless of sexual orientation or gender expression, New Jersey ranks first in the nation in terms of progressive legislation and local policies ensuring equal access to educational opportunities and freedom from discrimination for sexual minority youths attending public schools, and protecting sexual minority adults

working in the public sector from arbitrary discrimination (GLSEN, 2004). Florida, on the other hand, according to the same report, does little in terms of protecting sexual minority youths or adults from discrimination, or ensuring equal access to educational opportunities for LGBTQ students. The afore mentioned issues are addressed by examining survey results from student services personnel regarding (a) their feelings/attitudes about homosexuality and homosexual persons in general; (b) their training on the topic of sexual orientation diversity; (c) their willingness to receive additional training on the subject; (d) their previous social or professional contacts with sexual minority individuals; and (e) their willingness to engage in gay affirming behaviors within the scope of their job. Demographic data (i.e., age, gender, race, religion, college degree, work location/region (i.e., Florida vs. New Jersey), number of years of professional experience, and political ideology were also collected. These data were used to determine the correlates of homophobia among student services personnel surveyed and to predict those factors which are more or less likely to affect their willingness to employ gay-affirming behaviors into their work with sexual minority youths.

Definition of Terms

Homophobia: This term refers to either the irrational fear or the hatred of individuals who have sexual and/or affectional attractions to members of their own sex. A more thorough discussion of homophobia is included in the following chapter.

Sexual Minorities: This term refers to individuals who are gay, lesbian, bisexual (i.e., those with acknowledged same-sex sexual or affectional attractions), or transgender.

In the present study, this term also refers to those for whom their sexual orientation is in question.

Student Services Personnel: This term is used to identify those education professionals who are traditionally responsible for providing counseling services to students in the public school setting.

Anti-discrimination Legislation: This term is used to describe state-wide anti-harassment and/or non-discrimination laws that are inclusive of the categories of sexual orientation and/or gender identity/expression. These laws also prohibit discrimination in employment (thus protecting sexual minority adult staff working in public schools).

Safe Schools Policies: This term describes those policies passed by a local education agency (LEA) governing authority, generally a school board. These policies include provisions for the safety of gay, lesbian, bisexual, and (in some cases) transgender students attending public schools. These policies, however, generally do not pertain to adult staff members working in public education settings.

Research Questions/Hypotheses

As previously stated, the present study attempts to answer the question, “Does the existence of LGBTQ supportive statewide legislation/district policy (as exists in New Jersey) make it more likely that student services personnel will act as supportive allies for sexual minority youths in their schools?” Additionally, the present study also addresses the questions, “To what extent do student services professionals in New Jersey (a state ranked first in the nation in terms of progressive and comprehensive legislative and local protections for LGBT students and staff) possess homophobic attitudes compared to those in Florida (a state lacking in progressive and comprehensive legislative and local

protections for sexual minorities) (GLSEN, 2004)?”, “How can factors such as gender, religion, and political views be used as predictors of homophobic attitudes among student services personnel surveyed?” These questions were addressed by testing the following research hypotheses:

1. Women will report lower levels of homophobia than will men.
2. Those respondents who report previous (positive) social contact with gay men or lesbians will also report lower levels of homophobia.
3. Those participants who identify as more “liberal” will report lower levels of homophobia than those who identify as more “conservative.”
4. Those respondents who report more frequent attendance at religious/faith-based services will also report higher levels of homophobia.
5. Individuals who have attained a higher level of education (e.g., specialist and doctoral level participants) will report more positive attitudes than will those with less education (e.g., bachelor’s and master’s level professionals).
6. Levels of homophobia will correlate positively with age of respondent.
7. Caucasian respondents will report lower levels of homophobia than non-Caucasian (i.e., African American, Hispanic, Asian) respondents.
8. Married participants will report higher levels of homophobia than will single participants, divorced participants, or those living with a domestic partner.
9. Homophobia levels will positively correlate with participants’ number of years of professional experience.
10. All groups will express more sexual prejudice toward gay men than toward lesbians.

11. Those participants working and living in New Jersey (a state with an exemplary record for enacting legislation protecting students and school staff from anti-homosexual discrimination, and for having local policies in place to ensure compliance with that legislation and those policies) will express lower levels of homophobia and a higher likelihood of engaging in gay-affirming behaviors in working with sexual minority students in the public school setting compared with participants living/working in Florida (a state with a poor record for officially recognizing and protecting sexual minority youths and educators in the public school setting).
12. In the combined New Jersey and Florida samples, older participants, those who expressed higher levels of homophobia, those who are more politically conservative, or who are more highly religious will also report being less likely to engage in gay-affirming behaviors within the scope of their professional behavior when working with sexual minority youths.

CHAPTER II

Review of the Literature

Sexual minorities may represent one of the most maligned groups in the United States today. Data on gay and lesbian U.S. citizens obtained from the Commission on Racial, Ethnic, Religious, and Minority Violence (1996), indicate that 86% of lesbian women and 91% of gay men reported having been the victim of anti-gay/lesbian verbal harassment. This includes anti-gay/lesbian names (e.g., faggot, dyke, sissy, queer), insults, and threats of violence directed at them by heterosexual people because of their sexual orientation. According to a National Gay and Lesbian Task Force survey (1996), 28% of gay men and lesbian women reported having been the victim of violence involving a weapon or physical battery because of their sexual orientation. Other than recent high profile cases in the media, accurate data on homophobic attacks resulting in death are difficult to obtain. According to the New York Gay and Lesbian Anti-Violence Project Annual Report (1996), the vast majority of victims of anti-gay/lesbian violence—possibly more than 80%--never report the incident, often due to fear of being exposed as gay, lesbian, or bisexual.

Much has been written about the ways homophobia, the irrational fear and/or hatred of homosexuals, in Western culture targets sexual minorities, ranging from negative beliefs about these groups (which may or may not be expressed) to exclusion, denial of civil and legal protections, and, in some cases, overt acts of violence. Negative attitudes internalized by members of these groups often damage the spirit and stifle

emotional growth (Callahan, 2001; Chodorow, 2002; Edwards, 1996). Homophobia operates on four distinct, but interrelated, levels: the personal, the interpersonal, the institutional, and the cultural (also called the collective or societal) (Blumenfeld, 1992).

Personal homophobia refers to a personal belief system (a prejudice) that sexual minorities either deserve to be pitied as unfortunate beings who are powerless to control their desires or should be hated in that they are psychologically disturbed, genetically defective, unfortunate misfits, that their existence contradicts the “laws” of nature, or that they are spiritually immoral, infected pariahs. Simply stated, this homophobia views sexual minorities as inferior to heterosexuals (Bernat et al., 2001; Blumenfeld, 1992).

Interpersonal homophobia is manifested when a personal bias or prejudice affects relationships among individuals, transforming prejudice into its active component—discrimination. Examples of interpersonal homophobia are name-calling or “joke” telling intended to insult or defame individuals or groups. Additionally, this form of homophobia extends to verbal and physical harassment and intimidation as well as more extreme forms of violence; the withholding of support, and thus rejection or abandonment by friends and other peers, coworkers, and family members; refusal of landlords to rent apartments, shop owners to provide services, insurance companies to provide coverage, and employers to hire or promote based on actual or perceived sexual orientation (Craig, et al., 2002; Blumenfeld, 1992). A survey of 191 employers revealed that 18% would fire, 27% would refuse to hire, and 26% would refuse to promote a person they perceived to be lesbian, gay, or bisexual (Schatz & Ohanlan, 1994). According to a University of Maryland study, due to sexual orientation discrimination, lesbians earn up to 14% less

than their heterosexual female peers with similar jobs, education, age, and residence (Blanford, 2003).

In 1984, a study by the National Gay and Lesbian Task Force found that more than 90% of those surveyed had experienced some form of victimization based on their sexual orientation, and that 33% had been threatened directly with violence. More than one in five males, and nearly one in ten females reported being punched, kicked or beaten. One in ten males and one in twenty females reported being assaulted with weapons. Approximately one-third of the respondents were verbally assaulted, and more than one in fifteen were physically attacked by members of their own families. Reports of violence directed against sexual minority individuals have increased each year since the National Gay and Lesbian Task Force has been keeping records (Bernat, et al., 2001; Blumenfeld, 1992; Bull, 2002). These incidents are not isolated to certain locales; rather, they are widespread, occurring throughout the country (Cullen, 1997; Hammer, 1993; Herek, et al., 1999; Herek, 2000; Herek, et al., 2002).

Institutional homophobia refers to the ways in which governments, businesses, and educational, religious, and professional organizations systematically discriminate on the basis of sexual orientation. Sometimes laws, codes, or policies actually enforce such discrimination. Few institutions have policies supportive of sexual minorities, and many actively work against not only the minorities but also heterosexuals who support them (Blumenfeld, 1992).

Consider, for example, the Briggs Initiative of the late 1970's. Had it passed, it would have required the dismissal of California teachers who support gay rights, regardless of their own sexual orientation (Craig, et al., 2002). The U.S. military has a

long-standing policy excluding sexual minorities from military service (Craig, et al., 2002). Rights usually gained through marriage, including spousal benefits, inheritance and custody considerations, do not extend to sexual minorities (Bradford, et al, 2002). Until the recent (2003) U.S. Supreme Court decision, *Lawrence v. Texas*, homosexual acts were outlawed in many states. At the time of that court decision (which effectively invalidated such laws) Idaho, Kansas, Louisiana, Michigan, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Texas, Utah, and Virginia all had laws specifically outlawing consensual sexual expression between adult persons of the same gender. Notably, not only did the Supreme Court in its decision invalidate such laws, it also contained a declaration of the dignity of homosexual citizens. Despite that recent advance in the protection of the privacy rights of GLBTQ persons, and although a number of municipalities and some states have extended equal protection in the areas of employment, housing, insurance, credit, and public accommodations, no such statutes exist on a national level to protect sexual minorities from arbitrary discrimination (ACLU Website, June 9,2003).

Although agreement concerning same-sex relationships and sexuality does not exist across various religious communities, and while some denominations are rethinking their negative stands on homosexuality, others preach against such behaviors and as a matter of policy exclude people from many aspects of religious life simply on the basis of sexual orientation (Gagnon, 2001; Miner & Connoley, 2002; Sheridan, 2001; Via & Gagnon, 2003).

As alluded to earlier, until 1973, established psychiatric associations considered homosexuality a disordered condition. People often were institutionalized against their

will, made to undergo dangerous and humiliating “aversion therapies,” and even, at times, lobotomized to alter their sexual desires (Blumenfeld, 1992). Same-sex life partners are often still denied access to loved ones in hospital intensive-care units because of hospital policies allowing only blood relatives or legal spouses visitation rights.

Today, although a number of practitioners within both psychiatric and the medical professions hold genuinely enlightened attitudes regarding the realities of homosexuality and sexual minority persons, some remain entrenched in their negative perceptions of same-sex attractions. These perceptions often affect the manner in which they respond to their clients (Friedman, et al., 2002).

Cultural (sometimes called collective or societal) *homophobia* refers to the social norms or codes of behavior that, although not expressly written into law or policy, nonetheless work within a society to legitimize oppression. It results in attempts either to exclude images of lesbians, gays, bisexuals, and transgender persons from the media or from history or to represent these groups in negative stereotypical terms. The theologian James S. Tinney (1983) suggests seven overlapping categories by which cultural homophobia is manifested.

1,2. *Conspiracy of silence and denial of culture.* These first two categories are closely aligned. Although not expressly written into law, societies informally attempt to prevent large numbers of individuals of a particular minority (or target) group from congregating in any one place (e.g., in bars and other social centers), deny them access to materials, attempt to restrict representation in any given educational institution or employment in any business, and inhibit frank, open, and honest discussion of topics of interest to or concerning these groups.

In societies where homophobia is present, there have been active attempts to falsify historical accounts of same-sex relationships—through censorship, deletion, half truths, and the altering of pronouns signifying gender—making accurate reconstruction of events extremely difficult. Subsequently, many members of sexual minorities grow up without contemporary or historical role models (Boswell, 1980).

3. *Denial of popular strength.* Many studies have found that a significant percentage of the population experiences same-sex desires or attractions and that these individuals often define their identity in terms of those desires. The cultural assumption exists, however, that one is heterosexual until “proven guilty.” According to Tinney, “Society refuses to believe how many blacks there are in this country ‘passing’ for white and how many lesbians and gays (and bisexuals) there are out there passing as heterosexuals” (Tinney, 1983, p. 5).

4. *Fear of overvisibility.* A form of homophobia is manifested every time members of a sexual minority are told that they should not define themselves in terms of their sexual orientation or when they are accused of being “blatant” by expressing signs of affection in public—behaviors that heterosexual couples generally take for granted. They are given the message that something is inherently wrong with same-sex attraction and that individuals so inclined should keep such desires well hidden and to themselves. In contrast, heterosexuals risk no social sanctions for making their orientation known—through public displays of affection, engagement announcements, large weddings, and casual references to a spouse, fiancée, boyfriend or girlfriend in social conversation.

5. *Creation of defined public spaces.* Society tends to force disenfranchised individuals and groups into ghettos, where there is little possibility of integration into the

general life of the community. Thus, neighborhoods, business establishments, and even professions are set aside for sexual minorities, as they are for other target groups. Individuals enter these areas of public life hoping to find respite from the outside world's homophobia.

6. *Denial of self-labeling*. Epithets and other derogatory labels are directed at every target group. Sexual minorities have chosen terms of self-definition (e.g., gay and lesbian) to portray the positive aspects of their lives and loves more adequately. Increasing numbers of sexual minority people have re-appropriated such terms as queer, faggot, and dyke in order to transform these venomous symbols of hurt and bigotry into tools of empowerment.

7. *Negative symbolism* (stereotyping). Stereotyping groups of people is used as a means of control and further hindrance to understanding and to meaningful social change. Stereotypes about sexual minorities abound, ranging from their alleged predatory sexual appetites, to their physical appearance, to the possible "causes" of their desires.

In addition to Tinney's categories of cultural homophobia, psychologist Dorothy Riddle (1985) suggests that the concepts of *tolerance* and *acceptance* also should be included in the discussion of homophobia: tolerance because it can, in actuality, be a mask for an underlying fear or even hatred (one is tolerant, for example, of a baby crying on an airplane while simultaneously wishing it would go away or stop), and acceptance because it assumes that there is, indeed, something (negative) to accept.

It must be noted that for some, the term *homophobia* does not precisely convey the true and complete extent of oppression based on sexual orientation. Since, in psychological terms, a *phobia* is a fear, usually irrational, some theorists argue that what

is conventionally called *homophobia* is far more than that. In fact, it is a prejudice that often leads to acts of discrimination that are sometimes abusive and violent. Besides, they assert, the prefix *homo-* (which, in Greek, means “the same”) places the onus on the oppressed rather than on the agents of oppression. Proponents of this position offer alternate terms: *gay* and/or *lesbian hatred* or *hating*, *sexual orientationism* (giving *homophobia* a parallel structure with *racism* and *sexism*), and, *heterosexism*, a fairly recent term that is used to denote the concurrent beliefs that heterosexuality is or should be the only acceptable sexual orientation and that those who love and sexually desire members of the same gender should be feared or hated. In this interpretation, *heterosexism* includes both the cultural precedence given to heterosexuality and the beliefs or attitudes inherent in *homophobia* (Adam, 1998) .

While conceding many of these points, those who favor keeping the term *homophobia* point out that it is steadily gaining currency among sexual minorities, heterosexuals, researchers, and the mainstream press. For those reasons, the term *homophobia* will be used in the present study.

Homophobia as a Health Hazard

Mental health practitioners are not immune to societal prejudice and may reflect learned disdain for sexual minority clients. Research in this area suggests that clients perceive this disdain, which may alienates them from vital intervention systems (American Medical Association Policy Compendium, 1995). This factor may reduce sexual minorities’ use of counseling and therapy services and can result in higher morbidity and mortality due to suicide, and research suggests that being gay, lesbian, or bisexual is not genetically or biologically hazardous, but that risk factors are conferred

through “homophobic fallout” (O’Hanlan, Lock, Robertson, Cabaj, Schatz, & Nemrow, 2000). Homophobic fallout, in this instance refers to the social, medical and psychological effects of homophobia that negatively impact the developing self-concept of youths as well as adults who possess a same-sex orientation. Therefore, homophobia, the socialization of heterosexuals, and concomitant conditioning of sexual minority individuals against themselves, is a legitimate health hazard.

The overall concept of disease vulnerability as a result of environmental stress and the development of poor coping styles underlies the discussion of homophobia as a cause of other health-related risk factors for gays and lesbians. A large body of literature supports the hypothesis that environmental stress factors interact with personal resources to produce behaviors which result in particular coping styles that help manage acute life crises, chronic life events, and major life transitions (O’Hanlan, Lock, Robertson, Cabaj, Schatz, & Nemrow, 2000). Research on the development of adolescents, management of alcoholism, and depression support this kind of interactive linking of environmental health and stress.

Homophobia negatively affects the social environment of sexual minorities so that their risk for health problems increases. Studies have shown higher lifetime rates of depression, attempted suicide, and substance abuse among sexual minorities (Moos & Billings, 1993; Saghir, Robins, & Gentry, 1972). This has been attributed to chronic stress from societal hatred (O’Hanlan, et al, 2000) or to the ascription of inferior status that homophobia imposes. This type of stress has significant health implications because of the associated frequent loss of familial and other support systems and the need to conceal and suppress of feelings and thoughts (Savin-Williams, 1989).

Though most sexual minority individuals are content with their orientation and function well in society, the vast majority of those who describe themselves otherwise cite victimization by violence and familial, governmental, job or social discrimination as the reasons for their dissatisfaction (Isay, 1989). On the other hand, decreased levels of homophobia are associated with proactive coping style and decreased avoidant coping (Dupras, 1994).

As stated earlier, increased difficulties with depression, suicidality, substance abuse, and intimacy problems are a result of homophobia. While estimates from numerous studies documenting the increased suicide rate among sexual minority youth vary, the data still fall into the range of 25 to 42%, which compared with the rate of 8 to 13% among high school students in general (Garland & Zigler, 1993; Schneider, Farberow & Kruks, 1989). Studies of increased risk factors for suicide attempts before age twenty in gay and lesbian youths included (a) discovering same-sex attraction early in adolescence, (b) experiencing violence due to gay or lesbian identity, (c) using alcohol or drugs to cope, and (d) being rejected by family members as a result of being homosexual (Schneider, et al., 1989; Shaffer, 1988). Several studies (e.g., Boston Public Health Commission, 2002; Dowsett, 2003; Gibson, 1989; Herek, et al., 1997) found that while gay and lesbian youth are two-to-three times more likely to attempt suicide than their heterosexual peers, African-American gay youth are twelve times more likely to attempt suicide than other young people. The repeated association of suicide behaviors with the risk factors common in the lives of sexual minority youth supports the experience of homophobia as a risk factor for suicide.

Additional sources of psychological stress among sexual minorities derive from the anxiety, depression, and guilt associated with being perceived as immoral and deviant, an effect that has been compounded by the HIV/AIDS epidemic (Moos & Billings, 1993). Individuals who carry multiple socially marginalized statuses, (e.g., race, ethnicity, and sexual orientation) may carry an even higher risk of depressive distress (Cochran & Mays, 1994; Herek & Capitano, 1995; Mays & Cochran, 1988). In one study, lesbians of color scored as high on depression scales as HIV-infected gay men of color, and both groups scored significantly higher in depression than heterosexual African Americans (Cochran & Mays, 1994). In contrast, the decision to “come out” has been associated with significantly less anxiety and depression and a higher self-concept (Dupras, 1994). Despite this, in two large surveys of lesbians, only 15 to 28% had disclosed their orientation to all of the important people in their lives, presumably because of fear of social reprisals if they did so (Bradford, Ryan, & Rothblum, 1994; Bybee, 1990).

Negative stereotypes of homosexuals pervade television, theater and print media, thus increasing environmental stress for sexual minorities. For example, news articles about the proscription against homosexuals serving in the military consistently fail to present the abundant data substantiating the absence of security risk; nor do they present evidence of performance inadequacy of homosexual service members (Herek, 1990; Jones & Koshes, 1995). This imbalance reinforces the belief in the unworthiness of homosexuals (Card, 1994). Despite the fact that recent attempts by television and film producers to introduce gay and lesbian characters and themes into the collective popular culture have resulted in a new commercial acceptance of homosexuality unparalleled in

United States history, many critics argue that such representations are oversimplified and rife with one-dimensional characters (Keller, 2002; Keller & Stratyner, 2006).

Relative to the roots of homophobia, children may be vulnerable to biases presented by television and theater (American Academy of Pediatrics Committee on Communications and Media Violence, 1995). Few parents and even fewer religious or educational institutions teach children about diversity of sexual orientation, particularly at the early ages when most youths begin to discern their own orientation. Critically, the fear that exposure to homosexuality may result in conversion to homosexuality has been refuted. In studies comparing over 300 children raised in gay or lesbian headed households, no difference in self-concept, locus of control, moral judgment, intelligence, sex-role behavior or orientation was observed (Patterson, 1992).

Mental Health Risks Faced by Sexual Minority Youth

The paucity of gay and lesbian role models in society diminishes the ability of gay and lesbian youths to develop a positive self-identity, and to gain respect and understanding from their peers. In pediatric interviews, the children who experienced homosexual feelings described a painful alienation from their family and perceptions (and fears) that heterosexuality is the only acceptable “norm” (Remafedi, Resnic, Blum & Harris, 1992). Other studies found increased high school drop-out rates, substance abuse, and family discord among gay youth and adolescents (Gipson, 1989). Thus, among youth, homophobia leads to potentially life-long adverse effects to health, emotional development, and educational and occupational performance.

The substance abuse rate across gender, geographic, and class lines for gay and lesbian individuals has previously been reported at 20 to 30%, in contrast to 10% for the

population at large (Cabaj, 1992; Lesbian and Gay Substance Abuse Planning Group, 1991; Paul, Stall, & Bloomfield, 1991). More representative studies have revealed gay male alcoholism rates of 19% versus 11% for heterosexual males in the same census areas in San Francisco (Stall & Wiley, 1988), 15% versus 14% in a survey of Chicago area newspapers (McKirnan & Peterson, 1989), and 12% among a New York City gay male population first surveyed in 1986, which declined to 9% at follow-up survey in 1987 (Cabaj, 1992). The model of environmental stress and disease, for which there is apparent support in the case of alcoholism, supports the hypothesis that homophobia would be a risk factor (Moos and Billings, 1993).

Finally, one of the greatest mental health risks for sexual minorities, especially gay and lesbian youth, is being the victim of physical assault. Violent crimes against sexual minority individuals have been observed, but are not regularly tracked as hate crimes because (despite strong recommendations from liberal and moderate law makers) federal regulations do not require states to record homophobic violence as a hate crime. The 1996 Report of the National Coalition of Anti-Violence programs described 2,212 instances of homophobic violence including harassment, threats, assault, vandalism, arson, kidnapping, extortion, and murder, over a twelve month period in the eleven cities they monitored, including New York, Minneapolis/St. Paul, Chicago, Denver, Boston, and San Francisco (National Coalition of Anti-Violence, 1996). According to a two-year national study, when compared with homicides against heterosexuals, homicides against sexual minorities are more violent and are more likely to involve mutilation and torture. Furthermore, such homicides are more likely to go unsolved (Dunlap, 1994). The report concluded, "Each anti-gay episode sends a message of hatred and terror intended to

silence and render invisible not only the victim, but all lesbians, gay men and bisexuals” (National Coalition of Anti-Violence, 1996, p.14).

In a review of 23 survey studies, Berrill (1992) found that the median proportion of gay and lesbian respondents who were physically assaulted was 17%. In addition, 44% had been threatened with violence as a result of their sexual orientation and 80% had been verbally assaulted. Studies of the impact of homophobia specific to gay and lesbian youth are few. In one recent study of sexual minority youth (ages 15 to 21), it was found that as a result solely of their sexual orientation, 80% had experienced verbal insults, 44% had been threatened with violence, 33% had objects thrown at them, 31% reported being chased or followed, and 17% reported being physically assaulted (i.e., punched, kicked or beaten) (Pilkington and D’Augelli, 1995). This compares with overall estimates from a comparative sample of youth of verbal and physical assaults for any reason (presumably including sexual orientation) of 34% being threatened and 13% experiencing physical assault.

Homophobia in the Schools: Physical and verbal threats faced by sexual minority youth

Homophobia on College Campuses

Homophobic violence is not limited to the uneducated: 37% of college freshmen and 9% of college women admitted to having verbally harassed a person they believed to be homosexual (Due, 1995). In a study of 484 students at six community colleges conducted by Dr. Karen Franklin, 18% of the men interviewed admitted that they had committed physical violence or threats against men and/or women they perceived as gay or lesbian (Franklin, 1998). A survey of Yale lesbian and gay male students revealed that many reported living their college years in secretiveness and dread because they feared

anti-gay violence and harassment on that traditionally “liberal” campus (Herek, 1993). More recently, a study of female college students yielded similar results to those reported by Due (1995), finding that 8% of college women surveyed indicated they have verbally assaulted other women whom they perceived as lesbian (Basow, 2000). All of these studies support that homophobia contributes as a specific and temporally related risk factor for violent assault, verbal harassment, and injury of persons believed to be homosexual.

Homophobia on High School Campuses

According to the New York Gay and Lesbian Anti-Violence Report (2002), 76% of the people committing hate crimes are under age 30—one in three are under 18—and some of the most pervasive anti-gay violence occurs in schools at the pre-college levels. In fact, a study of Massachusetts high school students published in the journal, Pediatrics, reports that nearly one-third of sexual minority teens had been threatened in the past month with a weapon at school, compared with 7% of heterosexual students surveyed (Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998). In two additional studies, similar percentages of gay, lesbian, and bisexual youth reported hearing homophobic comments in their schools (Franklin, 1998; GLSEN’s National School Climate Survey, 1999). In a study by the Massachusetts Governor’s Commission on Gay and Lesbian Youth (1993), 97% of students in a Boston public high school said they heard homophobic remarks on a regular basis from their peers. The Gay, Lesbian, and Straight Education Network (GLSEN) conducted a survey of 496 lesbian, gay, bisexual, and transgendered students from 32 states. This survey found that over 90% of sexual minority youth reported that they frequently heard homophobic comments in their schools (GLSEN’s National School

Climate Survey, 1999). Even more alarming, over one-third of youth reported that no outside party ever intervened when homophobic remarks were made in their school environment.

Results from earlier studies seem to suggest anti-gay harassment may be a growing trend in schools. For instance, The National Gay and Lesbian Task Force concluded from its 1984 survey: 45% of gay males and 20% of lesbians surveyed reported having experienced verbal harassment and/or physical violence as a result of their sexual orientation during high school (National Anti-Gay/Lesbian Victimization Report, 1984). The subsequent (1999) GLSEN study, which measured the *frequency* and different types of anti-gay harassment and found: 61.1% of sexual minority youth reported verbal harassment; 46.5% reported sexual harassment; 27.6% reported physical harassment; and 13.7% reported physical assault (being punched, kicked, etc.). Notably, of those who were victims of verbal harassment, almost half stated that this harassment occurred on a daily basis. A more recent study by GLSEN (2004), stated that 83.2% of LGBT students reported verbal harassment and 68.6% reported feeling unsafe at school because of others' reactions to their sexual orientation.

In addition to the threats they face at school, data have been collected about dangers sexual minority youth may face at home. In a survey of lesbians and gays in Pennsylvania, 33% of gay men and 34% of lesbians reported suffering physical violence at the hands of a family member as a result of their sexual orientation (Philadelphia Lesbian and Gay Task Force, 1996). Corliss, Cochran & Mays (2002) found similar results, with 36% of gay men and 29% of lesbians reporting physical abuse by immediate family members as a result of their sexual orientation. Additional studies are needed at a

national level, however, to determine the extent of antigay violence with family members as perpetrators (Corliss, et al., 2002).

Special Counseling Needs of Sexual Minority Youth

Identity Development

In order to work effectively with sexual minority youth, the counseling professional may need to be prepared to assist in a variety of other areas besides developing coping strategies for violence and harassment. Like their heterosexual peers, sexual minority youth share the same physical, cognitive, psychological, and social tasks of development, many of which are unaffected by issues of sexual orientation. However, since one of the major psychological tasks of adolescence is that of identity formulation and consolidation, the sexual minority adolescent faces myriad challenges that the heterosexual adolescent does not (Baker, 2002; Goldstein & Horowitz, 2003; Hunter & Hickerson, 2002).

The various components of an individual's identity include his or her sexual identity. Often adolescents clarify and consolidate this particular sense of self through cohort comparisons, societal confirmation, and peer affirmation. Environmental systems or settings such as school, family, neighborhood, and work setting frame this process (Martell, et al., 2004). For the adolescent struggling with a sense of undefined "differentness" regarding the focus of his or her sexual attractions, these opportunities for sexual identity clarification and healthy formation in these settings are frequently limited at best. Most likely, they present a negative and stigmatizing backdrop against which the adolescent must explore feelings and thoughts about this highly personal and integral part of personal identity. In schools, for example, it is commonplace for students to routinely

apply the words “faggot,” “gay” “dyke,” or “queer” to anyone or *anything* they dislike for any reason, thus highlighting the devaluing of anything associated with being gay (Bontempo & D’Augelli, 2003). In addition, for sexual minority adolescents, support cannot be expected from family members as it is likely that they have expressed antagonistic attitudes toward homosexuality at some point in the past (Dorais & Lajeunesse, 2004).

In contrast to the “development of a heterosexual identity, a norm requiring little conscious thought or effort, the attempt to develop a healthy and viable bi- or homosexual identity is draining, secretive, anxiety-producing, and lonely” (Hetrick & Martin, 1987, p.17). Hetrick and Martin (1987) found that the primary presenting problem for sexual minority adolescents was one of both social and emotional isolation and loneliness which, at times, included premature and inappropriate sexual involvement with same-sex adults simply to satisfy a need for some type of social contact.

Moreover, as the process of completing one’s gay, bisexual, or lesbian identity may not be completed during adolescence, this process (like the heterosexual process) may not include physical sexual behavior for many youth. At the same time, many sexual minority youth believe they have to directly experience a same-sex encounter to prove to themselves that they are gay, lesbian, or bisexual. Such beliefs put sexual minority teenagers at considerable risk for unsafe and inappropriate sexual involvement (Bontempo & D’Augelli, 2003; Esparza, 1996).

The process of self -identification is one that is long and generally characterized by extreme emotional turmoil. There are several models describing this process that include self-labeling or “coming-out.” In the most well known of these models, Cass

(1979) identified six stages of identity formation: confusion, comparison, tolerance, acceptance, pride, and synthesis. In Stage 1, identity confusion, heterosexual identity is called into question and the adolescent wonders, “Could I be gay?” Gay and lesbian information or awareness becomes personally relevant, and the assumption of heterosexuality begins to be undermined. At this stage, confusion is great and the adolescent may seek unbiased information on homosexuality—a difficult task given the inaccessibility of such information for this age group.

Counseling interventions at this stage could assist the adolescent to redefine “different-ness”, discourage premature labeling, and attempt to normalize feelings. Denial is a primary defense at this stage. The adolescent may attempt to prematurely foreclose on the development process if not provided an acceptable environment in which to explore the possibility of gay, lesbian or bisexual identity (Baker, 2002).

Identity Comparison, Stage 2, begins with accepting the potential that homosexual feelings are a part of the self. The realization that “I might be gay” may cross the adolescent’s mind. Alternately, a re-framing of same gender sexual attractions as a special case (“it just *happens* to be this *one person* I am attracted to and he/she *happens* to be the same sex”) may occur. The idea that “I may be bisexual” (which permits the potential for heterosexuality) can also be a manifestation of Stage 2 identity development. It is also at this level that “This is a ‘phase’ I’m going through” may surface. These strategies are developed to reduce the incongruence between same-sex attractions and a view of one’s self as heterosexual (Hunter & Hickerson, 2002).

According to Cass (1979), the task at this stage of identity comparison is to deal with social alienation as the individual becomes aware of his or her difference from larger

society, and experiences a sense of not belonging and the isolation of perceiving himself or herself as an isolated case; that is, “I am the only one like this.” Counselors dealing with clients at this developmental level can explore their fears and anxieties, attempt to identify role models and, where possible, locate healthy and appropriate support systems such as peer support groups and drop-in centers (Baker, 2002).

Identity tolerance, Stage 3, is marked by such statements as “I probably am homosexual.” The individual has moved further from a heterosexual identity and more toward a homosexual one. This may include seeking out the company of other sexual minorities to meet psychosocial needs. This movement helps dispel the sense of confusion and turmoil of prior stages, but creates a greater gulf in the comparison between self and others (Martell, et al., 2004). For the adolescent who experiences a heightened need for peer approval and acceptance, this can be a traumatically trying time. Adolescents attempting to dissipate the dissonance of identities may adopt an asexual role or practice covert homosexual behavior, which is particularly dangerous given the impulsive nature of sexual contacts among adolescent males and the resultant risk of HIV infection (Dowsett, 2003; Esparza, 1996; Hillier, 2004). Positive gay experiences are crucial to developing a degree of self-acceptance (vs. self-hatred) during this period (Hillier, 2004). Contacting other gay, lesbian, and/or bisexual people becomes a more pressing issue to alleviate a sense of isolation and alienation. Counseling interventions at this stage can assist in interpreting negative experiences, developing interpersonal skills, addressing fears of exposure, facilitating decision making on coming out, and offering insight on the identity formation process as well as resource information (Baker, 2002).

Stage 4, identity acceptance, involves increasing contact with other sexual minorities and developing a more clearly delineated homosexual or bisexual identity. Finding other sexual minority youths is difficult for many adolescents. Those in rural areas often find the social isolation nearly unbearable (Callahan, 2001; Corliss, et al., 2002; Elliot, 2000; Flowers, 2001). Many of these young people feel a need to leave home and school and move to an urban area simply to make contact with other gay people. Those adolescents fortunate enough to have access to support groups and/or gay social events often heighten their dual lifestyle existence, being heterosexual publicly and bi- or homosexual privately, as the fear of being “discovered” permeates their existence. The issues of “who am I?” and “how do I fit in?” have begun to be addressed.

Stages 5 and 6, identity pride and identity synthesis, move the individual from a “them and us” mentality towards a realization and acceptance of the similarities between the homosexual and heterosexual worlds. Strong identification with the gay subculture and devaluation of heterosexuality and many of its institutions (stage 5) gives way to less rigid, polarizing views and more inclusive and cooperative behavior (stage 6). Counseling interventions at these stages might include support of self-acceptance and pride, encouraging friendships with supportive heterosexuals, and supporting efforts to integrate the gay/lesbian/bisexual self with other aspects of identity (Baker, 2002; Callahan, 2001).

These latter two stages, pride and synthesis, are particularly difficult for school-aged adolescents to achieve, given the basic reality of their circumstances. Placing a gay, lesbian, or bisexual identity into appropriate perspective, as a *part* of an overall total identity, is made particularly difficult for a number of reasons. Society’s focus on the

sexual behavior component of a homosexual orientation, excluding feelings of attraction, love, companionship, and subcultural mores, encourages the perpetuation of inaccurate sexual myths and stereotypes (Adam, 1998). For example, the myth that anonymous sexual liaisons are the only recourse for gay men, or that lesbians are a danger to children, derive from an exclusionary focus on the sexual behavior component of homosexual orientation (Craig, et al., 2002). Adolescence in general is a time of natural heightened interest in sexuality—for both homosexual and heterosexual youth. The adolescent can easily be overwhelmed with an amplified version of sex as the primary component in a sexual minority person's life, versus it being just one of the many aspects of identity (Esparza, 1996).

When Sexual Orientation is in Question

Given that sexual orientation may be established before birth (Bell, Weinberg & Hammersmith, 1981; Whitman & Mathy, 1986) or is developed between the ages of three and nine years (Harry, 1982), a significant number of the 30 million young people between the ages of ten and twenty in the United States may be predominantly or exclusively gay or lesbian (Fontaine & Hammond, 1996). For many of those young people, a period of questioning or confusion is bound to occur. Student services personnel who provide counseling to adolescents have the opportunity to make a substantial positive impact on the lives of a great many teenagers who are uncertain about their sexual orientation simply by conveying the reality that orientation goes beyond sexual impulse or behavior. For example, a confused adolescent may believe that a single sexual contact, heterosexual or homosexual, defines sexual identity. Appropriate counseling encourages the young person to consider the meaning of daydreams,

affectional patterns, unexpressed physical attractions, and emotional responses in sorting through issues of sexual orientation (Callahan, 2001). Many adolescents who question their sexual orientation will not develop a gay, lesbian, or bisexual identity. This confusion may be initiated by such behaviors as deviation from traditional gender roles, the occurrence of same-gender sexual fantasies and/or attractions, and incidents of same-gender sexual contact. The subsequent homosexual “panic” these behaviors can generate needs to be assessed within the context of the behavioral precipitants and the identity stages outlined previously. The apparent fact that same-sex behavior is relatively common (Fontaine & Hammond, 1996; Gates, 2004; Bradford, et al., 2002; Kinsey, et al., 1948) should also be kept in mind.

Adolescent emotional lability and the lack of accurate information about homosexuality often exacerbate a young person’s fears. However, to dismiss the fantasies, behaviors, or feelings as a “phase,” or to prematurely foreclose on an adolescent’s acceptance of his or her own gay or lesbian identity, are equally invalid and harmful courses of action (Baker, 2002). Again, assisting teenagers to explore their prior sexual attractions and fantasies, differentiating between sexual orientation and gender roles, and providing literature to assist in the exploration of these questions can normalize the process and diminish their reactive fear. Above all, counseling professionals need to recognize that for many adolescents, sexuality is an area of flux, and the process of arriving at an established sexual orientation can take months or years (Callahan, 2001).

Faculty and Staff Attitudes Toward Sexual Minority Students

Clearly, it has been established that sexual minority youth face a stressful, often openly hostile, environment in our nation’s schools (Bontempo & D’Augelli, 2003;

Callahan, 2001; Elliot, 2000; Flowers, 2001; Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998; GLSEN's National School Climate Survey, 1999; Moos, 1992; Sears, 1992). The question naturally arises, "How has such an environment been allowed to evolve?" While heterosexism has a general cultural presence in society, and schools are part of this, heterosexism also takes specific forms in particular institutions such as schools (Epstein & Johnson, 1994). As Peter Redman (1994) argues, "schools operate as significant cultural sites in which understandings and practices concerned with sexuality are actively constructed, reproduced, and lived out, both in the formal curriculum and the hidden curriculum" (p. 141). They "operate as important public spaces in which young people learn about and construct their sexualities and come face to face with the different value society places on heterosexual as opposed to gay and lesbian identities" (p. 142). In order to answer the question of how heterosexism has been allowed to flourish in American schools, it is necessary to examine the attitudes toward homosexuality and sexual minority persons of those faculty and staff members charged with ensuring a safe learning environment for *all* students.

One of the initial steps in helping sexual minority students is to establish an awareness of sexual diversity and homophobia among school personnel and within the school setting where most students spend at least 13 years of their lives. All school employees have the capacity to create a positive and safe educational atmosphere of acceptance and understanding, or an atmosphere of rejection and discrimination that may result in intimidation, isolation, desperation, violence or death (Baker, 2002).

The few attempts to measure school personnel attitudes in this area have yielded alarming results. Sears (1991) conducted a two-year survey of the perceptions of sexual

minority youth regarding the attitudes of school personnel toward homosexuality. Three-fourths of the participants reported that their teachers had openly communicated negative attitudes about homosexuality, and more than 80% reported that few or none of their high school teachers considered homosexuality an alternative lifestyle. A later study by Sears (1992) found that two-thirds of school counselors surveyed had “negative” attitudes about sexual minority youth. One out of three prospective teachers could be classified as “high grade homophobes.” The study also found that 52% of prospective teachers reported that they would feel uncomfortable working with an openly gay colleague. Another study by the Massachusetts Governor’s Commission on Gay and Lesbian Youth (1999) found that an overwhelming majority of teachers, 82%, opposed integrating lesbian and gay themes into their curricula. According to the National School Climate Survey of 904 sexual minority youth (GLSEN, 2001), 82% of students reported that they cannot count on educators to intervene in response to antigay harassment. Also, 81% said that they never had gay people portrayed positively in any class.

Considering their degree of need and the hostile school environment that some sexual minority youth face, many of these students are clearly in need of a support system within their daily educational environments. They need advocates and supportive professionals. Student service personnel (i.e., guidance counselors, school psychologists, school social workers) are in unique positions to influence the cultures of their schools by providing information; support, respect, and tolerance; active programming to address the concerns and attitudes of students and teachers; and guidance in both the development of school policy and its translation into practice. According to Russell (1989), sexual minority students need “counselors as a source for positive intervention” (p.333).

Unfortunately few student service personnel have been trained to work effectively with sexual minority youth. For example, one study found that less than one-fifth of school counselors surveyed had participated in any inservice program to expand their knowledge about sexual minority issues (Sears, 1991). Less than one-third of the counselors from the same study felt that their administrators viewed homosexual concerns as legitimate issues.

There is a multitude of skills, sensitivities, and roles that school counselors and other student service personnel who provide (or potentially provide) therapeutic services could, if willing, incorporate into their daily work lives to address the needs of sexual minority youth. However, many are ill-informed and some have expressed hostility toward this particular population of students (Sears, 1992). Until gay, lesbian, bisexual, and transgendered adolescents consistently experience school counselors and others who are willing to “promote understanding, tolerance, empathy, and compassion” (Hunter & Schaecher, 1987, p. 187), they will continue to be at risk.

While most of the data discussed thus far paint a bleak picture of the school lives of sexual minority youth, there also is research suggesting that supportive programs may make a difference. A study by the Massachusetts Department of Education (2000), found that schools with gay-straight alliances (GSA’s), school-based support groups for sexual minority students and their heterosexual “allies” (often including student service personnel), were significantly more likely than those without GSA’s to be welcoming places for sexual minority youth. Nearly three times as many students in schools with GSA’s, for example, said that lesbian, gay, and bisexual students can safely be open about their sexual orientation at school, and they were significantly less likely to hear

slurs such as “faggot,” “dyke,” and “that’s so gay” on a daily basis (Massachusetts Department of Education, 1999).

Gay- straight alliances, which barely existed a decade ago, can now be found in more than 1,000 schools in 47 states, according to GLSEN (2005). Usually after-school clubs, GSA’s are places for students to talk about how issues such as homophobia and heterosexism affect them in school, with peers, and at home; seek support from each other and their advisors; work to develop coping skills; and plan programs and activities.

Review of the Literature on Attitudes and Homophobia

One of the more extensive areas of research in lesbian and gay studies focuses on adult attitudes toward homosexuality or toward homosexuals. These studies often report the relationships between attitudes and personality traits or demographic variables. Herek (1984) has summarized some consistent patterns. For example, people with negative attitudes report less personal contact with gays and lesbians, less (if any) homosexual behavior, a more conservative religious ideology, and more traditional attitudes about sex roles than do those with less negative views. Those harboring negative attitudes about homosexuality also are more likely to have resided in the Midwest or the South, to have grown up in rural areas or in small towns, and to be male, older, and less well educated than those expressing more positive or neutral attitudes.

Quasi-experimental research studies have demonstrated that adult males harbor more homophobic attitudes or feelings than females and are more concerned about male homosexuality than lesbianism (e.g., Agüero, Bloch, & Byrne, 1984; Bassow, 2000; Braungart & Braungart, 1988; Clift, 1988; Johnson, et al., 1997; Parrott, et al., 2002; Reinhardt, 1997; Schatman, 1989). Further, those with less negative attitudes or feelings

are more likely to have had associations or friendships with lesbians or gay men (e.g., Basow, 2000; Johnson et al., 1997; Maddux, 1988; Parrott, et al., 2002, Raja & Stokes, 2004; Schneider & Lewis, 1984; Weiner, 1989; Whitley & Lee, 2000). Sears (1992), however, offers somewhat conflicting data in that he found that male guidance counselors were less homophobic than their female counterparts.

A number of studies also have assessed the attitudes and feelings of people in the helping professions toward homosexuality and homosexual persons (e.g., Casas, Brady, & Potterotto, 1983; Cribben, 1996; Engstrom & Sedlacek, 1997; Farr, 2000; Flowers, 2001; Fineran, 2002; Hochstein, 1988; Larkin, 1989; Rondahl, et al., 2004; Wisniewski & Toomey, 1987). These studies have found a heterosexual bias in these persons' professional attitudes and homophobia in their personal feelings. Very few studies, however, have examined issues related to homosexuality in the context of attitudes of individuals within the public elementary, middle, or high school (e.g., Baker, 2002; Callahan, 2001; Dressler, 1985; Engstrom & Sedlacek, 1997; Fischer, 1982; GLSEN, 2004; Griffin, 1992; Herek, 1984, 1988; Price, 1982; Sears, 1992). Those studies available have focused on teachers, high school students, principals, and sexual minority teachers. Relevant findings here indicated that most school administrators would dismiss a teacher for disclosing his or her homosexuality to students, and that one-fourth of college teacher-preparation students at one institution acknowledged their inability to treat a homosexual student fairly or to discuss homosexuality in the classroom. Furthermore, a majority of heterosexual high school students and teachers at all levels have expressed disdain for their sexual minority peers/students based solely on sexual orientation.

Several studies have explored this topic with counselor trainees or counselors working in clinical settings (e.g., Chodorow, 2002; Feathergill, 1994; Friedman, 1995; Glenn & Russell, 1986; Green, 2003; Herek, 1990; Schneider & Tremble, 1986), but apparently only four published researcher articles (Fontaine, 1998; GLSEN, 2004; Price & Telljohann, 1991, Sears, 1992, Smith, 2006) have studied school guidance counselors' attitudes regarding homosexuality and homosexual individuals. Besides the Smith (2006) pilot study leading into the present investigation, no other research appears to exist to date assessing the attitudes of student services personnel from a variety of disciplines (e.g., school psychologists, school social workers). Thus, there is a need to conduct research to help determine what factors help or hinder student service personnel in providing relevant and appropriate counseling to sexual minority youth.

Measuring Homophobia: Correlates and Gender Differences

Defining Homophobia

In response to the dramatic shift in the behavioral sciences away from viewing homosexuality as a sickness to recognizing that a sexual/affectional attraction to members of one's own sex is merely different from, rather than inferior to, opposite sex attraction, Herek (1980) attempted to answer the question, "If homosexuals are not unnatural or sick, why do so many people hold such negative attitudes towards them?" Using a factor analysis with an oblique rotation and assuming that attitudes toward homosexuality are multidimensional, Herek analyzed questionnaire responses concerning attitudes toward homosexuality. The factor analysis suggested that, while attitudes toward homosexuality were probably multidimensional, the different dimensions were interrelated. Furthermore, the author found that while there were some differences in the

structure of attitudes toward lesbians compared with attitudes toward male homosexuals, attitudes toward both groups involved the same general factor. This general factor, which was salient for both female and male respondents, seemed to embody what has traditionally been called “homophobia.”

In terms of methodology, Herek (1980) conducted a pilot study in which a preliminary questionnaire was administered to 130 student volunteers (66 females, 64 males) at the University of Nebraska at Omaha. The questionnaire consisted of 59 statements relating to attitudes toward homosexuals and homosexuality that participants responded to along a five-point Likert scale ranging from strongly agree to strongly disagree. Responses were analyzed using principal components analysis with various rotations to determine which solution best revealed the interrelationships among the data.

While the initial analysis suggested five orthogonal (i.e., uncorrelated) factors, there were two indications that the assumption of orthogonality was not warranted. First, a single factor accounted for a major proportion of the variance--in this case, 41% compared to 6% for the other four factors combined. This suggested that one general factor best organized the items on the questionnaire. Second, inspections of the graphic representations obtained from plotting all possible pairs of factors, one against the other, suggested that any factors that existed were correlated.

To confirm or reject this hypothesis, responses to the questionnaire were submitted to an oblique rotation. This yielded a general factor which accounted for 39% of the total variance, and three lesser factors that together accounted for 11.5% of the total variance. Although the lesser factors were not intercorrelated, they did correlate with the single primary factor at levels ranging from $r = .30$ to $r = .50$. Thus, it appeared that

an oblique rotation (rather than a varimax rotation) was appropriate and that one single factor best explained the structure of the questionnaire.

To confirm these results, Herek (1980) developed a second questionnaire (consisting of 66 items) and administered it to a larger sample. For this administration, respondents were students in introductory psychology classes at the University of California at Davis, California State University at Sacramento, California State University at Chico, and Miami University in Oxford, Ohio.

Since a previous study had found differences between attitudes toward male homosexuals and lesbians (Millham, 1976), two forms of the questionnaire were used, one focusing on lesbian targets and the other focusing on male homosexual targets. Each questionnaire employed a nine-point Likert scale ranging from strongly agree to strongly disagree. A total of 437 subjects responded to the lesbian-focused questionnaire (276 females, 161 males) and 469 subjects completed the homosexual-focused questionnaire (282 females, 187 males).

Responses from the male and female participants were analyzed separately for each of the two forms of the questionnaire. Each of the four respective data sets was submitted to principal component factor analyses, using oblique rotations with an initial delta value set at zero (this had yielded the most interpretable factors in the preliminary study). Additional analyses also were performed that varied the number of factors extracted and the degree of obliqueness to determine if a more interpretable pattern of factors resulted .

In the end, the author found that, for all four groups, a single general factor accounted for about 35% of the total variance in responses. This factor consisted of items

that condemned homosexuality as “unnatural, disgusting, perverse, sinful, as a danger to society (and, therefore, requiring negative social sanctions), and as a source for personal anxiety to the individual respondent (and thus leading to avoidance of contact with homosexuals). Because it included cultural and personal attitudes, the author labeled this factor Homophobia, the term generally applied to anti-homosexual attitudes in the personal and social spheres.

A second factor also was apparent for all four groups, accounting for an additional 4.5% of the total variance. The author labeled this factor Sex-Role Discord, as its items implied a view of intrinsic disharmony and antagonism between homosexuals and those who wish to uphold traditional social sex roles.

The author concluded that while differences in attitudes toward homosexuals were apparent across the men and women in this study, the differences (i.e., the smaller factors) were so limited that the single factor of Homophobia represented the best organization of the questionnaire for both participants and targets (i.e., male homosexuals and lesbians). Thus, through this research, the author was successful in empirically defining homophobia as the general belief that homosexuality is sick, wrong, and disgusting; that it is a danger to society (and, therefore, should be negatively sanctioned); and that it is a threat to the individual (leading to an avoidance of contact with homosexuals).

Another important issue addressed in Herek’s (1980) study is the relationship between attitudes toward homosexuality and attitudes about traditional sex roles. Two earlier studies (MacDonald & Games, 1974; Winnigerode, 1976), using different attitude scales, found strong correlations (near .60) between adherence to traditional sex roles and

negative attitudes toward homosexuals. Herek's study seems to confirm that a significant proportion of negative attitudes toward homosexuality are related to the perception that homosexuals violate traditional sex roles.

Assessing the Relationship between Knowledge about Homosexuality and Homophobia

In an attempt to gain further insight into the factors that influence heterosexuals' perceptions of sexual minorities, Wells and Franken (1987) assessed university students' knowledge about homosexuality in relation to their degree of homonegativism, a term that includes physical, social, and emotional distancing from homosexuals and other selected personal variables. Unlike previous studies, the authors here investigated knowledge about homosexuality in relation to attitudes toward homosexuality. They hypothesized that greater knowledge on the topic was related positively to lower homonegativism. In addition, the authors predicted that knowing an identified homosexual would relate positively to possessing greater information and fewer homonegative attitudes than not knowing an identified homosexual. To test these hypotheses, they selected knowledge as a dependent variable and predicted that it would relate positively to other homonegative-related variables previously identified in the literature—gender (Laner & Laner, 1980), religious affiliation and strength of religious conviction (Marmor, 1980), sexual orientation (Hudson & Ricketts, 1980), college major (Larsen, Reed, & Hoffman, 1980), sex role congruency (MacDonald, 1976), and personal feelings about homosexuality (Nyberg & Alston, 1976).

The authors selected a sample of 137 students enrolled in a human sexuality course at a midwestern state university. The sample included 65 women, 67 men, and 5 students who did not indicate their gender. The distribution of class rank was as follows:

100 (73%) seniors, 23 (16.8%) juniors, 2 (1.5%) sophomores, 6 (4.4%) freshmen, 1 unmatriculated, and 5 who did not indicate class rank. Subjects ranged in age from 18 to 45 years with 76.6% between 21 and 23 years old. The couplehood status of respondents was 106 (77.4%) single, 10 (7.3%) married, 2 (1.5%) divorced, 1 (0.7%) widowed, 7 (5.1%) living with same sex, 3 (2.2%) living with opposite sex, 1(0.7%) other, and 7 (5.2%) not responding. The following college majors were represented: 59 (36.5%) business, 26 (19%) humanities and fine arts, 21 (15.3%) education, 21 (15.3%) natural sciences, 11 (8%) social and behavioral sciences, and 8 who did not indicate a major.

Instrumentation for the study included three measures: the Homosexual Information Scale (HIS; Wells & Franken, 1987), The Homosexual Distancing Scale (HDS; Wells & Franken, 1987), and the Bem Sex Role Inventory (BSRI; Bem, 1974), along with a personal information questionnaire that asked respondents about their gender, religious affiliation, strength of religious conviction, sexual orientation, college major, whether or not they knew an identified homosexual, and personal feelings about homosexuality. The HIS was formulated and pilot tested by the authors. It is an 18-item scale consisting of true-false statements about homosexuality based on information documented in the literature. In a factor analysis of the HIS with 86 university students, four factors emerged that explained 81% of the variance: Factor 1, that explained 40% of the variance, was named Gay-Lesbian Life Satisfaction; Factor 2, that explained 23% of the variance, was called Homosexuals as Role Models; Factor 3, that explained 10% of the variance, was named Sexual Behavior; and Factor 4, that explained 8%, was called Influencing Heterosexuals To Become Homosexuals. The internal reliability alpha score

for the pilot group was 0.79, ($p < .01$). The HIS was found to have test-retest reliability of .84 over a 7-day period.

The HDS was developed by the authors in order to address a range of characteristics that represent homonegativism rather than homophobia. The authors relied on the literature addressing the measurement of racial attitudes for a conceptual framework for the HDS. In particular, Westie's (1953) work relating social distance to a person's (acceptable) relationship with members of minority groups. It was used to organize individual HDS items into four scales: (a) the Residential Scale, which measured the degree of residential proximity the respondent will permit the attitude-object (i.e., a homosexual); (b) the Position Scale, which measured the extent to which the respondent is willing to have the attitude object occupy positions of prestige and power in the community; (c) the Interpersonal-Physical Scale, which measured the degree to which respondents are averse to physical interaction with the attitude object; and (d) the Interpersonal-Social Scale, which measured the degree of proximity the respondent allows to the attitude-object during interpersonal interactions.

The HDS, along with the Index of Attitudes Toward Homosexuals (IATH; Hudson & Ricketts, 1980), was administered (as a pilot test) to 91 university students and was found to have a test-retest reliability of .73 over a seven-day period. Through factor analysis, both the IATH and the HDS revealed one major factor and one minor factor. Factor 1 on the HDS accounted for 67% of the variance and focused on Personal Closeness, both physical and interrelational, to homosexuals. Factor 1 on the IATH accounted for 64% of the variance and focused on Relational-Professional Closeness. Factor 2 on the HDS was named Political-Equal Rights, and it accounted for 15% of the

variance; items related to Personal Closeness dominated the second factor on the IATH, accounting for 11% of the variance.

The third measure used in the study, the Bem Sex Role Inventory (BSRI), is a 60-Item instrument used to determine sex role congruency-incongruency through self-identification with adjectives that are designated as masculine, feminine, androgynous, or undifferentiated.

After the 137 students completed the three instruments, the authors conducted a correlational analysis that revealed scores on the HDS and the HIS were related significantly (Pearson correlation coefficient, $r = -.47$, $p < .0001$). This finding supported the hypothesis that respondents with a high degree of information about homosexuality were less homonegative in their attitudes than were other respondents with less knowledge on the topic. Analysis of variance calculations revealed that women and men did not differ significantly in their knowledge of homosexuality as measured by the HIS. The mean score was 11.37 (SD = 2.74) for women and 11.52 (SD = 2.70) for men [$F(1,22) = 0.09$, $p < .70$]. Although there was considerable variance across gender groups on the HDS, women appeared to be less homonegative (M = 2.52, SD = 16.42) than men (M = -0.54, SD = 15.80). However, the two groups' HDS scores did not statistically differ [$F(1,128) = 0.49$, $p < .48$].

Sixteen participants indicated on the questionnaire that they had a homosexual friend or family member. Comparatively, these students had significantly higher scores on the HIS (M = 13.13, SD = 2.03) than peers without homosexual friends or family (M = 11.0, SD = 2.72). Those who reported that they knew an identified homosexual also were significantly less homonegative in their responses on the HDS (M = -22.56, SD =

13.94) than those without a homosexual acquaintance ($M = 1.61$, $SD = 14.00$), [$F(1,113) = 41.04$, $p < .00001$]. Surprisingly, no significant differences were evident when religious affiliation or degree of religiosity were considered.

As part of the study, Wells and Franken's (1987) respondents were asked to rate their sexual orientation using the 6-point Kinsey scale (Kinsey, Pomeroy & Martin, 1948) ranging from 0 (exclusively heterosexual) to 6 (exclusively homosexual). Significant differences were found for both the HIS and the HDS. Not surprisingly, respondents who identified themselves as other than exclusively heterosexual had higher knowledge scores, [$F(4, 112) = 3.52$, $p < .01$], and lower homonegativity, [$F(4, 116) = 7.74$, $p < .00001$], than those who classified themselves as exclusively heterosexual.

Another finding which may have relevance to the current investigation was that a strong relationship existed between college major and level of homonegativity as measured by the HDS, [$F(4, 126) = 3.19$, $p < .05$]. Individuals majoring in the social and behavioral sciences demonstrated the least homonegativism ($M = -9.3$, $SD = 15.90$), and those majoring in the natural sciences demonstrated the most ($M = 5.0$, $SD = 17.26$). Interestingly, those majoring in education exhibited the second highest level of homonegativism ($M = 2.0$, $SD = 14.28$).

In the end, the authors did not find homonegativism to be related to sex-role congruency-incongruency, regardless of whether men or women classified themselves as feminine, masculine, androgynous, or undifferentiated on the Bem. Mean scores on the HDS were very similar for all four of the Bem classifications with a wide variance within groups. However, they did find that there was a significant relationship between a

personal information question intended to assess overall attitudes toward homosexuality and scores both on the HIS, $F(5,107) = 4.44$, $p < .001$, and the HDS, $F(5,109) = 25.97$, $p < .00001$. Additionally, the results indicated that when the first three positive responses on the questionnaire (i.e., advocate of gay rights, support homosexuality as a lifestyle, and view homosexuality as a viable choice to meet sexual-affiliative needs) were combined, 63% of respondents supported homosexuality as a lifestyle choice.

This study was significant for a variety of reasons; most specifically because it established a positive association between knowledge and attitudes. The implication is that reduction of homonegativism might be accomplished by increasing knowledge about homosexuality, and that subsequent knowledge might increase as individuals decrease their homonegativism. This relationship may have important implications for increasing both the competency and the comfort levels of student service personnel, at the preservice level, who will work with sexual minority youth. However, the generalizability of these results to student service personnel in the field is questionable since a young adult, undergraduate, student sample was used. Therefore, it would be imprudent to predict the behavior of (presumably) older, more educated and experienced professionals in the field based on these results.

Social Psychological Variables Underlying Homophobia

A later study by Herek (1988) again addressed heterosexual's attitudes toward lesbians and gay men in an attempt to determine some correlates of homophobia. In this study, the author was interested not only in attitude differences across gender, but also in the social psychological variables that underlie those attitudes. In this case, the chosen

social psychological variables underlying homophobia (for both males and females) were: religiosity, adherence to traditional ideologies of family and gender, perception of friends' agreement with one's own attitudes, and past interactions with gays and lesbians.

Herek (1988) conducted three separate studies, posing three questions, with student samples to investigate the basis for differences among heterosexuals in their reactions to gay people. The first question asked if the intensity of heterosexuals' attitudes toward gay people was consistently affected by gender of the (heterosexual) respondent, the (gay) target, or both. The second question asked about the relative contribution of other social psychological variables to heterosexuals' attitudes. The third question asked if the correlates exerted a differential influence on the attitudes of heterosexual men and women, and if they had a differential effect on attitudes toward lesbians and toward gay men.

In the first study, Herek (1988), compared scores of heterosexual males and females on separate measures of attitudes toward lesbians and gay men. The relative contributions to the variance in attitude scores by other social psychological variables were assessed through multiple regression analysis. The Attitudes Toward Lesbians and Gay Men (ATLG) scale, the dependent variable, was administered to a sample of undergraduate students, along with measures of related variables to be discussed later. The ATLG scale, was developed specifically for this study to measure homophobia. It is a 20-item scale in Likert format with two 10-item subscales: Attitudes Toward Lesbians (ATL) and Attitudes Toward Gay Men (ATG). Alpha coefficients for the scale and subscales indicated satisfactory levels of internal consistency (alpha = .90 for the ATLG, .89 for the ATG, .77 for the ATL).

The author examined the ability of five sets of independent variables to explain ATLG scores. These variables were operationalized as follows: (a) *sex-role attitudes* were assessed with the 25-item short form of the Attitudes Toward Women Scale (AWS; Spence, Helmreich, & Stapp, 1973); (b) constructs related to *authoritarianism* were assessed with three measures-- The Traditional Family Ideology scale or TFI, (Short Form; Levinson & Huffman, 1955), a dogmatism scale (Trohldahl & Powell, 1965), and an ambiguity tolerance scale (MacDonald, 1970); (c) *perceived social support* was measured by asking respondents to estimate what proportion of their friends agreed with their attitudes toward homosexuality along a 7-point continuum ranging from “none” to “practically all;” (d) *personal contact* was assessed by asking respondents how many of their close female friends during the past two years were lesbian and whether their past interactions (if any) with lesbians were generally positive or generally negative, (these items were repeated with reference to gay men); and (e) *Religiosity* was assessed through three measures-- frequency of attendance at religious services, the orthodoxy subscale of the Religious Ideology Scale, (RIS ; Putney & Middleton, 1961), and the “conservatism” of respondents’ religious denomination (dichotomized as fundamentalism vs. liberal/no religion ; Paige, 1977). The reliability (alpha) coefficients for the scales were all greater than .70, with the exception of the ambiguity tolerance scale (alpha = .59).

A sample of 368 undergraduate student volunteers enrolled in introductory psychology courses at a major California university (249 females, 119 males) participated in the Herek (1988) study. Since the ATLG is designed to assess heterosexuals’ attitudes, the 15 respondents who reported having engaged in homosexual behaviors after age 16 were eliminated from the subsequent analysis. After eliminating other respondents for

returning incomplete questionnaires, a sample of 110 respondents remained (73 females, 37 males). One-hundred and seven (107) respondents were single, one was married, and two were divorced. The group's mean age was 18.7 years. Ninety-six (96) of the respondents were college freshmen or sophomores, and fourteen (14) were juniors or seniors.

A 2 (Gender of Respondent) x 2 (Gender of Target—ATL vs. ATG) analysis of variance with repeated measures was conducted to analyze the data. The significant main effect for respondents' gender indicated that males held more negative attitudes than did females [$F(1,366) = 7.61, p < .01$]. Both males and females tended to express more negative attitudes toward homosexual persons of their own gender {for the respondent-by-target interaction, [$F = 7.89, (p < .01)$], the effect was more pronounced among males. }

With regard to the alternate forms of the ATLG, differences between respondents' attitudes toward lesbians and gay men were analyzed by comparing nonstandardized scores on the original subscales with scores on the alternate versions. When the ATL and alternate-ATG scores were compared with a 2 (Gender of Respondent) x 2 (Gender of Target) repeated measures ANOVA, no main effects were found. However, a gender-by-target interaction suggested that males' attitudes toward gay men were significantly more negative than any others [$F(1,108) = 3.95, p < .05$]. A similar analysis with nonstandardized ATG and alternate-ATL scores yielded no significant effects, although males' scores tended to be more negative [$F = 2.55, p = .11$].

To address the problems associated with directly comparing raw scores between the ATG and ATL, scores on the two scales and the alternate forms were transformed and

entered in a 2 (Gender of Respondent) x 2 (Gender of Target) x 2 (Set of Items) repeated-measures ANOVA. A significant gender-by-target-by-items interaction [$F(8) = 8.72, p < .01$] was found. Only the ATL items produced a significant gender-by-target interaction effect. These findings suggested that female respondents tended to hold equally positive (or negative) attitudes toward gay men and lesbians, whereas males from the sample tended to respond more negatively to gay men than to lesbians.

ATL and ATG scores were significantly correlated in the expected directions with attitudes toward sex roles, traditional family ideology, dogmatism, perceived agreement by friends, and positive contact with any lesbians or gay men. Additionally, female scores were correlated with the three religiosity variables (liberal denomination, church attendance, and fundamentalist beliefs).

In order to address the relative importance of the different variables, the author used hierarchical regression analysis with the alternate forms of the ATL and ATG as dependent variables. For this sample, gender did not explain a significant proportion of variance. Two variables, however, were significantly predictive of ATLG scores. More negative attitudes toward lesbians and gay men were associated with perceptions that one's friends hold similar attitudes and adhere to a traditional family ideology (high TFI scores). The influence of family ideology was slightly stronger when gay males as opposed to lesbians were the target. On the other hand, favorable attitudes toward lesbians were associated with reporting positive past experiences with lesbians; such experiences exerted a marginally significant effect on attitudes toward gay men as well ($p = .06$).

Herek (1988) conducted a follow-up study in order to assess the stability of previous findings (obtained from students at a single California university) with different samples in different geographic locales. The author administered the ATLG to 405 student volunteers (226 females, 179 males) at six different universities in Nebraska, Indiana, at an East-coast Ivy-League university, at a New England state university, at the California university used in the initial study, and at a California state university in a different city. As in the previous study, this multi-campus sample provided data about their religious denomination, attendance at religious services during the previous year, their number of friends who were gay or lesbian, and the quality of their past interactions with sexual minority individuals. They also completed abbreviated versions of the Attitudes Toward Women Scale (AWS), to address the possibility of a correlation between homophobia and sexism, and the Religious Ideology Scale.

Again, only those respondents who reported exclusively heterosexual behavior since the age of 16 were included in the analysis. Thus, six females and 10 males were excluded from the sample. The remaining respondents had a mean age of 20 years and had completed an average of two years of college. Internal consistency for the ATLG, ATG, and ATL was .95, .91, and .90, respectively. Results indicated more pronounced gender differences than in the initial study, with male respondents expressing more negative attitudes on both scales than females. Analyses of variance uncovered a main effect for respondent's gender [$F(1,403) = 5.37, p < .05$] and a significant respondent-by-target interaction [$F = 22.61, p < .001$]. This finding suggested that heterosexual males' more negative attitudes were stronger when gay males were the target. Correlations of the

ATG and ATL with the supplementary measures were statistically significant and in the predicted directions.

Dummy variables for the sample locations were created to control for regional variations in attitudes. Regression analyses indicated that participant location accounted for a significant proportion of the variance in ATL scores [R square = .1068, $F(6,399) = 7.9545$ $p < .001$] and ATG scores [R square = .1012, $F = 7.4863$, $p < .001$ for both]. Further analysis revealed that the lowest scores (i.e., the most positive attitudes) were obtained by the East Coast samples and the highest scores (i.e., the most negative attitudes) by the Nebraska samples. The participants from Indiana and California did not differ significantly from each other, both falling in the mid-range of scores.

Subsequent examination of individual regression coefficients indicated that negative attitudes toward sexual minority persons were most strongly associated with adherence to an orthodox religious ideology (i.e., high RIS scores), traditional views of sex roles (i.e., high AWS scores), and frequent attendance at religious services. Interestingly, the author found that positive experiences with gay men contributed to positive attitudes toward both lesbians and gay men, especially the latter, and negative experiences with lesbians contributed to negative attitudes toward both gay men and lesbians, especially lesbians.

In a third study, Herek (1988) attempted to replicate his findings from the first two studies. Here, however, the author included measures of variables related to participants' "intrapyschic conflicts" to examine their influence on attitudes toward lesbians and gay men. The decision to include this variable was based on the psychoanalytic theory of psychological defense. In other words, the author attempted to

determine whether individuals with hostile attitudes toward homosexuality were, themselves, insecure in their own gender identity or sexual orientation such that these insecurities were unconsciously and defensively projected onto others who symbolized their own unacceptable urges.

The author operationalized the variables related to participants' psychological defenses in three ways. First, defensiveness in attitudes toward lesbians and gay men was operationalized as involving the externalization of unconscious conflicts (i.e., projecting one's repressed homoerotic desires onto a convenient symbol—lesbians and gay men) and the expression of hostility toward that symbol. This predicted that unfavorable attitudes toward sexual minorities would be associated with a general tendency to use externalizing defense mechanisms, such as projection and displacement. Second, the author hypothesized that personal insecurities regarding one's own gender identity would be associated with hyper-conformity to gender roles. Finally, the author asserted that individuals with such insecurities would exaggerate differences between themselves and the symbols of their unconscious desires. In other words, compared with relatively secure heterosexual males, insecure males would be expected to see themselves as less similar to gay men, and insecure women would view themselves as being less similar to lesbian women compared to more secure women.

In this third study, the author used a new sample of heterosexual undergraduate volunteers ($n = 149$) from the same California university used in the first study.

Respondents completed the ATLG and the same measures associated with the ATLG used in the previous two studies. In addition, the tendency to use externalizing psychological defenses was assessed using the Defense Mechanisms Inventory, or DMI

(Gleser & Ihilevich, 1969). Although the entire DMI was administered, only two subscales were relevant to this particular investigation: the Turning-Against-Objects (TAO) and Projection (PRO) subscales. The PRO subscale assesses the tendency to justify aggression toward an external object by first attributing negative intent to it, and the TAO measures the tendency to deal with conflict by attacking a real or presumed frustrating object.

Beyond these measures, a semantic differential technique described in Burke and Tully (1977) also was used to assess respondents' perceptions of similarity to men in general and women in general. This technique utilized a scale to assess gender roles according to traits most salient to the subject population. Four adjective pairs that differentiated participants' views of males and females from a control sample were used (Smooth-Rough, Soft-Hard, Timid-Bold, Emotional-Not emotional). The author asked subjects to describe the concepts of "men in general" and "women in general," and then to describe themselves. A "level of conformity" to sex-role standards was assessed by calculating the differences between participant ratings of self and their general ratings of their own gender. In order to assess respondents' perceptions of similarity between themselves and their concepts of "gay men" and "lesbians," the same adjective pairs were used, requiring respondents to describe homosexual men and lesbian women in those terms.

Once again, the author found that males expressed more unfavorable attitudes than did females, with a more pronounced effect when gay men as opposed to lesbians were the targets. Analyses of variance revealed a statistically significant main effect for gender [$F(1,145) = 6.44, p < .01$], as well as a significant respondent-by-target

interaction [$F = 20.75, p < .001$]. Further regression analyses indicated that gender accounted for 2.2% of the variance in ATL scores [$F(1,145) = 3.2506, p < .07$] and 8.9% in ATG scores [$F = 14.21, p < .001$]. Beyond the variance explained by a respondent's gender, the supplementary variables added 0.5652 to the R square for the ATL ($F = 9.659, p < .001$) and 0.5282 for the ATG ($F = 9.379, p < .001$). With respect to the Defense Mechanisms Inventory, scores on that instrument did not significantly predict any participant attitudes. However, perceptions of self compared to men and women in general varied with ATL and ATG scores. Respondents with positive attitudes did not see themselves as very similar to men or women in general. In other words, they did not describe themselves in terms of characteristics they perceived as typical of either gender.

As in the previous studies, ATL and ATG scores were associated with traditional views of sex roles (high AWS scores) and conservative religious ideologies (high RIS scores). There was also a correlation between attitudes and negative experiences with gay people. However, an unexpected cross-gender effect was noted. Negative interactions with gay men negatively affected attitudes toward lesbians and negative interactions with lesbians negatively influenced attitudes toward gay men. Finally, perceived differences between oneself and gay individuals on gender-related characteristics had a significant effect only with regard to ATG scores. Respondents with unfavorable attitudes were likely to perceive greater differences between themselves and gay men.

As noted, the TAO and PRO subscales of the DMI did not explain significant amounts of variance when the analysis was conducted with genders combined. However, further analysis showed that females scoring high on the TAO and low on the PRO generally had higher ATL and ATG scores, with an opposite pattern emerging for males.

In other words, “heterosexual women who tend to use projection hold more negative attitudes, and those who tend to direct their anger outward hold more positive attitudes. Males who use projection, in contrast, tend to express more positive attitudes, while those who turn against perceived frustrators tend to have more hostile attitudes” (Herek, 1988, p. 469).

The Herek (1988) studies of heterosexuals’ attitudes toward sexual minorities are important for a number of reasons. First, a gender difference was observed consistently. Heterosexual males repeatedly reported more negative attitudes toward gay people than did heterosexual females. Furthermore, males’ attitudes were more hostile toward gay men than toward lesbians, whereas females’ attitudes did not differ significantly according to the gender of the target. Second, no single correlate of heterosexuals’ attitudes was more predictive of ATLG scores than any other. Perceived agreement from friends, church attendance and ideology, contact with lesbians and gay men, gender-role attitudes, and family ideology all appeared equally important when considering the correlates or predictors of homophobic attitudes.

In addition, the first two Herek studies found that perceptions of dissimilarity between oneself and men in general, women in general, and gay men (but not lesbians) emerged as important variables for study in the third investigation, especially with regard to attitudes toward gay men. Finally, tolerant attitudes seemed to be correlated with perceptions of oneself as not fitting stereotypes of either masculinity or femininity. In other words, heterosexuals who do not rigidly adhere to traditional views of gender tend to be more accepting of sexual minorities.

In the end, Herek successfully identified at least four separate sources of hostility toward sexual minorities. Based on these findings, Homophobia appears to be associated with traditional attitudes about gender and family roles, perceptions that one's friends hold similarly negative beliefs, strong adherence to an orthodox religious ideology, and past negative experiences with gay people. Conversely, this research suggested that individuals are less likely to express homophobic attitudes if they belong to a liberal religious denomination or are not religious, endorse non-traditional views of gender and family, do not perceive their friends as holding attitudes similar to their own, and if they have had positive experiences with lesbians and gay men.

Limitations of Herek's Studies

As with similar studies, respondents were drawn from a "convenience sample" of university students with an average age of around 20 years. This factor might have had a significant impact on the research results, particularly with regard to the level of heterosexual male hostility toward sexual minorities observed. Relative to implications, when one considers the cultural construction of gender and the male sex role in contemporary society (particularly in America), it is apparent that the importance of heterosexuality to masculinity is emphasized. Herek (1986) points out that many males feel the need to affirm their masculinity by rejecting men who violate the heterosexual norm. This need is likely to be strongest during adolescence and early adulthood, the age of participants in Herek's three studies. This is also the stage of life when this ideology of intolerance is likely to be most strongly supported by male peers. Although Herek's studies represent a valuable attempt to tap into the factors that drive homophobia and important target areas for future attitude-change research, a study involving a slightly

more heterogeneous (with regard to age) sample is needed to assess homophobia among helping professionals in the school system. In addition, although Herek's participants were students in introductory-level psychology classes, there is no indication that these individuals were psychology *majors* who might be entering the helping professions.

A study of individuals in counseling professions or hoping to enter such professions would be valuable in examining how their attitudes regarding sexual minorities might impact their interactions with such persons. In addition, none of the studies reviewed thus far have investigated whether race might act as a predictor variable for homophobic attitudes. Finally, the Herek studies are nearly fourteen years old, and were conducted during the height of the AIDS epidemic. During the mid- and late 1980's, AIDS was viewed by a majority of Americans as a "gay" disease. Thus homophobic backlash flourished during that time period (Dowsett, 2003; Reynolds & Koski, 1994). Since then, monumental efforts in the areas of HIV education and tolerance for those affected by AIDS have taken place. Although AIDS-related anti-gay sentiments persist among many Americans, it would be reasonable to assume that a more current investigation of attitudes toward sexual minorities might yield somewhat different findings from those discussed thus far (Dowsett, 2003).

Research on Additional Correlates of Homophobia

A study by Reinhadt (1997) also examined some of the specific correlates of homophobia, including gender, previous contact with sexual minorities, the quality of that contact, religious affiliation, and the degree of religious practice. The sample used in this study was drawn from undergraduate students enrolled in five sections of a human sexuality course at a large southwest land grant university. Three-hundred and twenty

students completed the research surveys. As in the Herek (1988) studies, those who did not describe themselves as predominantly heterosexual were excluded from the study. The majority (85.63%) of those chosen for data analysis were Caucasian, 7.81% were Hispanic, 3.44% were African American, and 3.13% were Asian. There were 200 females (62.5%) and 120 males (37.5%) in the study; most were seniors (60.31%) and juniors (23.75%), with the remainder made up of freshmen and sophomores (15.63%). Most respondents (97.19%) were single, 2.19% were married, and 63% were divorced. The mean age of the sample was 21.49 years. In terms of political orientation, most subjects described themselves as either moderate (40.31%) or moderate/conservative (33.44%).

Six instruments were utilized in the study. The first was a demographic questionnaire that asked respondents their date of birth, gender, ethnicity, college major, year in college, marital status, and number of children. The second instrument used was a Correlates Questionnaire that determined participants' sexual orientation, previous contact with lesbians and gay men, involvement in anti-gay behavior, interest in the topic of homosexuality, religious affiliation and involvement, and conservative/liberal classification. The third, instrument was the Index of Attitudes Toward Homosexuals (IAH; Hudson & Ricketts, 1980), which contains 25 items and was reported to measure a unidimensional construct of homophobia based a purely affective basis (i.e., on the way a person *feels* about working or associating with sexual minorities). Each item was rated on a five-point Likert scale ranging from "1 = Strongly Agree" to "5 = Strongly Disagree." Both positive and negative statements about gay people and their social interactions were used to control for response set biases. Examples of statements included, "I would feel

nervous being in a group of homosexuals,” and, “If a member of my sex made an advance toward me, I would feel flattered.” Persons who experience very little discomfort when close to gay and lesbian people tend to obtain very low scores on the IAH. Those who experience considerable dread in such situations (or believe they would) tend to obtain higher scores.

Hudson and Ricketts (1980), developed the IAH using a multi-ethnic sample of 300 persons, reporting coefficient alphas at 0.9 and a standard error of measurement (SEM) of 4.75. Construct validity was previously assessed by calculating the correlation between IAH scores and the Sexual Attitude Scale (Hudson, Murphy, & Nurius, 1983); the correlation was .53 (significant at $p < .0001$) indicating a moderate positive correlation between attitudes toward homosexual persons and liberal attitudes about the expression of human sexuality in general. A factor analysis of the reliable variance of the IAH items produced a first unrotated factor that accounted for nearly 60% of the total item variance. The remaining 40% was divided among the remaining 24 factors. The authors indicated that this was evidence that the IAH is a unidimensional measure of homophobia. In a subsequent study (Pagtolun-an & Clair, 1986), the IAH obtained a reliability coefficient of .95.

The fourth instrument used in Reinhardt’s (1997) study was the Attitudes Toward Lesbians and Gay Men (ATLG) scale discussed previously. A fifth measure was the Marlowe-Crowne Social Desirability Scale (MCSDS) which evaluated the tendency for respondents to give socially desirable responses to questionnaire items. Using a 5-point Likert format, items here described culturally acceptable behaviors that have a low incidence of occurrence and have minimal implications of psychopathology. Sample

items include, “I sometimes feel resentful when I don’t get my way” and , “No matter who I’m talking to, I’m always a good listener.” An abbreviated 13-item form (Form C) of the instrument was used in this study. Reynolds (1982) had previously obtained a KR-20 reliability coefficient with this scale of .76.

The Results of this study were that women reported lower levels of homophobia in most cases than men on the cognitive, affective, and behavioral measures. There were statistically significant differences between the gender group means on pretest and posttest administrations of the ATLG, ATG (cognitive), and IAH (affective). The ATL was the only measure of homophobia that did not yield mean differences for the male and female participants. This finding suggested that homophobia towards lesbians may be the same for heterosexual men and women, but that women tended to report lower levels of homophobia than men in terms of homophobic behaviors, cognitive male homophobia, and generalized affective homophobia.

Overall, both men and women in this study also reported lower levels of cognitive homophobia toward lesbians than gay men. Only the ATLG separated homophobia towards lesbians from homophobia towards gay men. The mean scores for ATLPR, ATLPT, and ATLFU, respectively, were consistently lower than the mean scores for ATGPR, ATGPT, and ATGFU. When the author compared the 95 percent confidence intervals for the two sets of means, none of them overlapped, indicating that respondents (both male and female) reported lower levels of homophobia towards lesbians than towards gay men.

Additionally, the author found that homophobia negatively correlated with previous contact with gay men or lesbians, with the degree of positive previous

interaction with gay people, and with the number of gay and lesbian friends, family members, and acquaintances. Multiple regression analyses results, using the IAH, ATL, and ATG separately as the dependent variable, indicated that previous contact with gay men and lesbians explained 5 to 13% of the regression variance. Type of contact with gay men accounted for 35 to 51% of the between-subject variance, and type of contact with lesbians explained 7 to 12% of the variance. In addition, the number of gay male friends, acquaintances, and family members accounted for 11 to 19%, 7 to 14%, and less than 1% of the explained variance, respectively. The number of lesbian friends, acquaintances, and family members accounted for 4 to 6%, 3%, and 1% or less of the explained variance, respectively.

In addition, the author found that two of the most influential variables for predicting homophobic attitudes were whether a person identified himself or herself as liberal, moderate, or conservative, (this accounted for 66% of the regression variance), and whether the person admitted to having said an anti-gay word in the last six months (this explained 14 to 18% of the between-subjects variance).

Finally, the author found that levels of self-reported anti-gay attitudes were positively correlated with religiosity. This finding, in fact, was stronger for attendance at religious services than for one's religious affiliation. Affiliation explained less than 3% of the regression variance, whereas attendance at religious services accounted for 13 to 22% of the between-subjects variance.

This study was valuable in that it confirmed earlier findings about correlates of homophobia. It also addressed the concern that self-report measures may result in an under-reporting of negative attitudes and behaviors through the use of the Marlowe-

Crowne Social Desirability Scale-Form C. Bivariate correlation coefficients of this instrument with each of the dependent variables were negligible (i.e., -.056, -.006, and -.041, respectively) indicating that individuals with higher social desirability scores did not have homophobia scores that were lower than how they actually felt.

Relative to limitations, Reinhardt's (1997) results may not generalize beyond its generic university undergraduate population. As such, and similar to Herek's work, results shed little light on the issue of homophobia among members of helping professions who may come in contact with sexual minority clients. Additionally, although over 14% of the sample were from ethnic minorities (i.e., Hispanic, African American, and Asian), no analysis was reported with regard to ethnic/racial differences in levels of homophobia.

The studies discussed thus far (Herek, 1984, 1988; Hudson & Ricketts, 1980; Reinhardt, 1997; and Wells & Fanklin, 1987) may represent the seminal work in research on correlates of homophobic attitudes (Adam, 1998; Raja & Stokes, 2004). Thus, they are presented in great detail. It should be noted that a number of researchers have continued the work begun by those pioneers by re-examining the issues addressed in those earlier studies within differing contexts. Shortly after Reinhardt's (1997) study, Johnson et al. (1997) explored the relationship between homophobia and several personality traits. Specifically, this study examined the correlations between homophobia and empathy, religiosity, and coping style in the context of respondents' age and gender. Their sample comprised 714 undergraduate students, with men and women about equally represented. The sample responded to the Homophobia Attitude Scale (HAS, Johnson, et al., 1997), along with additional measures of the personality traits of interest (empathy, religiosity,

and coping style). Key findings were that women reported significantly lower levels of homophobic bias compared with men in terms of attitudes, beliefs, and behaviors. Additionally, 'age of respondent' was negatively correlated with homophobic bias, and religiosity was significantly correlated with more biased beliefs about the origins/etiology of homosexuality, greater affective discomfort in the presence of sexual minorities, less endorsement of human rights for gay and lesbian people, and greater homophobia. Notably, empathic concern and 'perspective taking' ability were associated with lower levels of homophobia, less affective discomfort in the presence of sexual minorities, and less likelihood to abridge the human rights of LGBT people.

The strong association between homophobia and specific attitudes was also demonstrated by Basow (2000). That researcher was interested in the predictors of homophobia in female college students. She found strong correlations between homophobia and authoritarian attitudes, non-belief in sex-role egalitarianism, low frequency of contact with GLBTQ people, and a strong belief in the importance of feminine attributes to participants' 'femininity.' The strongest predictor of homophobic attitudes based on this researcher's results was authoritarian attitudes which accounted for 62% of the sample variance. Later, in 2004, Raja and Stokes examined the relationship of authoritarianism and related constructs to attitudes toward homosexuality. Consistent with previous studies (e.g., Bosow, 2000; Herek, 1984, 1988; Hudson & Ricketts, 1980; Wells & Franklin, 1987). Their findings indicated that homophobia was negatively correlated with having a gay/lesbian friend or acquaintance, discomfort in the presence of sexual minorities, belief in the 'deviance' of homosexuality, support for 'institutional' homophobia, and belief in the 'changeability' of gay or lesbian people.

While Raja and Stokes found no difference in homophobic attitudes toward lesbians between male and female respondents, they did find that heterosexual women were significantly more supportive of gay men than were heterosexual men.

Noting the consistency in the research supporting a gender difference in levels of homophobia, Parrott et al. (2002) conducted a study to determine whether homophobia reflects a specific negative disposition towards homosexual males or whether it incorporates a broader 'anti-feminine' sentiment. To achieve this, the researchers investigated both convergent validity (i.e., masculinity, anti-feminine attitudes) and discriminant validity (i.e., alcoholism, sexual coercion, depression, and trait anxiety) of the homophobia construct. A sample of 385 heterosexual college males completed a battery of questionnaires including the Homophobia Scale (HS; Wright, et al, 1999), the Hyper-masculinity Scale (HI; Mosher & Sirkin, 1984), the Adversarial Sexual Beliefs Scale (ASB; Burt, 1980), the Acceptance of Interpersonal Violence Scale (AIV; Burt, 1980), the Hostility Toward Women Scale (HTW; Check, 1985), the Beck Depression Inventory (BDI-II; Beck & Steer, 1984), the Trait Anxiety Inventory (TAI; Spielberger, 1983), the Brief Michigan Alcoholism Screening Test (B-MAST; Pokorny, Miller, & Kaplan, 1972), and the Sexual Experiences Survey (Koss & Gidycz, 1985).

The convergent validity of the homophobia construct was assessed by computing Pearson product-moment coefficients between homophobia (total score and subscales) and hyper-masculinity, adversarial sexual beliefs, acceptance of interpersonal violence, and hostility towards women. Results indicated that the total scores on the HS were positively correlated with both the total score of the HI and its subscales. Significant

associations were also found between HS total score and adversarial sexual beliefs, acceptance of interpersonal violence, and hostility towards women.

Discriminant validity of the homophobia construct was assessed by examining Pearson product-moment correlations between homophobia (total score and subscales) and measures of depression, alcoholism, sexual coercion, and trait anxiety. Significant associations were not found between the total HS score, and any of those measures. The researchers' results supported their hypothesis by demonstrating consistent convergent validity data for homophobia through the positive associations between responses to the Homophobia Scale and indices of hyper-masculinity and misogynistic attitudes. Parrott, et al. (2002) concluded from their findings that homophobia may not reflect a specific negative sentiment against gay men per se but, rather, may incorporate general negative attitudes against feminine characteristics. They argued that the positive correlations found between the affective and behavioral subscales of the HS and indices of hyper-masculinity and misogyny may help to elucidate the nature of homophobia and to explain homophobia-related aggression as the perpetrators' behavioral expression of negative emotions experienced in the presence of homosexual stimuli. This contradicts, according to the researchers, the idea that homophobic responses are contingent on the perpetrator's moralistic objection to homosexuality. In summary, the researchers suggested that homophobia is related to heightened levels of masculinity and may develop in men who feel threatened by individuals whom they perceive to have feminine characteristics (i.e., women, and gay men). They suggested that such a threat-driven homophobic constitution may explain increased likelihood of both anti-gay and anti-women aggression.

The Parrott, et al. (2002) study is significant in that it appears to be the first to address, through quantitative techniques, the apparent discrepancy between levels of homophobic bias in men versus women. The hypothesis that homophobia may be related to other forms of bias has been supported previously (e.g., Baker, 2002; Herek, 1990; Sears, 2002). However, the failure of the researchers in the Parrott study to include female respondents in their study precludes use of the results in explaining homophobia in women. Similarly, the exclusive focus on attitudes of heterosexual men toward gay men provides no insights into anti-homosexual bias directed toward lesbians.

Measuring Homophobia among Educators: Prospective Teachers' Attitudes

Butler (1994) recognized that students in public schools were becoming increasingly diverse and that many teachers lacked the knowledge or experience with these diverse populations to effectively deal with their differences in the classroom. Noting that sexual minority students were one of those diverse populations, the author conducted research to assess prospective teachers' knowledge, attitudes, and behavior regarding these individuals. Forty-two prospective teachers (who identified themselves as "predominantly heterosexual") who were enrolled in the Human Diversity in Education course at Kent State University completed a survey that measured general attitudes toward homosexuality, knowledge about sexual orientation diversity, educator-specific attitudes toward sexual minority individuals, and anticipated educator behavior toward gay, lesbian, or bisexual students. Butler's (1994) sample consisted of 29 women (69%) and 13 men (31%). Participants ranged in age from 19 to 42 years, with a mean age of 21.2 (SD = 4.24). There were 28 sophomores (66.7%), 10 juniors (23.8%), two seniors (4.8%), and two others (4.8%). The survey employed in the study consisted of five

sections: demographic information, a 20- item general attitude toward homosexuality scale, an 18-item knowledge about sexual orientation diversity scale, an 8-item educator-specific attitude toward homosexuality scale, and a 14-item anticipated educator behavior toward sexual minority students scale. Demographics included age, race, year in school, and sexual orientation. Homophobia was measured using Herek's (1988) Attitudes Toward Lesbians and Gay Men (ATLG) scale, described elsewhere in this literature review. Factual knowledge of homosexuality was assessed using Wells and Franken's (1987) Homosexual Information Scale (HIS), also previously described in this literature review. Educator-specific attitudes regarding gays and lesbians was assessed using a modified version of Sears' (1991) Professional Attitude Index (PAI). The PAI is a 14-item questionnaire intended to measure prospective teachers' attitudes and behaviors relative to sexual orientation diversity in the school. The eight PAI items that measured attitudes toward gay or lesbian students comprised the Educator-Specific Attitude Scale (EAS). A four-point Likert scale, ranging from (1) "Strongly Agree" to (4) "Strongly Disagree" was used. Finally, anticipated educator behaviors (AEB) were measured using a scale comprised of six items from the PAI (that measured behaviors toward gay or lesbian students) combined with eight items from Sears' (1991) checklist of prospective teachers' expected professional activities. A four-point response scale, ranging from (1) "Strongly Agree" to (4) "Strongly Disagree," was again employed. The author reported reliability alphas of .95 for the ATLG, .74 for the EAS, and .93 for the AEB.

The relationships between general attitudes, knowledge, educator-specific attitudes, and anticipated educator behaviors were analyzed using Pearson correlations.

Scores on the ATLG had a mean of 83.3 (SD = 34.46); 26.6% (n = 11) of the participants scored 106 or higher (very negative attitudes) and 16.7% (7) scored 48 or lower (very positive attitudes). Scores on the knowledge scale ranged from 6 (33% correct) to 17 (94% correct) with a mean score of 12.7 (SD = 2.68); 38.1% scored 12 (67% correct) or below. Most respondents (73.8%) incorrectly answered the item, “In the last 25 years there has been an increase in homosexuality.” Half of the respondents (50%) provided the incorrect response to the item, “Heterosexual teachers, more often than homosexual teachers, seduce their students or sexually exploit them.” A large number of respondents (40.5%) responded incorrectly to, “Most homosexuals follow ‘masculine’ or ‘feminine’ behavior in their same-sex relationships.” Also, 35.7% of respondents provided the incorrect response to, “If the media portrays homosexuality or lesbianism as positive, this could sway youths into becoming homosexual.” Furthermore, 42.9% of respondents believed that homosexuals are usually identifiable by their appearance and or mannerisms.

EAS scores had a mean of 14.8 (SD = 3.82) and 35.7% (15) of the respondents scored 17 or higher (very negative attitudes). Only 26.2% (11) scored 12 or lower (very positive attitudes). A large number (33%) disagreed with, “I would feel comfortable if a student talked with me about his or her sexual orientation.” Many respondents (28.6%) agreed that, “I would feel uncomfortable if my school hired an openly gay or lesbian teacher.” More than a quarter (28.6%) indicated that a teacher should not work in school to lessen prejudicial attitudes about homosexuality.

Scores on the EAB had a mean of 30.1 (SD = 7.93) and 59.5% (n = 25) of the respondents scored 29 or higher (negative behaviors) with 14.3% (n = 6) scoring 19 or

lower (very positive behaviors). More than a quarter of the prospective teachers surveyed (28%) reported that they would not discuss homosexuality in the classroom. More than half (59.5%) would not work in their community to bar discrimination against sexual minority individuals. Ten respondents (23.8%) would not attend a school-sponsored workshop on strategies in working with gay students, and 33.3% (n = 14) would not prepare educational materials for students interested in homosexuality. Nearly half (40.5%) of the respondents would not assemble a resource packet on homosexuality for teachers in the school, and 26.2% would not discuss the concerns of gay students at a faculty meeting. Sixteen respondents (38.1%) would not engage in dialogue with parents about homosexuality at a school-sponsored program, and 30.9% would not meet with homosexual adults to learn more about gay students' special needs. Finally, more than half of the respondents (52.4%) would not integrate sexual minority themes into the curriculum.

The author found significant relationships between knowledge and general attitudes ($r = -.3802$, $p < .05$), knowledge and educator-specific attitudes ($r = -.4523$, $p < .01$), and knowledge and anticipated educator behaviors ($r = -.5127$, $p < .01$). The negative relationships found indicate that those who had more factual knowledge about sexual minorities were more likely to express more positive attitudes and exhibit more positive behaviors as educators. Another finding of equal importance to the present investigation was that general attitudes were found to be significantly related to educator-specific attitudes ($r = .6845$, $p < .01$), as well as anticipated educator behaviors ($r = .6863$, $p < .01$). As would be expected, educator-specific attitudes and anticipated educator behaviors were highly correlated ($r = .7589$, $p < .01$).

The Butler (1994) study is important in that it not only addressed the issue of general attitudes about sexual minorities, but it sought to evaluate the relationship between those general or personal beliefs and anticipated professional conduct. The finding that personal beliefs may predict actual behavior is not surprising, but when one considers the diverse nature of a typical student population, the difficulties inherent when personal ideology interferes with professional responsibilities must be addressed. This study suggests that some prospective educators might be at least slightly homophobic and may rely on stereotypes rather than facts for information about sexual minority individuals. Furthermore, many may be unwilling to adequately address gay and lesbian issues in the context of schools, or to behave in ways that are supportive of sexual minority students.

Before such conclusions can be made about educators in general or student services personnel in particular, however, additional research must be conducted. The Butler study is affected by a number of sampling limitations (including small sample size, young age of respondents, and possible regional considerations) that call generalizability into question. Furthermore, this study makes no attempt to assess the attitudes and likely professional behavior of those individuals anticipating a career (potentially) involving direct interventions (i.e., counseling) with sexual minority students.

Sears (1992) conducted one of the only studies to date that investigated school personnel who provide counseling services and their attitudes toward students from diverse sexual orientation backgrounds and the relationship between those attitudes and their professional conduct. The author gathered survey data from school counselors and prospective teachers regarding their personal attitudes and feelings about homosexuality.

A modified version of the Attitudes Toward Homosexuality (ATH) scale and the Index of Homophobia (IH) were administered to 483 middle school and high school guidance counselors working in South Carolina schools during the spring of 1987. These counselors also completed a questionnaire with items related to their experiences in working with sexual minority students, knowledge and beliefs about homosexuality, assessment of the school climate for homosexual-identified students, and their planned professional activities relative to enhancing their knowledge and skills in working with sexual minority youth. One hundred forty-two individuals returned usable questionnaires. The typical respondent was a Caucasian, native South Carolinian female in her late thirties with a master's degree and ten years counseling experience in rural schools.

For this study, the author also involved 258 prospective teachers who were at the beginning and end, respectively, of their teacher preparation programs. Participants here ($n = 191$) were nearly equally divided between secondary and elementary education majors. The typical respondent from the beginning-teacher sample was a Caucasian, unmarried 20-year-old, female from rural South Carolina in her sophomore year in college; an end-of-training sample of 67 prospective teachers who were completing their student teaching (and, thus, had completed an average of five more teacher education courses than the second sample had) also completed questionnaires. The typical respondent from this sample was a Caucasian, 28-year-old, unmarried female teaching in a secondary school setting from which she had graduated eleven years prior to the study.

The prospective teacher questionnaire included the modified ATH and the IH along with questionnaire items pertaining to their encounters with homosexual students as a high school student, knowledge about homosexuality, professional attitudes

regarding homosexuality in the school curriculum, and projected professional behaviors regarding homosexual students. The author used two instruments in order to treat attitudes and feelings as separate constructs. Thus, in this study, attitudes were conceptualized as a set of cognitive beliefs about homosexuals and homosexuality, whereas feelings were defined as a set of deep-rooted emotive reactions to homosexual situations or persons (Sears, 1992, p. 40). Examples of attitudinal questionnaire items were: "Homosexuality is unnatural," "Homosexual marriage should be made legal," and "I would not want homosexuals to live near me." Examples of items that assessed respondents' feelings are: "I would feel nervous being in a group of homosexuals," "If I saw two men holding hands in public, I would feel disgusted," and "I would feel comfortable if I learned that my best friend of my same sex was homosexual."

Respondents' summative scores were assessed for each of the two scales. The adjusted scores could range from 0 (most positive) to 100 (most negative).

The results from this study (Sears, 1992) indicated that preservice teachers' scores on the ATH ranged from 0 to 98, with a mean score of 45 (SD = 18). Their scores on the IH were substantially more negative and ranged from 2 to 99, with a mean score of 65 (SD = 19). On the IH scale, scores of less than 25 indicate "High Grade Non-Homophobics," and those scoring between 25 and 50 are considered "Low-Grade Non-Homophobics." Individuals who score between 50 and 75 are considered "Low Grade Homophobics," and "High Grade Homophobics" score above 75. The author found that 8 out of 10 prospective teachers surveyed expressed negative attitudes about homosexual persons. One-third of these respondents, based on high scores on the IH, were classified as "High Grade Homophobics." Those students pursuing certification in elementary

education were more likely to express homophobic attitudes than were those pursuing secondary education certification. Another finding was that African-American prospective teachers were more likely to express negative attitudes about homosexuality than their Caucasian peers, although they were no more homophobic in their feelings toward gay and lesbian individuals.

Sears explored the effects of race, gender, program status, and certification by entering these four categorical variables along with age, marital status, college grade-point-average, and type of home community into multiple regression analyses using either respondents' ATH scores or their scores on the IH as the dependent variable. The analyses revealed that these eight variables explained only 11% of the variance in prospective teachers' attitudes toward homosexuality and 13% of the variance on their feelings toward lesbians and gay men. A step-wise multiple regression indicated that certification area, home community, and point in professional studies explained less than 7% of respondents' variance in attitudes toward homosexuality, with area of certification explaining one-third of that variance. When prospective teachers' feelings, area of certification and point in their teacher education program were considered together, more than 10% of the variance in scores was explained; however, area of certification explained 95% of that variation.

Regarding their prior exposure to homosexual individuals, as high school students, nearly half of the respondents suspected a fellow high school student of having a homosexual orientation and more than 25% knew such a student. However, fewer than one in five reported being friends with a lesbian or gay student during high school. Prospective teachers who, as high school students, knew a homosexual student or were

friends with a person they knew or suspected of being gay or lesbian reported less negative attitudes about homosexuality. By and large, however, these students' scores still fell within the "Low Grade Homophobic" category.

Interestingly, when respondents were asked if (when in high school) all or most of the schools' faculty were knowledgeable about homosexuality, respondents rated twice as many of the faculty (.41) versus the counseling staff (.21) as knowledgeable. Also, eight out of 10 respondents indicated that most, if not all, of their fellow students in high school expressed homo-negative attitudes, and few, if any, of their peers considered homosexuality an alternative lifestyle.

Respondents' current knowledge about homosexuality was assessed using a Homosexuality Knowledge Index (HKI; Sears, 1992), a researcher-developed, 14-item test with questions from the natural and behavioral sciences. Scores on this index could range from 0 (lowest possible score) to 100 (perfect score). The mean score for the sample was 57.5 (SD = 19.5). Analyses of the results indicated that African-American respondents were less knowledgeable on the subject than their Caucasian peers (African-American M = 50, Caucasian M = 58, $df = 31$, $t = 2.0$; $p < .001$). In addition, females were less knowledgeable than males (females M = 56, Male M = 61; $df = 110$, $t = 1.6$; $p < .001$). Finally, respondents pursuing elementary education certification were less knowledgeable than those pursuing secondary certificates (elementary M = 55, secondary M = 59.2; $df = 208$, $t = -1.7$; $p < .001$).

The author also found negative relationships when scores on the knowledge test were correlated with respondents' scores on the ATH and the IH scales (ATH $r = -.34$; IH $r = -.26$). This finding suggested that the more knowledgeable the respondent, as

measured on the Homosexual Knowledge Index, the less negative attitudes toward homosexuality and feelings toward lesbians and gay men were evidenced. Those demonstrating the least knowledge expressed the most negative attitudes and were the most homophobic.

Guidance Counselor's Attitudes and Feelings

When analyses of the survey results from the in-field school guidance counselors were completed, Sears (2002) found that two thirds of the school counselors expressed negative attitudes and feelings about homosexuality and homosexual persons. Taken as a whole, however, school counselors' scores were slightly less homophobic than those of the prospective teachers in the study. Additionally, the guidance counselors were much more likely to adopt liberal positions on civil rights issues (e.g., decriminalizing of consenting adult homosexual relationships), but to hold conservative moral views (e.g., homosexuality is a sin) and to fear personal contacts with homosexuals (e.g., being uncomfortable around lesbians and gay men). The author concluded from these data that almost none of the categorical-demographic variables had any significant influence on counselors' attitudes or feelings about sexual orientation diversity. The author also concluded that the only variable that had a consistent, albeit moderate, effect on both factors (i.e., feelings and attitudes) was the education level of the respondent. In no case, however, did this factor account for more than 7% of the variance in these measures. Regression coefficients revealed that respondents' gender (.19 for the IH; .11 for the ATH) and race (-.01 for the IH; .16 for the ATH) also modestly contributed to the variance on the two scales.

Parametric t tests were used to explore the modest relationships of gender, race, and education on counselors' attitudes and feelings about sexual orientation diversity. The author found that Caucasian, male counselors who had earned a degree beyond the master's expressed more positive attitudes about homosexuality. With regard to respondents' feelings about sexual minority individuals or reactions to homosexual situations, gender and education were salient factors. Specifically, males were likely to express more positive feelings in this area as were those who had extensive graduate education. Racial minorities and those with less education expressed less favorable feelings and attitudes regarding sexual orientation diversity and toward sexual minority persons. Even among racial minorities and the less well-educated, the males in this sample were more supportive than were the female respondents.

Multiple regression analysis was used to determine which items on each scale contributed the greatest variance in guidance counselors' attitudes or feelings about sexual orientation diversity. When gender was entered as the predictive variable and scores on the IH were dependent variables, the IH scale accounted for 36% of the total variance of gender. Three questionnaire items accounted for 22% of the total variance: "I'd feel comfortable if I learned that my boss was homosexual;" "It would not bother me to walk through a predominantly gay section of town;" and "I would feel comfortable working with a female homosexual." When education level was used as the independent variable and items on the IH served as the dependent variables, the IH scale accounted for 26% of the total variance of education level. One item accounted for 33% of this total variance: "I would feel uncomfortable knowing that my son's teacher was a male homosexual."

When race served as the independent variable in a multiple regression analysis and the items on the ATH served as the independent variables, the ATH scale accounted for 22% of the total variance of race. Three items accounted for 50% of this total variance: “Homosexuals should not be allowed to hold important positions;” “Homosexuals should be locked up and not released until cured;” and “Homosexuality is a sin.” When education level was used as the predictor variable with the same set of dependent variables, the ATH accounted for 30% of the variance and four items represented 16% of this variance: “Homosexuality is a sin;” “If homosexuality is allowed to increase, it will destroy our society;” “I find it hard to believe that homosexuals can really love each other;” and “Homosexuals are very unhappy people who wish they could be like everybody else.” The author also found that civil rights attitudes regarding sexual orientation diversity were the best discriminators between Caucasian and African-American counselors. Furthermore, Caucasians were more willing to allow sexual minority individuals to hold important positions, more likely to object to detention and “curing” of sexual minority individuals, and least likely to describe homosexuality as “sinful.”

As stated previously, the Sears (1992) study was significant in that it represents perhaps the first attempt at assessing the occurrence of homophobia among school personnel who might potentially provide counseling services to sexual minority students or those questioning their sexual orientation. The study found that, like prospective teachers and college students from a variety of disciplines, many school guidance counselors harbor negative attitudes and feelings about sexual orientation diversity and individuals whose sexual orientation is other than heterosexual. If the author’s findings

are reliable and valid, it would appear that situations where school counselors are in contact with homosexual men and women may generate, among many, intensely negative feelings. And yet, it is in these personal situations (e.g., counseling a sexual minority student, meeting with lesbian parents) that these professionals must apply their knowledge, experience, and skills. The degree to which their personal feelings and beliefs affect their ability to enter into such “helping” relationships must be addressed through further investigations.

The Sears (1992) study has a number of apparent limitations. One of these is the geographical location (rural South Carolina) from which the sample of respondents was drawn. It is possible that a sample drawn from another region of the country (i.e., from outside the “Bible Belt”) might have provided different results. Furthermore, the author did not assess the effects of religious fundamentalism (or dogmatism/orthodoxy). Such an analysis might have provided greater insight into the nature of the negativity expressed by so many of the respondents. Additionally, the author collected the questionnaire data during the late 1980’s. It is reasonable to suspect that the general social climate has undergone some changes in that time. Updated information is necessary to obtain a contemporary picture of knowledge and tolerance of sexual orientation diversity among school guidance counselors. Finally, the study focused on only one category of individuals responsible for providing counseling services in the school setting. More complete information would have been obtained by examining the beliefs and feelings of a variety of professionals (e.g., guidance counselors, school social workers, and school psychologists) who potentially provide such services.

In a more recent study assessing the perceptions of guidance counselors with regard to sexual orientation diversity, Fontaine (1998) attempted to extend existing information by including data on current school environments and policies toward both racial and sexual minorities. As part of this study, the author surveyed school counselors' knowledge about homosexual issues (e.g., causes and frequency of homosexuality). Information also was collected on issues of professional development in terms of how counselors acquired their knowledge of sexual orientation diversity and what they perceived as resources that would be helpful to them and other school staff in expanding their knowledge about the subject.

The author distributed 350 surveys at the annual conference of the Pennsylvania School counselor's Association in April of 1995. A total of 101 surveys (29%) were returned for analysis from 22 men and 79 women. The average age of the respondents was 42.4 years, although ages ranged from 24 to 58 years. Most respondents were Caucasian (96%); only 2% were African-American, and 2% did not respond to the question of ethnicity. Both elementary- and secondary-level guidance counselors participated in the study. Most of the sample (N = 55, 56%) were secondary school counselors and the remainder (N = 43, 43%) were assigned to elementary schools. The average participant had about 11 years of professional experience in school counseling. Most of the schools (38%) in which the counselors worked were in rural locations; 37% worked in suburban schools; 13% were from urban school sites; and 3% were assigned to inner city schools.

The instrument used in the study was an adaptation of one used in an earlier investigation by Price and Telljohann (1991). The survey comprised 23 items about

school counselors' experiences with sexual minority youth and students who were questioning their sexual orientation. The questionnaire was divided into five sections:

- I. *Demographic Information*, which comprised questions about gender, age, race, years of guidance counseling experience, professional association membership, work setting, school size and school location;
- II. *Personal Experiences*, which assessed professional encounters with sexual minority students and/or those questioning their orientation, the types of problems presented by these students, and source(s) of referrals;
- III. *School Environment*, which assessed the level of homophobia perceived, incidents of harassment, and any anti-discriminatory policies;
- IV. *Perceptions Regarding Homosexuality*, listed commonly held beliefs about supposed causes of homosexuality; and
- V. *Professional Development*, which assessed levels of competence, sources of knowledge, and respondents' desire for further training on counseling homosexual students.

Results of the study indicated that 51% of the secondary-level counselors reported that they had experience working with at least one student who was 'confused' about sexual orientation issues and 42% had worked directly with at least one self-identified gay or lesbian student. At least 21% of elementary-level counselors reported knowing of students in their schools who were either identifying as gay or lesbian or were questioning their sexual orientation. Elementary school counselors had seen a total of 9 such students (collectively) and secondary-level respondents saw a total of 104 such students (collectively). The three most common problems of sexual minority students

at the secondary level were poor self-esteem (33%), depression (32%), and self-doubt (31%). These issues were grouped together under one category, sense-of-self issues.

Sexual minority students had been seen by counselors for a second 'cluster' of presenting problems having to do with specific fears. Students reported fear of disclosure to peers (26%) and to parents (22%), and fear of family rejection (24%). Another 24% of students reported feelings of difference and of social isolation, according to guidance counselors' reports. Notably, guidance counselors indicated that 39% of lesbians and 40% of the gay males they had seen for counseling had either attempted or seriously contemplated suicide. Fears of physical violence were reported by only 11% of the students seen for counseling, and 24% reported fears of verbal harassment because of their sexual orientation.

In terms of school climate for sexual orientation diversity, 33% of secondary-level counselors reported observing more than 45 separate incidents of harassment of students believed to be gay or lesbian. In addition, 26% of elementary school counselors reported awareness of at least 20 such incidents, which ranged from name-calling to physical battery. Another finding was that school policies protecting racial and ethnic minorities were more common than were policies protecting sexual minority students. In 66% of the secondary schools, policies protecting racial/ethnic minorities existed; whereas only 44% of these schools protected sexual minority students through policy. At the elementary level, 48% of the schools had policies in place protecting racial/ethnic minorities, and 35% had anti-harassment policies that mentioned sexual orientation. When counselors were asked to rate (on a 5-point Likert scale, 1 = Less Tolerant, 3 = No Change, 5 = More Tolerant) how much of a

shift in attitudes of students, faculty, and administrators had taken place over the last ten years in their schools with regard to sexual orientation diversity tolerance, the average rating was 3.2. This finding indicated slightly above a no-change position.

In order to assess their knowledge of issues surrounding sexual orientation, the counselors in the study were given a list of eight commonly held beliefs about homosexuality, and were asked to rate the degree to which they believed each contributed to a homosexual orientation. Again, a 5-point Likert scale was used. The counselors, as a group, indicated their beliefs as follows: homosexuality is chosen by the individual (M = 4.02); is due to childhood sexual experiences (M = 3.63); is a hormone imbalance (M = 3.62); is due to parental neglect (M = 3.60); is due to a negative heterosexual experience (M= 3.31); is caused by influence from a gay adult (M= 3.10); or, is due to a lack of heterosexual options (M = 2.74).

Finally, in the area of professional development, when counselors were asked to rate their own level of perceived competence in counseling sexual minority youth, only 8% indicated a high level of perceived competence. Close to the same number (8%) indicated little or no competence whatsoever. The mean rating, on a 5-point Likert scale with 1 = Not at all and 5 = Very competent, for the counselors as a group was 2.9. Encouragingly, when asked their level of interest in obtaining further training in the area of counseling skills to deal with issues of sexual orientation diversity, 89% of the respondents indicated they were interested to at least some degree. Only 11% responded that they had no such interest.

The Fontaine (1998) study extended existing information by attempting a more comprehensive analysis of school counselors' attitudes and beliefs, compared to the

Sears (1992) study, by addressing perceived school climate; professional development activities; perceived professional competence; and anti-harassment policies for sexual minority students *in addition to* level of knowledge. This study did not, however, address differences among racial/ethnic groups, educational levels, sexual orientations of respondents, disciplines within the student services area, or religious/spiritual categories. Research reviewed thus far would suggest that any or all of these factors might influence levels of homophobia among student service personnel as well as the quality of their professional interactions with sexual minority students. The present study will address all of these factors.

As with many studies that rely on survey data, caution may be warranted in generalizing these results. The author acknowledged a relatively low response rate (29%). Therefore, it is possible that those counselors who actually returned questionnaires may have been more sympathetic—or, perhaps, more hostile—toward the subject matter; thus, they may have felt a stronger need to express their opinions than did those who chose not to return surveys. It is also possible that those who did not return surveys had not (knowingly) encountered any sexual minority students in the course of their work. Consequently, they may not have felt the need to respond. The Fontaine (1998) study also utilized a sample of people who were attending a state conference, and were thus ‘pre-selected’. The potential exists that state conference attendees are more inclined toward professional development (on a variety of topics) than non-attendees would be.

If a clear understanding of homophobia among student service personnel and an assessment of their ability to provide knowledgeable and sensitive intervention

services for sexual minority students is to be gained, an up-to-date and comprehensive (i.e., including a variety of personnel who potentially provide counseling in schools) investigation is necessary. Recently, Smith (2006) attempted to address this apparent gap in the research in this area. The author assessed the level of ant-GLBTQ bias in a sample of 180 pupil services professionals from a variety of field (i.e., school social workers, guidance counselors, school psychologist, and school nurses) and advanced graduate students in those pupil services fields working in Florida. The outcome of that research indicated that, as a group, those highly trained professionals were not as homophobic as previous studies (addressing guidance counselors only). The results, however, indicated there was great variability in levels of homophobic bias within that sample. Specifically, those professionals who were more religious, less well-educated, and (traditionally) married expressed more bias. The Smith study, however, did not address the possible link between biased *attitudes* and the possibility that those attitudes would significantly impact professional *behaviors* of school-based counseling professionals toward GLBTQ clients. The Smith (2006) pilot study is discussed in greater detail later in this chapter.

Attitudes of Florida Pupil Services Professionals toward Sexual Minorities: Survey

Results from Pilot Study

In 2006, as a pilot study leading into the present investigation, Smith examined attitudes of pupil services professionals working in Florida's public school system toward sexual minorities. The purpose of that study was to determine whether or not student services personnel (i.e., school social workers, guidance counselors, school nurses, and school psychologists) in Florida possessed the attitudes and experiences conducive to

addressing effectively the needs of sexual minority students. This question was addressed by examining survey results from student services personnel working in that state regarding (a) their feelings/attitudes about homosexuality and homosexual persons in general; (b) their training on the topic of sexual orientation diversity; (c) their willingness to receive additional training on the subject; and (d) their previous social or professional contacts with sexual minority individuals. A total of 180 student services personnel participated in the study (Smith, 2006).

Among the participants, the most common professional positions were school psychologist (26.7%) and guidance counselor (23.9%) with the most common service setting being at a senior high school (37.8%). Most of the participants (82.2%) were female and Caucasian/White (85.0%). Seventy-nine percent had an education level beyond a Bachelor's degree. Over half (62.2%) were married and another 23.3% were single. Fifty-seven percent had at least one child. Sixty percent were raised in the suburbs and 73.3% currently lived in the suburbs. About half (51.7%) currently worked in the suburbs with another 28.9% of the respondents reporting working in an urban setting. The most commonly identified religious affiliations were Catholic (30.0%) and Methodist/Wesleyan (10.6%). Thirty-six percent reported a wide variety of other religious/spiritual viewpoints/traditions. Forty percent reported attending religious services at least monthly. As for political leanings, the most common category was moderate (30.0%) with another 47.8% endorsing moderate-to-liberal or liberal leanings. Respondents ranged in age from 24 to 79 years ($M = 44.56$, $SD = 13.06$). Professional experience ranged from 2 years (respondent in a trainee capacity) to 59 years ($M = 13.71$, $SD = 12.35$) (Smith, 2006).

All respondents (100.0%) reported that they were heterosexual, with all but six (96.7%) having known someone who was gay, lesbian or bisexual (GLBTQ). Almost all (95.6%) rated the relationship with that person as being “mostly positive.” Seventy-three percent believed there are youths in their schools whom have self-identified as GLBTQ. Fifty-four percent believed that youths in their schools may engage in same sex behavior but have not self-identified as GLBTQ. In addition, 59.4% believed that there are students in their schools who appear to be sexually attracted to persons of their own sex, but have neither self-identified as GLBTQ or engaged in same-sex sexual behavior. Half the respondents reported having provided counseling pertaining to sexual orientation issues. As for specific training in the counseling needs of GLBTQ youth, 48.3% received training in school, 41.7% received training at work and 14.4% received training from other sources. Twenty-nine percent felt adequately prepared for counseling GLBTQ youth clients and 64.4% expressed interest in receiving additional training (Smith, 2006).

In the end, findings from the Smith (2006) pilot study indicated although the pupil services professionals and graduate students surveyed, as a group, did not report high levels of homophobia. However, there was notable variability within the group relative to levels of anti-gay bias. Specifically, there were significant correlations between gay/lesbian bias and a number of factors hypothesized to be related. Most importantly, results indicated that higher levels of anti-gay bias were associated with more conservative political leanings, more frequent attendance at religious/faith-based services, and lower education levels among participants in this study. Also, married respondents demonstrated significantly more bias against gay men than against lesbians, and respondents with more years experience in their professions demonstrated higher levels

of bias against gay men and against homosexuals in general, although they did not report high levels of bias against lesbians specifically (Smith, 2006).

The Smith (2006) pilot study results suggest that, among pupil services professionals in Florida, personal ideologies and dogmatic belief systems could potentially impede many of their ability or willingness to effectively advocate for GLBTQ students. Some research (Maliknsky, 1996; GLSEN, 2004) suggests that the cultural and social climate in that state is less conducive to tolerance of sexual orientation diversity compared to some other regions of the country, and that this factor could impact both school climate and attitudes among educators. However, as the Smith (2006) pilot study did not address the relationship between anti-homosexual bias and willingness on the part of pupil services professionals to incorporate gay affirming behaviors in their work with sexual minority students, the need to examine that relationship, as well as to assess the impact of cultural/social factors relating to region that may potentially affect services for those students remains. Apparently, no research exists to date addressing those issues.

Florida's School Climate for GLBTQ Students in Public Schools

In 1992, the Florida State Board of Education added sexual orientation to the Anti-Discrimination Clause of the Department of Education's Code of Ethics. The clause reads:

State Board of Education Rule 6B-1.006, FAC

(1) The following disciplinary rule shall constitute The Principles of Conduct of the Education Profession in Florida. (2) Violation of any of these principles shall

subject the individual to revocation or suspension of the individual educator's certificate, or other penalties as provided by law. (3) Obligation to the student requires that the individual: (g) Shall not harass or discriminate against any student on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background and shall make reasonable effort to assure that each student is protected from harassment or discrimination.

Although the Department of Education's Code of Ethics explicitly protects students from discrimination and harassment based on their sexual orientation, according to Malinsky (1996), little or nothing is being done by school districts to implement this code. That author, working with the Human Rights Task Force of Florida (a group advocating on behalf of sexual minority students who are facing harassment and discrimination in Florida's schools), conducted extensive qualitative research with 134 lesbian students attending high schools in eleven Florida counties.

The purpose of the Malinsky (1996) study was to examine the challenges faced by GLBTQ students in Florida public high schools. Consistent with previous research in this area, the author found a disproportionately high number of suicide attempts among her sample. Additionally, a majority of the lesbian high school students interviewed reported poor academic performance or dropping out of high school altogether due to the feelings of isolation and alienation they experienced. The quality of the educational atmosphere

the participants described ranged from unsupportive to openly hostile regarding tolerance of sexual orientation diversity. Students participating in the study also identified numerous forms of homophobia and heterosexism experienced in their schools. These expressions included anti-gay jokes, slurs, violent physical attacks, misinformation, and threats of harassment. Most notably, the participants in Malinsky's study overwhelmingly reported that school staff (including student services personnel) rarely, if ever, intervened in situations involving anti-gay/lesbian harassment or discrimination.

Malinsky's (1996) research suggests that Florida's public high schools may be failing to address the needs of this high risk population of students. By failing to address their needs, the author argues, Florida public schools are also failing to provide educational equity for sexual minority students since the harassment and abuse caused by homophobia and heterosexism interferes with sexual minority students' right to learn in a safe environment—a right which is (in theory) protected in the Florida State Code of Ethics. Finally, the author calls for the use of comprehensive initiatives addressing oppression of sexual minority students from the state and district levels.

A study, by the Gay, Lesbian, and Straight Education Network (GLSEN), also addressed the school climate for sexual minority youths attending Florida's public schools (GLSEN, 2005). GLSEN is a national organization, formed in 1995, which strives to ensure equity for sexual minority students in public schools through policy analysis and advocacy. The purpose of the study was to examine the inclusion of enumerated categories (specifically, sexual orientation and gender identity/expression) in Safe Schools legislation and/or policies. GLSEN conducted an online survey with a nationally representative sample of 3,450 public school students ranging in age from 13

to 18. From this sample, an over-sample of students was drawn from several states, including Florida. A total of 195 respondents attended schools in Florida at the time of the survey. Data were weighted to reflect the national population of children ages 13 to 18 for key demographic variables (gender, race, age, size of place, region, and parents' education level). A post weight was applied to the student data to adjust for the 12 state over-sampling so that the regional distribution reflected the nation as a whole.

Demographic weights were based on U.S. Census data obtained via the March 2004 Current Population Survey (CPS).

Results from the GLSEN (2005) survey indicated that the majority (76%) of Florida's public high school students reported that they heard homophobic language in their schools at least some of the time, and almost a quarter of the students reported that they heard such language very often. Notably, respondents indicated that they heard homophobic remarks significantly more often than they heard negative remarks pertaining to an individual or group's racial or religious identity. Also, 61% of the respondents reported that students are bullied, called names or harassed "at least some of the time" at school because they are perceived to be lesbian, gay, or bisexual. One-third (33%) of the respondents indicated these incidents occurred "often" or "very often" in their schools.

The GLSEN (2005) survey of Florida high school students also found that nearly 90% of respondents reported hearing comments such as "that's so gay," or "you're so gay," in which the word "gay" was (presumably) used to mean stupid or worthless. Another startling result from the survey was that the vast majority of respondents (88%) reported that homophobic remarks were made "at least some of the time" when educators

(i.e., teachers, pupil services personnel, administrators) were present, and that those educators did little or nothing to intervene during these incidents. Moreover, the study suggested that most students who experience such harassment (59%) indicated that they never reported the incident(s) to school staff members (possibly out of fear of an unsupportive response). Among students who did report at least one incident to school personnel, 19% indicated that school staff did not take steps to correct the problem or to ensure that the incident would not re-occur. The authors concluded from this study that there is much work to be done in Florida to ensure that all students can learn in a safe environment and suggested that State-level safe school legislation that provides for specific categories (including sexual minorities) should be adopted. Additionally, the authors recommended that teachers and other school personnel (e.g., student services professionals and administrators) should receive appropriate training to assess and respond to bias-related incidents of verbal or physical harassment and that statewide, legally enforceable legislation might enhance the likelihood that school staff would respond in such a manner

The Importance of Statewide Safe Schools Initiatives

In 2004, the Gay, Lesbian, and Straight Education Network (GLSEN) conducted the first objective analysis of statewide “Safe Schools” policies, which was released in the form of its State of the States report (GLSEN, 2004). The purpose of the GLSEN (2004) study was to summarize state laws that affect school environments and school safety for all students, particularly lesbian, gay, bisexual, and transgender students. The 2004 report represents the first systematic measurement and comprehensive analysis of

statewide policy to ensure the safety of all students, regardless of sexual orientation or gender identity/expression.

The GLSEN report defined “Safe Schools Laws” as statewide anti-harassment and/or non-discrimination laws that are inclusive of the categories of sexual orientation and/or gender identity/expression and “Safe Schools Policies” as those passed by a local education agency (LEA), generally a school board. The report summarized state laws effecting school climates and school safety for all students, particularly lesbian, gay, bisexual, and transgender pupils. In the report, all fifty states and the District of Columbia were assigned letter grades (from “A” to “F”) based on points earned in six categories, including existence of statewide safe schools laws, statewide non-discrimination (including discrimination in employment based on sexual orientation) laws, support for education on sexual health and sexuality, local safe schools policies, general education issues (e.g., student/teacher ratios, graduation rates) and the existence of laws that stigmatize sexual minority persons (e.g., laws prohibiting the positive depiction of sexual minorities in schools). Forty-two states received failing grades of “F”. Florida which received 34 out of 100 possible points and ranked 21st out of 51 states (and the District of Columbia). It should be noted that, although Florida’s state ethical code for teachers prohibits discrimination based on sexual orientation (among other factors), it has no state Safe School Laws protecting LGBTQ students from harassment and discrimination from other sources, nor any legally enforceable policies addressing this issue. New Jersey (with a score of 95 out of 100 points) was at the top of the list (ranking first in the nation in terms of progressive laws and policies pertaining to sexual minority youths) and was one of only two states (along with Minnesota) receiving grades of “A”.

The GLSEN (2004) report concluded that the vast majority of students nationwide do not have legal protections against anti-gay/lesbian bullying and harassment. Only eight states and the District of Columbia currently have statewide legal protections for students based on sexual orientation. Only California, New Jersey, and Minnesota include protections based on gender identity and expression (i.e., protections for transgender students). Additionally, more than 75% of the approximately 47.7 million K-12 students in the United States attend schools that do not include sexual orientation and gender identity/expression as statewide protected classes alongside federally mandated protections based on religion, race, and national origin.

Previously, GLSEN's 2003 National School Climate Survey found a relationship between student safety, school attendance, and Safe Schools laws. That report found that sexual minority students who did not have (or did not know of) a policy protecting them from violence and harassment were 40% more likely to report skipping school out of fear for their personal safety.

Other Relevant State Laws

The GLSEN (2004) report also points out that seven states have laws that specifically *prohibit* the positive portrayal of homosexuality or sexual minorities in schools. Those states are Alabama, Arizona, Mississippi, Oklahoma, South Carolina, Texas, and Utah. Oklahoma law, in fact, requires that AIDS prevention education *must* specifically teach students that engaging in homosexual activity is primarily responsible for contact with the AIDS virus (Oklahoma School Code Sec. 11-103.3(D)(1)). The report also indicates that at least eight states *require* the *promotion* of monogamous heterosexual marriage, exclusive of any other type of relationship. Florida is included

among the states that require the promotion of heterosexual marriage in schools, according to GLSEN (2004). GLSEN (2004) argues that such laws and policies are stigmatizing and may not only encourage a hostile and dangerous climate for sexual minority students, but may also inhibit efforts of educators (including pupil services professionals) to advocate in behalf of sexual minority students attending public schools in those states due to fear of negative consequences for doing so.

The GLSEN (2004) report also highlighted fourteen states that have workplace protections for administrators, faculty, and staff at schools. Only four of these, however, also have protections for the categories of sexual orientation *and* gender identity. The other ten have protections exclusively for sexual orientation. States with protections for sexual orientation *and* gender identity are California, Minnesota, New Mexico, and Rhode Island. States with protections only for sexual orientation are Connecticut, Hawaii, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New York, Vermont, and Wisconsin. Since Florida has no laws protecting *school personnel* from discrimination based on sexual orientation, GLSEN argues that this may contribute to an environment where sexual minority educators may be less likely to advocate for or to act as positive role models for GLBTQ youths (out of fear of being identified as gay/lesbian/bisexual and discriminated against because of their identity), and where heterosexual educators are less likely to advocate in behalf of sexual minority youths out of fear of being (incorrectly) perceived as gay or lesbian and (consequently) being subjected to discrimination. Finally, GLSEN (2004) argues that these laws have a critical impact on social and school climate in that they play a role in creating an educational

environment that is either welcoming to or rejecting of sexual minority students, staff, and faculty (and, by extension, their heterosexual allies).

Factors Contributing to States' Grades

GLSEN (2004) examined a number of critical factors in assigning grades to the 50 states (and the District of Columbia) included in its report. Those factors are discussed below.

General Education

States with high performing general education provisions received a maximum of 20 points. Student/teacher ratio, teacher salary, per pupil funding and graduation rate each received a maximum of 5 points. The GLSEN (2004) report stated that these indicators were chosen to reflect a state's commitment to providing adequate resources to its schools as well as its success in matriculating students. The maximum number of points was awarded if a state was 25% or more above the median in the areas of student/teacher ratio, teacher salary and per pupil funding and 10 % or more above the median for graduation rates. Points were subtracted if a state was in the remaining ranges: four for being less than 25% above the median, three for being at the median, two for being up to 25% below the median, and one for being less than 25% below the median.

State Safe Schools Law

States with a safe schools law that is sexual orientation *and* gender identity inclusive received a score of 30. If the law excludes gender identity, however, then the state received only 24 points. According to the Report of the National Coalition of Anti-Violence Programs (1999), transgender youth are disproportionately likely to face harassment, even compared with other sexual minority individuals. Results from that

report indicated that 89.9% of transgender students reported feeling unsafe based on reactions to their gender expression. Also, harassment against transgender youths tends to be particularly violent. Results from the report (which analyzed reported instances of bias-motivated violence against sexual minorities from 1995 through 1998) indicated that although anti-transgender violence accounted for a relatively small percentage of all reported cases, those incidents accounted for 20% of all reported murders, and approximately 40% of all police-initiated violence. GLSEN (2004) suggests that these conditions place transgender youths at greater risk of suicidal ideation and behaviors. Moreover, according to GLSEN (2004), harassment on the basis of gender non-conformity perpetuates and reinforces gender-based stereotypes that harm everyone.

State Non-Discrimination Law

States with a non-discrimination law that is sexual orientation and gender identity inclusive received a maximum of 20 points. If the law excludes gender identity, then the state received 16 points.

Sexuality Education

States with requirements to teach sexuality education and HIV/STD education received a maximum of 15 points. Each state where there is a statewide requirement to teach sexuality education received 10 points. If there is a statewide requirement to teach HIV/STD education, an additional five points was awarded.

Local Safe Schools Policy

States with safe schools policies in their two largest districts received the maximum of 15 points. However, only a maximum of 7.5 points was awarded if only one of the school districts has a safe schools policy. Percentages were weighted to take

gender identity policies into account. Districts received a score of 80 percent (6 points) for a sexual orientation inclusive policy and 100 percent (7.5 points) for a sexual orientation and gender identity inclusive policy.

Statewide Law that Stigmatizes Sexual Minorities

States with a law that specifically prohibits the discussion of lesbian, gay, bisexual and transgender people and their families in schools had 10 points subtracted from their overall score. Other laws that may stigmatize sexual minorities (e.g., anti-marriage laws, proscriptions against adoption, absence of domestic partnership provisions) are mentioned in the analysis as commentary on the climate for GLBTQ persons in a particular state; however, only those laws specific to schools were figured into the scoring criteria (GLSEN, 2004).

New Jersey's Versus Florida's Climate for GLBTQ Students

The profile for Florida and New Jersey from the GLSEN (2004) State of the States Report appears in the following tables. A brief narrative explanation and comparison follows each table.

Table 1: State Information by State

State Information	Florida	New Jersey
Population:	16,713,149	8,590,300
Governor:	Jeb Busch (R)	James E. McGreevey (D)
Chief School Official:	Education Commissioner Jim Horne (Elected statewide)	Education Commissioner William L. Libera (Appointed by the Governor)

R = Republican, D = Democrat

Table 1 (Continued). State Information by State

State Information	Florida	New Jersey
Senate:	26 R / 14 D	20 D/ 20 R
House:	81 R / 39 D	44 D/ 36 R
Education Revenue:	\$15,600,000,000	\$13,200,000,000
Federal Funding:	\$1,300,000,000	\$527, 334,000
State Funding:	\$8,280,000,000	\$5,868,487,000
Local Funding:	\$6,3010,000,000	\$7,480,959,000

R = Republican; D = Democrat

In Table 1, Senate and House/Assembly statistics reflect the state legislature and give a breakdown of Democrats (D) and Republicans (R) in each chamber. The population numbers reflect the Census Bureau's 2002 estimates. Education revenue was obtained from the United States National Center for Educational Statistics' (NCES) estimates for public elementary and secondary school budgets for grades pre-kindergarten through twelve for the 2001-2002 school year (fiscal year, 2002). The NCES is affiliated with the United States Department of Education (GLSEN, 2004). GLSEN's stated purpose for including this information in its report is to provide the reader with an overview of each state's demographics and political climate in order to better contextualize the specific education and safe schools information (GLSEN, 2004). The information from Table 1 reveals that Florida is a large state that is under republican leadership, with majority republican representation in both the House and the Senate.

The information from Table 1 also indicates that, in contrast to Florida, which is

under Republican control in terms of the governorship, the House of Representatives, and the Senate, New Jersey (at the time of the GLSEN report) was under majority Democratic control, with a Democratic governor, partisan balance in the Senate, and a Democratic majority in the House of Representatives. Additionally, although New Jersey's population of 8,590,300 is approximately half that of Florida (16,713,149), its education budget of \$13,200,000,000 is approximately 65 % that for Florida (\$15,600,000,000). GLSEN (2004) suggests that this factor might provide some evidence of a stronger commitment to education (in general) in New Jersey compared to Florida.

Table 2: Public School Information by State

State Public School Information	Florida	New Jersey
Number of Students:	2, 500, 478	1,341,656
Number of Teachers:	134,684	103,611
Number of Schools:	3,314	2,410
Number of School Districts:	67	603
Student/Teacher Ratio:	19:1	13:1
Average Teacher Salary:	\$38,719	\$54,575
Per-Pupil Expenditure:	\$6,170	\$11,248
High School Graduation Rate:	84.6%	90.1%
Percentage of Students of Color:	47.1%	40.3%

In Table 2, “students of color” includes Black/African American persons, Native American and Alaska Native persons, Asian Persons, Native Hawaiian persons, and other Pacific Islanders, and persons of Hispanic or Latino origin. These percentages are based on NCES estimates for the 2001-2002 school year. The number of districts, number of

schools, number of teachers, teacher salary and student enrollment are all based on NCES data for the 2001-2002 school year (GLSEN,2004).

GLSEN’s stated purpose for including this information is to allow the reader to understand the size, scope, and demographics of each state’s education system. This information is also meant to provide the reader with a general understanding of each state’s overall education climate and of its financial commitment to education (GLSEN, 2004).

Table 2 summarizes further evidence of a (possibly) stronger commitment to education in New Jersey versus Florida. The GLSEN (2004) report found that the per-pupil expenditure in New Jersey of \$11,248 is nearly double that for Florida (\$6,170) and that the high school graduation rate for New Jersey of 90.1% is slightly higher than Florida’s graduation rate of 84.6%. Notably, the percentage of students of color is similar for both states (New Jersey: 40.3%; Florida: 47.1%). Also, the lower pupil-to-teacher ratio (New Jersey, 13:1 versus Florida, 19:1) and the teacher salary differential (New Jersey, \$54, 575 versus Florida, \$38,719) are notable and may also suggest a stronger state commitment to education in New Jersey compared with Florida.

Table 3: Safe Schools Law by State

State Safe Schools Law in New Jersey	Present
Type of Law:	Civil Rights Statute Non-Discrimination
Year Enacted:	1992
Categories Included:	Sexual Orientation
Type of Schools Covered:	Any school under Supervision of State Board of Education or State Commissioner of Education
Explicit Private Right of Action:	Yes
Other Specific Requirements:	None
Type of Law:	Education Statute Anti-Harassment

Table 3 (Continued). Safe Schools Law by State

State Safe Schools Law in New Jersey	Present
Year Enacted:	2002
Categories Included:	Sexual Orientation Gender Identity
Type of Schools Covered:	Public Schools
Explicit Private Right of Action:	No
Other Specific Requirements:	District must adopt policy (no less inclusive than language in law and with procedures for reporting and investigating complaints); Commissioner of Education must develop model policy; Notice of Policy must be provided in rules and in student handbook.
State Safe Schools Law in Florida	None

Table 3 reflects Safe schools laws in Florida, which, according to GLSEN (2004) are statewide anti-harassment and/or non-discrimination laws that are inclusive of the categories of sexual orientation and (ideally) gender identity/expression.

GLSEN (2004) points out that this information is one key to understanding each state's commitment to schools that are free from discrimination and harassment against GLBTQ students. This information is intended to allow the reader to understand whether a state has explicitly outlawed anti-LGBT discrimination and harassment and if so, the varying components of each law. Notably, Florida lacks a state Safe Schools law inclusive of sexual minority students; however, the Florida ethical code for teachers prohibits teachers and staff from harassing or discriminating against GLBTQ students. No explicit protections are in place, though, for sexual minority pupils receiving harassment or discrimination from other sources in the public school setting. Moreover, there are no legally enforceable protections against discrimination or harassment, provisions for seeking civil remuneration, or means of reporting or investigating such incidents in place for sexual minority students attending public schools in Florida

(GLSEN, 2004).

According to the information in Table 3, unlike Florida, which lacks a statewide Safe Schools Law, New Jersey laws pertaining to school safety explicitly cover sexual orientation as a protected category in both its Civil Rights Statute of Non-Discrimination and its Education Statute of Anti-Harassment. Additionally, the latter law specifically includes gender expression as a covered category, thus providing explicit protection for transgender students. Furthermore, the New Jersey Civil Rights Statute of Non-Discrimination includes an explicit Private Right of Action, allowing individual students to seek compensatory damages for the violation of their civil rights when school officials fail to intervene, and the state's Education Statute of Anti-Harassment requires districts to adopt policies to address the safety of sexual minority students (explicitly) and to make those policies known to all public school students through the student handbook (GLSEN, 2004).

Table 4: Other Relevant Laws by State

Other Relevant State Laws	Florida	New Jersey
Non-Discrimination Law	Yes	Yes
• Sexual Orientation Inclusive	No	Yes
• Gender Identity Inclusive	No	No
Domestic Partnership Benefits	No	Yes
Domestic Partnership Registry	No	Yes

*FL Code Sec.233.0672(2)(a)

Table 4 (Continued) Other Relevant Laws by State

Other Relevant State Law	Florida	New Jersey
Anti-Same Sex Marriage Law	Yes; Passed 1997	No
Hate Crimes Law	Yes	Yes
Other Relevant State Laws	Florida	New Jersey
• Sexual Orientation Inclusive	Yes	Yes
• Gender Identity Inclusive	No	No
Allows Adoption of Children by Sexual Minorities	No	Yes
Promotion (in Schools) of Monogamous, Heterosexual Marriage	Yes*	Yes

*FL Code Sec.233.0672(2)(a)

According to GLSEN (2004), nondiscrimination laws refer to those that prohibit discrimination in employment. This information is included in order to provide the reader with a greater understanding of the school and social climate in which students, teachers, administrators, pupil services professionals, and other school staff are working. GLSEN (2004) contends that these laws have a critical impact on school climate in that they play an important role in creating an educational environment that is either welcoming or hostile toward LGBT students, staff, and their heterosexual allies. For instance, without guaranteed job protections, many pupil services personnel or other educators may decline to sponsor controversial Gay/Straight Alliances for fear of retribution. GLSEN (2004)

also argues that pupil services professionals and other educators best serve GLBTQ students when they experience workplaces that are free from discrimination and harassment and that the best way to achieve that goal is through adoption and enforcement of non-discrimination and anti-harassment policies that are inclusive of sexual orientation and gender identity expression.

The information from Table 4 reveals that Florida's nondiscrimination laws do not provide protections for sexual minorities, although other categories of Florida citizens are protected (based on gender, handicapping condition, race/ethnicity, religious affiliation, and so forth). Furthermore, Florida law does not formally recognize unions between sexual minority persons or extend benefits associated with marriage to individuals in same-sex unions. In fact, in 1997, the Florida legislature passed a law specifically banning formal recognition or the extending of benefits associated with marriage to sexual minority couples (GLSEN, 2004). In its favor, Florida law does make provisions for the tracking of violent crimes against lesbian, gay, and bisexual persons resulting from their status as sexual minorities and allows for stricter penalties in such cases. Florida's Hate Crimes law, however, does not specifically extend to transgender individuals.

Also according to the information in Table 4, New Jersey's Non-Discrimination (in employment) Law makes discrimination against individuals (including public school employees) based solely on sexual orientation illegal, although it does not explicitly cover gender identity/expression. Additionally, New Jersey law recognizes and sanctions same-sex relationships through its Domestic Partnership Registry, allowing them some of the legal benefits afforded heterosexual married couples. Furthermore, New Jersey law

requires that same-sex partners of public employees receive the same benefits (medical coverage, death/retirement benefits, etc.) that opposite-sex spouses are entitled to through its Domestic Partnership Benefits program. Florida law, on the other hand, does not recognize the rights of same-sex spouses of its public employees to receive benefits, nor does it recognize same-sex unions in any manner. Also, New Jersey law allows for the adoption of children by gay and lesbian persons (on a case-by-case basis), whereas Florida law bans adoption by sexual minorities under any circumstance. GLSEN (2004) suggests that such laws serve to either recognize the full citizenship of sexual minorities or to stigmatize them and their relationships. This, according to GLSEN (2004) serves to create a social climate that influences the manner in which educators, including pupil services professionals, serve sexual minority youths and impacts the likelihood that they will act as allies and advocates in their behalf.

Table 5: Sexuality and HIV/STD Education Policies by State

Sexuality and HIV/AIDS Education	Florida	New Jersey
HIV/STD	Mandated to teach	Mandated to teach
Sexuality and HIV/AIDS Education	Florida	New Jersey
• Abstinence	Local Control	Must be stressed
• Contraception	Local Control	Local Control
Sexuality	Mandated to teach	Mandated to teach
• Abstinence	Must be covered (esp. abstinence until marriage)	Must be stressed

Table 5 (Continued). Sexuality and HIV/AIDS Education by State

• Contraception	Local Control	Local Control (if taught, must address failure rates among adolescents)
Parent Opt-Out	Yes	Yes, if based on moral or religious beliefs
Sexuality HIV/AIDS Education, Cont'd	Florida	New Jersey
Parent Consent	No	No

In Table 5, “local determination” indicates there is no state mandate to teach abstinence (only) or about contraception. Rather, substantive decisions about what to teach on those topics are made by the local district(s). GLSEN (2004) points out that states that receive Federal funds through specific government programs, such as Welfare Reform, must follow specific abstinence-only guidelines with respect to the content of their sexuality education programs, and that all states except California accept some Federal abstinence-only funding through the Welfare Reform program. This information was included in the report to assist the reader in understanding the subject matter that LGBTQ students are learning. Certain forms of sexuality education, such as Abstinence Only, do not provide sexual minority students with information regarding their current or future health needs.

The information from Table 5 indicates that Florida law does mandate that information about HIV and STD’s be taught in public schools. However, the content of

what is taught is subject to local control (individual school boards). Such content, therefore, *may* be restricted to Abstinence Only messages and proscriptions against teaching information about contraception are possible. Likewise, Florida law mandates the teaching of sexuality courses in public schools; however, abstinence until (heterosexual) marriage must be covered and advocated.

Based on information from Table 5, differences between Florida and New Jersey relative to the teaching of HIV/STD and sexuality in public schools are negligible. GLSEN (2004) points out that states receiving federal monies are required to follow specific abstinence-only guidelines with respect to the content of sexuality programs. As previously stated, GLSEN (2004) contends that such forms of sexuality education often do not provide LGBT students with information regarding their unique and specific current or future health needs. Furthermore, GLSEN believes that students have the right to receive accurate information relating to LGBT health services and other resources. Neither Florida nor New Jersey, based on the GLSEN (2004) report, appear to provide such information in sexuality education courses taught in public schools. However, it appears that in some respects, the New Jersey sexuality education requirement is broader than that of Florida in that New Jersey law requires that if contraception is taught (a decision under local control), information on failure rates among adolescents must be covered.

Table 6: District Policy Information by State

District Information for Florida	Policy for			
District Name	Number of Students	Safe School Policy	Sexual Orientation Inclusive	Gender Identity Inclusive

Table 6 (Continued). District Policy Information by State

Dade County School District	375,836	Yes	Yes	No
Broward County School District	262,055	Yes	Yes	No
Hillsborough County Public Schools	169,789	No		
Palm Beach County School District	160,233	Yes	Yes	No
Orange County School District	157,433	No		
District Policy Information for New Jersey				
District Name	Number of Students	Safe School Policy	Sexual Orientation Inclusive	Gender Identity Inclusive
School District Name	Number of Students	Safe School Policy	Sexual Orientation Inclusive	Gender Identity Inclusive
Newark City School District	38,746	Yes	Yes	Yes
Jersey City School District	27,939	Yes	Yes	Yes

GLSEN (2004) defines Safe Schools policies as those passed by a local educational agency (LEA) governing authority, generally a school board. These policies are anti-harassment and/or non-discrimination policies that are inclusive of the categories of sexual orientation and/or gender identity. GLSEN (2004) gathered information from the largest two to five school districts from each state according to student population. School district population data was collected from the U.S. Department of Education. This information was included in the report in order to give the reader a more accurate picture of the number of students protected by anti-LGBT harassment or discrimination law or policy. Due to the large school population of Florida, the maximum number (5) of

its largest school districts was evaluated (GLSEN, 2004).

The information from Table 6 indicates that, to its credit, three out of five of Florida's largest counties have a Safe Schools policy. None of those policies, however, extend protections to transgender individuals, who, according to the National Coalition of Anti-Violence Programs (1999), may be even more at risk of harassment, violence, and intimidation than other sexual minorities. Of note, Hillsborough and Orange counties have no safe schools policies in place. Since 327,222 students attend school in those two counties alone and (according to some estimates) as many as ten percent of those students may be sexual minority (Kinsey, et al, 1948), this may leave as many as 33,000 students in those two counties alone without legally enforceable protection from arbitrary discrimination and/or harassment.

Due to student population differences, GLSEN (2004) examined only two of the largest school districts in New Jersey (as opposed to five districts examined in Florida) to assess district (school board) policy relative to GLBTQ students. Results displayed in Table 6 indicate that the two largest school districts in that state have formal Safe Schools policies in place that specify both sexual orientation and gender identity/expression as protected categories from harassment. Although Florida's two largest school districts (Dade County and Broward County) have formal Safe Schools policies that are inclusive of sexual orientation, no Florida school district explicitly includes gender identity/expression (transgenderism) in its policy (GLSEN, 2004).

Table 7: Student Activity by State

Student Group Activity	Florida	New Jersey
Number of GSA Groups:	65	67
Day of Silence	Yes	Yes
<ul style="list-style-type: none"> Number of Schools with Participants 	80	71

In the Table 7, the number of groups refers to gay-straight alliances (GSA's) or similar support structures for sexual-minority students. GSA's are student-led, school-supported groups that address LGBT issues faced at school. The groups included in this study are only those that have opted to register formally with GLSEN. Additionally, the number of schools with participants in the "Day of Silence" (an annual day of silent protest against anti-LGBT discrimination sponsored by GLSEN) are based exclusively on participants' self-reports to GLSEN.

This information was included in the GLSEN (2004) report to allow the reader to understand the amount of direct support sexual minority students and their allies (homosexual and heterosexual) are receiving from their peers in any given state. The information from Table 7 indicates that within Florida, there are sixty five student-led, school supported groups addressing issues faced by sexual minority youths in the public school setting, and that students representing eighty schools in the state participated in some way in the annual day of silent protest against anti-gay and lesbian bias, as reported to GLSEN. GLSEN (2004) points out that, while estimates vary, there may be 25-75% more student-led LGBT support groups in any state and that those represented in their report are only those groups that have formally registered with GLSEN. GLSEN (2004) also states that it is likely that Day of Silence activities occurred at many more schools

than are indicated in the report. The numbers appearing in Table 13 merely reflect those participants who reported their participation directly to GLSEN.

According to the information in Table 7, there were 67 Gay-Straight Alliances formally registered with GLSEN in the state of New Jersey at the time of the 2004 study. Additionally, students from 71 schools in that state reported to GLSEN that they participated in the National Day of Silence. Notably, more formally registered GSA's exist in New Jersey than exist in Florida (which has 65 registered GSA's), despite the fact that Florida has 3,314 schools compared with New Jersey's 2,410. Furthermore, the difference between the number of schools represented in the National Day of Silence in New Jersey (71) versus Florida (80) was negligible, despite Florida's much larger student population. These numbers, according to GLSEN (2004), suggest that proportionally, there may be far more sexual minority students receiving direct support in New Jersey compared with Florida.

Table 8: Summary of Grading by State

Summary of Grading	All States	Florida	New Jersey
Criterion	Possible Points	Points Earned	Points Earned
General Education	(20)	7	19
• Student/Teacher Ratio	(5)	1	5
• Teacher Salary	(5)	2	5
• Per-Pupil Expenditure	(5)	2	5
• Graduation Rate	(5)	2	4
Teach Sexuality Education	(30)	0	
• Sexual Orientation Inclusive	(24)	0	
• Transgender Inclusive	(6)	0	

Table 8 (Continued). Summary of Grading by State

Summary of Grading	All States	Florida	New Jersey
Criterion	Possible Points	Points Earned	Points Earned
State Non-Discrimination Law	(20)	0	16
• Sexual Orientation Inclusive	(16)	0	16
• Transgender Inclusive	(4)	0	0
Sexuality Education	(15)	15	15
• Statewide Requirement to Teach HIV/STD Education	(5)	5	5
• Statewide Requirement to Teach Sexuality Education	(10)	10	10
Local Safe Schools Policies	(15)	12	15
• Sexual Orientation Inclusive	(12)	12	12
• Transgender Inclusive	(3)	0	3
School Law that Stigmatizes LGBT People	(-10)	0	0
Summary of Grading	Total:	Florida	New Jersey
	Overall Grade:	34	95
		F (Failure)	A (Excellent)

Table 8 summarizes GLSEN’s (2004) assessment of the school climate for GLBTQ youths attending Florida’s public schools. Although the state scored well in terms of its mandated sexuality education requirement, its inclusion of sexual orientation (but not gender expression) as a protected category in its local Safe Schools policies, and

its absence of school laws that stigmatize sexual minority persons, the overall grade of 'F' for the state indicates that, by GLSEN's (2004) criteria, the state of Florida does little to ensure that its public schools are welcoming places for sexual minority youths.

GLSEN (2004) also suggests that in such an environment, it is unlikely that school staff (including pupil services professionals) would be willing to act as allies and advocates for this highly at-risk population of young people due to fears of reprisal and lack of perceived administrative and legislative support.

The information in Table 8 suggests that, based on the GLSEN (2004) criteria, New Jersey is doing an excellent job in supporting GLBTQ students attending public schools in that state through statewide, legally enforceable policies and legislation, and its general commitment to education. Moreover, the state of New Jersey has enacted laws that protect sexual minority educators (including pupil services personnel), administrators, and other school staff from discrimination based solely on sexual orientation. GLSEN (2004) contends that in creating such an environment, school personnel (including pupil services professionals) may be more likely to act as advocates, allies, and role models for sexual minority youths attending public schools in New Jersey, and thus support their general development and ability to receive an education in a safe and welcoming setting. The above profile contrasts sharply with that for Florida, which has no legally enforceable protections for sexual minority students or staff working in public schools (GLSEN, 2004). As such, it may be less likely that school staff (including pupil services professionals) would be willing to incorporate gay-affirming behaviors into their professional practices in Florida due to fears of retribution, negative public reaction, lack of administrative/legislative support, or job loss (GLSEN, 2004). To date, however,

there has been no research addressing the willingness of pupil services professionals to employ gay-affirming techniques and behaviors in their dealings with sexual minority students comparing those working in environments that are (theoretically) supportive of those students to those working in (theoretically) less supportive social and school climates. The present study seeks to address this issue.

Summary of Chapter Two

Chapter II presented some of the most central research conducted to date on the homophobia theoretical construct (Blumenfeld, 1992; Boswell, 1980; Tinney, 1983). That research suggests that homophobia is a widespread phenomenon, affecting the quality of life of a large number of sexual minority members of society. Furthermore, it is apparent that particular factors may predict the level of homophobia of individuals. Specifically, those who are highly religious, less well-educated, more dogmatic in their belief that individuals should strictly adhere to socially proscribed gender scripts, and who are older and male are more likely to hold or express anti-GLBTQ bias. Smith (2006) demonstrated that those same predictors of homophobic bias may also be likely to influence the attitudes of school-based helping professionals. O'Hanlan, et al, (2000) presented a comprehensive analysis of the ways in which homophobia affects both the health and mental health status of individuals victimized by it. Their research suggests that the overall concept of disease vulnerability as a result of environmental stress is salient in the discussion of health and mental health-related factors in the lives of sexual minority individuals, including children and adolescents. Savin-Williams (1989) and others (e.g., Baker, 2002; GLSEN, 2004; Herek, 2000) have argued that stressors resulting from the experience of in-school anti-gay or anti-lesbian harassment, parental rejection, alienation, and abuse, and ineffectual responses from potential support systems (such as school-based counseling professionals) often lead to dramatic and negative

outcomes for GLBTQ youths, including depression, self-destructive behavior resulting from lowered self-esteem, dropping out of high school, substance abuse, and suicide.

Additional information was presented relative to school climate for GLBTQ students. That research suggests that ant-GLBTQ sentiment and resulting violence may be even more salient within the middle and high school educational setting, than in the overall culture (GLSEN, 2004). It is, therefore, crucial that school-based helping professionals be both prepared and willing to provide needed support to those students in order to increase their coping skills and enhance their equal access to educational opportunities (Baker, 2002; Sears, 1992). Finally, information was presented which suggests that school-based counseling professionals may be in a better position to act as allies, advocates, and unbiased interventionists on behalf of GLBTQ youths when working within a cultural and institutional structure where they perceive their efforts would be valued, rather than condemned (GLSEN, 2004; GLSEN, 2005; Malinsky, 1996; Smith, 2006). It appears likely, from the research presented, that statewide safe schools initiatives, local school-board policies protective of GLBTQ students and staff, and a commitment on the part of school-based helping professionals to provide unbiased and appropriate (gay-affirming) services to their clients are all key elements in improving the school climate for sexual minority students (GLSEN, 2004; Malinski, 1996; Smith, 2006). The present research seeks to further address this possibility.

CHAPTER III

Method

Introduction

The purpose of this chapter is to provide a description of the research methods chosen for the present study. Included in this chapter is a discussion of the criteria for participant selection, a description of the research design and selected instruments for the study, an identification of the dependent and independent variables of interest, and specifications for the data analyses used to test the research hypotheses.

Participants

The present study utilized both new data (obtained from participants working in the state of New Jersey) and archival data (obtained from participants working in the state of Florida). Participants were identified via mailing lists, obtained from the Florida Department of Education and the New Jersey Department of Education, listing every certified and working pupil services professional (i.e., school psychologists, school nurses, school social workers, and guidance counselors) in each respective state. The mailing lists identified each professional by name, professional title, and school address. Participants were then chosen randomly from those lists.

In order to be included in the study, respondents met the following criteria: (1) work in a school setting, (2) employed in the position of either school nurse, guidance counselor, school social worker, or school psychologist, (3) primarily or exclusively heterosexual, (4) provide direct services at the elementary, middle (junior high), or secondary (high school) level, or (5) a graduate student in one of the selected pupil

services disciplines (i.e., school psychology, school nursing, school counseling, or school social work) with practicum or internship experience. Thus, questionnaires completed by supervisors and other administrators, academicians, and respondents working in nontraditional settings (e.g., hospitals, clinics, community centers) were not included in the final data analysis since the focus of this study is on the attitudes of potential mental health providers *in the schools*. Questionnaires from respondents indicating they are gay, bisexual, or lesbian were not included in the final analysis since this study concerns the attitudes of *heterosexuals* toward sexual minorities. There is research (e.g, Browning, 2000; Callahan, 2001; Cass et al., 1983) suggesting that sexual minority counselors working with sexual minority clients are often confronted with unique challenges and concerns. Some of those include heightened concerns surrounding transference issues, confronting their own ‘internalized’ homophobia, concerns about the unique concerns about the pros and cons of self-disclosure, and (when dealing with gay youths) concerns about being accused of ‘recruitment’. The researcher concedes that these are all important areas for further investigation. However, these issues are beyond the scope of the present study. Thus, the researcher decided to limit study participants to heterosexuals.

Student participants were obtained from each respective graduate program at five large state universities and one private university located in Florida. The researcher also contacted the graduate program coordinators for the relevant fields of study at five large state universities in New Jersey to request participation in the study. Only two out of ten program coordinators contacted agreed to assist in data collection, however. Ultimately, no surveys from graduate students attending New Jersey universities were returned.

A total of 306 student services personnel participated in this study. Tables 9, 10, and 11 display the frequency counts for selected variables pertaining to participants. Participants for this study came from two states: Florida (59.5%) and New Jersey (40.5%). The most common professional positions were school psychologist (34.3%) or guidance counselor (21.6%) with the most common service setting being at a senior high school (36.9%). Most (81.0%) were female and the most common ethnic/racial category was Caucasian/White (87.6%). Eighty-three percent had education beyond a Bachelor's degree. Over half (64.1%) were married and another 21.9% were single. Sixty-two percent had at least one child. Seventy-four percent were raised in the suburbs, 83.7% currently lived in the suburbs, and 70.9% currently worked in the suburbs. The most commonly identified religious affiliations were Catholic (35.9%) or Jewish (10.8%). Twenty-six percent reported a wide variety of other religious/spiritual viewpoints/traditions. Forty-one percent reported attending religious services at least monthly. As for political leanings, about half (51.7%) endorsed moderate-to-liberal or liberal leanings (Table 9).

Table 9

Frequency Counts for Selected Demographic Variables (N = 306)

Variable	Category	<i>n</i>	%	<i>n</i>	%
Region	Florida			182	59.5
	New Jersey			124	40.5
Primary Professional Position		Florida	Florida	New Jersey	New Jersey
		<i>n</i>	%	<i>n</i>	%

Table 9 (Continued). *Frequency Counts for Selected Demographic Variables (N = 306)*

Variable	Category	<i>n</i>	%	<i>n</i>	%
	School Psychologist	48	26.4	57	46
	Guidance Counselor	43	23.6	23	18.5
	School Social Worker	25	13.7	18	14.5
	School Nurse	30	16.5	27	21
	School Psychology Student	18	09.9	0	0.0
	Guidance Counseling Student	18	09.9	0	0.0
Service Setting					
	Elementary	37	20.3	40	32.3
	Middle School or Junior High	45	24.7	36	29.0
	Senior High School	70	38.5	45	36.3
	Other	30	16.5	3	2.4

Table 9 (Continued). *Frequency Counts for Selected Demographic Variables (N = 306)*

Variable	Category	Florida		New Jersey	
		<i>n</i>	%	<i>n</i>	%
Gender	Male	32	17.6	26	21
	Female	150	82.4	98	79
Race/Ethnicity	Asian/Pacific Islander	3	1.6	4	3.2
	Black/African American	11	6.1	7	5.6
	Hispanic/Latino	13	7.1	0	0.0
	Caucasian/White	155	85.2	113	91.2
Highest Degree	Bachelor's	37	20.3	16	12.9
	Master's	85	46.7	65	52.4
	Specialist	47	25.8	23	18.5
	Doctorate	13	7.2	20	16.2
Marital Status	Married	112	61.5	84	67.7
	Single	44	24.2	23	18.6
	Unmarried	9	4.9	0	0.0
	Divorced/Separated	13	7.2	14	11.3
	Widowed	4	2.2	3	2.4

Table 9 Continued

Variable	Category	Florida		New Jersey	
		<i>n</i>	%	<i>n</i>	%
Have a Child	Yes	105	57.7	86	69.4
	No	77	42.3	38	30.6
Community Raised in	Rural	33	18.1	7	5.6
	Suburban	110	60.4	115	92.7
	Urban	39	21.4	2	1.6
Community Currently Live in	Rural	24	13.2	1	8.2
	Suburban	134	73.6	122	83.7
	Urban	24	13.2	1	8.2
Community Currently Work in	Rural	35	19.2	2	1.6
	Suburban	95	52.2	122	98.4
	Urban	52	28.6	0	0.0

Table 9 *Continued*

Variable	Category	<i>n</i>	%	<i>n</i>	%
		Florida <i>n</i>	Florida %	New Jersey <i>n</i>	New Jersey %
Religion/Spirituality Category					
	Catholic	54	29.7	56	45.2
	Baptist	4	2.2	12	9.7
	Methodist/Wesleyan	19	10.4	6	4.8
	Presbyterian	14	7.7	4	3.2
	Other Christian Group	15	8.2	13	10.5
	Jewish	13	7.1	20	16.1
	Other				
	Viewpoints/Traditions	63	34.6	13	10.5
Frequency Attending Worship/ Faith Based Services					
	More than once a week	11	6.0	8	6.5
	Once per week	44	24.2	28	22.6
	Once or twice a month	19	10.4	14	11.3
	Occasionally	49	26.9	39	31.5
	Rarely	46	25.3	20	16.1
	Not at all	13	7.1	15	12.1

Table 9 *Continued*

Variable	Category		<i>n</i>	%
	Florida	Florida		
Political Leanings	<i>n</i>	%	New Jersey <i>n</i>	New Jersey %
Conservative	15	8.2	9	7.3
Conservative-to-Moderate	27	14.8	17	13.7
Moderate	54	29.7	26	21.0
Moderate-to-Liberal	45	24.7	36	29.0
Liberal	41	22.5	36	29.0

Table 10 displays additional descriptive statistics for selected participant variables. Respondents ranged in age from 25 to 80 years ($M = 46.28$, $SD = 12.19$). Professional experience ranged from -2 years (respondent in a trainee capacity) to 60 years ($M = 14.31$, $SD = 11.75$).

Table 10

Descriptive Statistics for Selected Variables (N = 303)

Variable	<i>M</i>	<i>SD</i>	Low	High
Differential Bias ^a	0.25	0.50	-1.40	2.00
Age	46.28	12.19	25.00	80.00
Years of Experience	14.31	11.75	-2.00	60.00

^a Gay Bias – Lesbian Bias

Table 11 displays the frequency counts for selected participant sexuality variables. All respondents (100.0%) reported that they were heterosexual with all but nine (97.1%) having known someone who was gay, lesbian or bisexual (GLBTQ). Almost all (95.8%) rated the relationship with that person as being “mostly positive.” Seventy-one percent believe there are youth in their school who self-identify as GLBTQ. Forty-eight percent believe that youth in their school may engage in same sex behavior but not self-identify as GLBTQ. In addition, 59.2% believe that there are students in their school who appear to be sexually attracted to persons of their own sex but have neither self-identified as GLBTQ or engaged in same-sex sexual behavior. About half the respondents (52.9%) reported having provided sexual orientation counseling. As for specific training in the counseling needs of GLBTQ youth, 45.4% received training in school and 42.2% received training at work. Thirty-two percent felt adequately prepared for counseling GLBTQ youth clients and 66.7% expressed interest in receiving additional training (Table 12).

Table 11

Frequency Counts for Selected Sexuality Variables (N = 303)

Variable	Category	n	%
Sexual Orientation	Heterosexual	306	100.0
Know Someone GLBTQ	Yes	297	97.1
	No	9	2.9

Table 11 (Continued). *Frequency Counts for Selected Sexuality Variables (N = 303)*

Variable	Category	<i>n</i>	%
Relationship with Them	Mostly Positive	293	95.8
	Neutral	11	3.6
	Mostly Negative	2	0.7
Youth-Self Identified as GLBTQ	Yes	218	71.2
	Unsure	42	13.7
	No	46	15.0
Youth-Engaged in Behavior but not Self-Identified	Yes	148	48.4
	Unsure	98	32.0
	No	60	19.6

GLBTQ = *Gay, Lesbian or Bisexual*

Table 11 *Continued*

Variable	Category	<i>n</i>	%
Youth-Sexually Attracted by not Self-Identified or Engaged	Yes	181	59.2
	Unsure	80	26.1
	No	45	14.7
Provided Sexual Orientation Counseling	Yes	162	52.9
	No	144	47.1
Received School Training in GLBTQ Issues	Yes	139	45.4
	No	167	54.6
Received Work Training in GLBTQ Issues	Yes	129	42.2
	No	177	57.8

GLBTQ = *Gay, Lesbian or Bisexual*

Table 11 *Continued*

Variable	Category	<i>n</i>	%
Feel Adequately Prepared for GLBTQ			
Clients			
	Yes	98	32.0
	Unsure	90	29.4
	No	118	38.6
Interested in Receiving Additional GLBTQ			
Training			
	Yes	204	66.7
	Unsure	43	14.1
	No	59	19.3

GLBTQ = *Gay, Lesbian or Bisexual*

Design

A causal-comparative research design was used in order to examine the relationships between the variables in the study. The dependent variables were the scores of participants on the Gay Affirming Behaviors Questionnaire (GABQ) (Sears, 1992) and the Attitudes Toward Lesbians and Gays scale (ATLG; Herek, 1988; 1994) depending on the research question addressed. The independent variables in this study were: (a) level of academic degree; (b) political classification; (c) frequency of attendance at worship/faith-based services; (d) previous social contact with a homosexual person; (e) gender; (f) age; (g) race; (h) previous training in issues related to counseling sexual minorities; (i) state/region in which participant works (i.e., Florida versus New Jersey), (i) level of

homophobic bias, and (j) relationship status. Survey methods were used to collect the data for the New Jersey sample. Those data were combined with archival data (from Florida) for the purpose of data analysis, which examined the interactions among the variables of interest. Specific procedures used for combining the data bases are described in the Procedure section of this chapter.

Instruments

Four instruments were used in the present study. First, subjects completed the Demographics Questionnaire (Appendix B). This instrument elicited information about nine different areas: professional title/field of study, work setting/intended work setting, gender, date of birth, race/ethnicity, highest academic degree earned, date academic degree was (will be) earned, relationship status, and parenthood status.

The second instrument used was the ‘Correlates’ Questionnaire (Appendix C), which collected data about participants’ sexual orientation by asking that they indicate whether they are primarily gay/lesbian, bisexual, or heterosexual. In addition, participants were asked to indicate whether or not they have had past social contact with gay men or lesbians (i.e., gay/lesbian friends, coworkers, and family members), and to describe those contacts (i.e., positive vs. negative), whether or not they have an interest in receiving training in the counseling/mental health needs of gay/lesbian/bisexual/questioning youths, whether or not they have previous training in issues pertaining to sexual minority youths, their religious/faith-based affiliation, frequency of attendance at religious or faith-based services, and their political status along a conservative-to-liberal spectrum.

These information categories were selected from previous research studies that showed a correlation between homophobia and each category. For example, individuals

who report having positive social contact with lesbians and gay men are less homophobic than those with no contact or negative contact (Basow, 2000; D'Augelli & Rose, 1990; Honson, et al., 1997; Parrott, et al., 1997; Raja & Stokes, 2004; Reinhardt, 1997; Whitley & Lee, 2000). Knowing an openly gay person is correlated with lower levels of homophobia even in groups where hostility is prevalent, such as among the highly religious or uneducated (Basow, 2000; D'Augelli & Rose, 1990; Johnson, et al., 1997; Parrott, et al., 1997; Raja & Stokes, 2004; Reinhardt, 1997; Schneider & Lewis, 1984; Whitley & Lee, 2000).

Those who attend church more frequently tend to report higher levels of homophobia (Basow, 2000; D'Augelli & Rose, 1990; Henley & Pincus, 1978; Johnson, et al., 1997; Nyberg & Alston, 1977; Parrott, et al., 1997; Raja & Stokes, 2004; Reinhardt, 1997; Smith, 2006; Whitley & Lee, 2000). Protestants and Roman Catholics exhibit more homophobia than Jews, members of other religions, or the nonreligious (Irwin & Thompson, 1977). Fundamentalist Protestants are more likely than Jews to express homophobia (Klassen, Williams, & Levitt, 1989), and Episcopalians and Baptists (though not Southern Baptists) are likely to be more tolerant than Methodists, Presbyterians or Lutherans. Finally, lower levels of homophobia have been associated with increased openness to professional development and training in the areas of sexual orientation, diversity, tolerance, and readiness to counsel sexual minority youths and those questioning their sexual orientation (Sears, 1992; Smith, 2006).

The third instrument assessed levels of homophobia among participants in the study. Homophobia was measured using the Attitudes Toward Lesbians and Gay Men Scale (ATLG; Herek, 1988) (Appendix D). The ATLG was chosen because of its short

length, making it practical for survey research. Additionally, the ATLG, unlike most existing scales in this content area, assesses attitudes toward gay men and toward lesbians separately and has scoring procedures for distinguishing attitudes between the two groups. The ATLG is a brief instrument that purports to measure heterosexuals' attitudes toward gay men and lesbian women. This instrument treats these attitudes as one instance of intergroup attitudes, similar in psychological structure and function to interracial and interethnic attitudes. Borrowing from public discourse surrounding sexual orientation, the scale presents statements that tap heterosexuals' affective responses to homosexuality and to gay men and lesbians. Examples of items include: "Lesbians just can't fit into our society," and, "Male homosexuals should not be allowed to teach school."

The ATLG, according to its author, is appropriate for administration to adult heterosexuals in the United States. Scale development included extensive exploratory factor analysis, item analysis, and construct validity studies (Herek, 1984, 1987a, 1987b, 1988, 1994). The ATLG consists of 20 statements, 10 about gay men (Attitudes Toward Gay Men/ATG subscale) and 10 about lesbian women (Attitudes Toward Lesbians/ATL subscale), to which respondents indicate their level of agreement or disagreement. A 5-point, Likert-type scale, with anchor points of strongly *disagree* and *strongly agree*, is used for this purpose. According to the author, college-educated respondents will require approximately 30 to 60 seconds per item to complete the questionnaire.

Scoring is accomplished by summing numerical values (e.g., 1 = *strongly disagree*, 5 = *strongly agree*) across items for each subscale. With a 5-point response scale, total scale scores can range from 20 (extremely positive attitudes) to 100

(extremely negative attitudes), with ATL and ATG subscale scores each ranging from 10 to 50. Reverse scoring is required for some negatively worded statements.

The ATLG and its subscales have consistently shown high levels of internal consistency. With college student samples completing the ATLG or a shortened version of it, *alpha* levels have typically been greater than .85 for the subscales and .90 for the full scale (Herek, 1987a, 1987b, 1988). Test-retest reliability was originally demonstrated with alternate forms (Herek, 1988, 1994). Respondents completed the original ATLG items and then, 3 weeks later, completed the alternate form (i.e., ATG items reworded to refer to lesbians, ATL items reworded to refer to gay men). Correlations were $r = .83$ for the ATG and its alternate, $.84$ for the ATL and its alternate, and $.90$ for the entire ATLG and its alternate.

The ATLG and its subscales have demonstrated consistent correlations with other theoretically relevant constructs. Higher scores (more negative attitudes) have correlated significantly with high religiosity, lack of contact with gay men and lesbians, adherence to traditional sex-role attitudes, belief in traditional family ideology, and high levels of dogmatism (Herek, 1987a, 1987b, 1988, 1994; Herek & Glunt, 1993; Herek & Capitanio, 1995, 1996; Johnson, et al., 1997; Parrott, et al., 2002; Basow, 2000; Rahas & Stokes, 2004; Reinhardt, 1997; Smith, 2006; Whitley & Lee, 2000). In addition, high ATG scores (more negative attitudes toward gay men) have positively correlated with AIDS-related stigma (Herek & Capitanio, 1995; Herek & Glunt, 1991).

Discriminant validity for the ATLG also has been established. Members of lesbian and gay organizations scored at the extreme positive end of the range (Herek, 1988), and nonstudent adults who publicly supported a local gay rights initiative scored

significantly lower on the ATLG than did community residents who publicly opposed the initiative (Herek, 1994). The internal consistency of the ATLG for the Florida sample was previously calculated (Smith, 2006) and is discussed below. Thus internal consistency of the ATLG with the combined archival and new sample was assessed using Chronbach's alpha coefficient (α) as well, and is reported in the Results section.

In a pilot study leading up to the proposed investigation, Smith (2006) used the Attitudes Toward Lesbians and Gay Men Scale (ATLG, Herek, 1984) and its subscales, The Attitudes Toward Gay Men Scale (ATG) and the Attitudes Toward Lesbians Scale (ATL) to measure anti-gay bias among a sample of 182 school-based counseling professionals and advanced graduate students in pupil services disciplines. Table 12 displays the psychometric characteristics for the three GLBTQ bias scales from that study. All three scales had Cronbach Alpha reliability coefficients above $\alpha = .80$ suggesting adequate internal reliability (Rea & Parker, 1997). The lesbian bias ($M = 1.89$), gay bias ($M = 2.17$) and combined bias ($M = 2.03$) scales were all based on a five-point ordinal metric.

Table 12

Psychometric Characteristics for Selected Scales from Pilot Study (N = 182)

Scale	Number of					
	Items	<i>M</i>	<i>SD</i>	Low	High	Alpha
Lesbian Bias (ATL)	10	1.89	0.78	1.00	4.20	.86
Gay Bias (ATG)	10	2.17	0.90	1.00	4.60	.90
Combined Bias (ATLG)	20	2.03	0.81	1.00	4.30	.94

The final instrument used in the study was the Gay Affirming Behaviors Questionnaire (Appendix E). This instrument was based on questions developed by Sears (1992). It asks respondents to indicate their actions, plans, or point of view related to each of 11 gay affirming behaviors. Specifically, respondents were instructed to choose one of the following statements as the best representation of their position on the 11 behaviors: (1) "I have done this," (2) "I plan to do this," (3) "I don't believe I would be allowed to do this," (4) "I don't believe this would be effective," (5) "I don't know how to do this," or (6) "I do not plan to do this". Examples of the gay affirming behaviors included on the questionnaire are "I confront homophobic remarks" and "I am careful to avoid heterosexual bias in my language." The internal consistency of this instrument was assessed using Cronbach's alpha coefficient (*a*) for the present sample, and is presented in the Results section. Scoring for this instrument was accomplished by assigning a

numerical value to each of the six position statements. The first position statement, “I have done this”, was assigned a value of 6. The last position statement, “I do not plan to do this”, was assigned a value of 1. Thus scores for the instrument range from 11 through 66, with lower scores indicating the respondent is less willing to engage in gay affirming behaviors within the scope of his or her professional activities and higher scores indicating more willingness to do so.

In a pilot study leading up to the present investigation, Smith (2006) used the GABQ (Gay Affirming Behaviors Questionnaire; Sears, 1992) to assess the likelihood that pupil services professionals and graduate students in pupil services disciplines would utilize LGBT –positive behaviors in their professional work with sexual minority students. Data were gathered from a sample of 182 respondents working in Florida public schools. A Chronbach’s alpha coefficient of .8204 was obtained. This finding indicates the GABQ reliably assessed gay-affirming behaviors among that sample (Rea & Parker, 1997).

Table 13 displays the psychometric characteristics for the four sexual bias scales from the present study. All four scales had Cronbach Alpha reliability coefficients above $r = .70$ suggesting adequate internal reliability (Rea & Parker, 1997). The lesbian bias ($M = 1.80$), gay bias ($M = 2.06$) and combined bias ($M = 1.93$) were all based on five-point ordinal metrics while the biased behavior scale ($M = 3.53$) was constructed using a six-point ordinal metric.

Table 13

Psychometric Characteristics for Selected Variables (N = 303)

Scale	Items	<i>M</i>	<i>SD</i>	Low	High	Alpha
Lesbian Bias	10	1.80	0.75	1.00	4.30	.85
Gay Bias	10	2.06	0.87	1.00	4.60	.89
Combined Bias	20	1.93	0.77	1.00	4.40	.93
Biased Behavior	11	3.53	1.01	1.09	6.00	.79

Procedure

1. Participants in the targeted professional categories (i.e., school psychologists, school social workers, school nurses, and guidance counselors) were chosen randomly from mailing lists of certified and working pupil services professionals obtained from the New Jersey Department of Education (DOE) and the Florida DOE. Specifically, a table of random numbers was used, whereby each member of the pool of potential respondents was assigned a number from 1 through XXX (where XXX represents the total number of potential participants). For example, if the total number of potential participants in a given category equaled 700, and 200 respondents were to be selected at random, each of the 700 members was assigned a number from 1 to 700. The first 200 numbers that appeared, wherever the researcher began in the random number table, determined the 200 potential sample members. Since, in this example, there were only 700 members in the population, the researcher used three-digit random numbers. If a number exceeding 700 appeared, the researcher simply ignored it. Furthermore, if a

number that had already been selected appeared, it, too, was ignored, since a single member of the population would not be included twice in the sample (Rea & Parker, 1997).

2. Selected participants received envelopes (via U.S. First Class Mail) containing the four instruments described above, along with a postage paid return envelope and a cover letter (Appendix A). The cover letter explained the purpose of the study and requested their participation. A statement was included in the cover letter explaining that participation was both voluntary and confidential. Questionnaires were labeled 'Part A' (Demographics Questionnaire), 'Part B' (Correlates Questionnaire), 'Part C' (the ATLG Scale), and 'Part D' (the Gay Affirming Behaviors Questionnaire). This manner of labeling was used in order to avoid any response bias related to the respondents' awareness of the factors being measured by each scale. For example, if a respondent were aware that he or she was responding to a questionnaire intended to measure 'Correlates' of homophobia, such awareness might have influenced the degree of candor of the responses due to a desire on the part of the respondent to provide more 'socially desirable' responses (Rea & Parker, 1997).
3. In an attempt to obtain student participants, envelopes containing the cover letter, questionnaires, and postage paid return envelope were forwarded to the program director of each respective discipline (i.e., school psychology, school counseling, nursing, and school social work) at each of the universities selected for the study. Prior to the mailing, the researcher contacted each respective graduate program director and asked him or her for assistance in obtaining data for this research

project. Specifically, the program directors were asked to distribute the questionnaires to advanced graduate students (i.e., those with some sort of internship or practicum experience). One questionnaire packet per advanced graduate student was provided to the program directors who agreed to assist in data collection.

4. In order to ensure an adequate number of returned surveys, the researcher sent out three times the number of questionnaires needed for an adequate sample size based on the power analysis. Since the Tabachnick and Fidell (2001) formula (discussed in a later section) indicates a sample size of 116 (in addition to the archival sample) was needed, 348 (new) surveys were mailed. This strategy was used because, due to the anonymous nature of the survey, follow-up of non-respondents was not possible. A total of 124 (new) surveys were returned, representing a response rate of 36%. Therefore, *more* than the required number (based on power analysis results) of respondents to the questionnaire was obtained. The researcher used the additional respondents as part of the overall sample, thereby achieving a still higher degree of accuracy than was initially planned (Rea & Parker, 1997).
5. Raw survey data was scanned for missing information and for responses that are out of range. No missing data or out-of-range responses were noted.
6. After scanning procedures were complete, raw survey data were entered into an Excel spreadsheet in preparation for analysis. An example of the spreadsheet appears in Appendix K.

7. For purposes of data analysis, a new column was added to the Excel worksheet used to record the data previously obtained from the archival (Florida) sample. That column was used to code the data from Florida (code = 1) and the data from New Jersey (code = 2). The data originating from New Jersey was added to the bottom of the same database containing the Florida (archival) data. Specifically, data from Florida participants ended at row 182, and the data from the New Jersey respondents began at row 183.

Data Analysis and Sample Size

Mean scores on the ATLG were computed for the total group of participants and for each demographic category. In addition, the difference score for the subscales of the ATLG (i.e., ATL {items 1 through 10 of the ATLG} minus ATG {items 11 through 20}) for each category was calculated in order to examine difference in sexual prejudice toward gay men versus sexual prejudice toward lesbians. Likewise, mean scores on the Gay Affirming Behaviors Questionnaire were computed for the total sample and for each demographic category to determine the likelihood that participants would employ gay positive techniques in their professional work with GLBTQ students.

Alpha levels for this study were set at $p < .05$. However, due to the exploratory nature of this study, findings significant at the $p < .10$ level were noted to suggest trends for future research.

Data initially were tabulated using standard summary statistics (e.g., means, standard deviations, frequencies, and percentages). Multiple regression prediction equations and paired/correlated t tests were used to test the hypotheses appearing at the

end of this section. Specific techniques used to test each research hypothesis are indicated at the end of the Procedure section as well.

The determination of an adequate sample size for the regression models was calculated using a formula recommended by Tabachnick and Fidell (2001, p. 117). They recommend that the sample size be calculated based on the following formula:

$$\text{Sample Size} = 104 + m$$

where m equals the number of independent variables. For the present study, Archival data from the pilot study was combined with new data. The pilot study data base comprised 182 respondents. An additional 124 respondents participated in the present study. This number exceeded the anticipated 116 (new) participants needed, based on the Tabachnick and Fidell (2001) formula. The independent (predictor) variables for the present study included (1) gender, (2) previous social contact with sexual minorities, (3) political classification (i.e., “conservative,” “moderate,” or “liberal”), (4) frequency of attendance at religious/faith-based services, (5) education level, (6) age, (7) race, (8) relationship status, (9) previous training relative to sexual orientation diversity, (10) state/region in which respondent works (i.e., New Jersey vs. Florida), (11) level of homophobic bias, and (12) number of years’ professional service. Given the Tabachnick and Fidell (2001) formula, the obtained (new) sample of 124 exceeds the anticipated sample size of 116 for this study. A multiple regression model was created using either respondents’ scores on the ATLG or the GABQ (as appropriate) to test the following hypotheses:

1. Women will report lower levels of homophobia than will men. This hypothesis was tested, using Pearson Product Moment Correlation and examining the change

in the R^2 value associated with gender. Scores on the ATLG were the dependent variable.

2. Those respondents who report previous (favorable) social contact with gay men or lesbians will also report lower levels of homophobia. This hypothesis was tested, using Pearson product moment correlation, by examining the coefficient associated with 'previous positive social contact with gay men or lesbians' and determining the significance of the change in the R^2 value associated with that independent variable. Again, scores on the ATLG was the dependent variable.
3. Those participants who identify as more "liberal" will report lower levels of homophobia than those who identify as more "conservative." This hypothesis was tested, using Pearson product moment correlation, by examining the coefficient associated with 'political classification' and determining the significance of the change in the R^2 value associated with that variable. ATLG scores were the dependent variable.
4. Those respondents who report more frequent attendance at religious/faith-based services will also report higher levels of homophobia. This hypothesis was tested, using Pearson product moment correlation, by examining the coefficient associated with 'frequency of attendance at worship services' and determining the significance of the change in the R^2 value associated with that variable. As above, ATLG scores were the dependent variable.
5. Individuals who have attained a higher level of education (e.g., specialist and doctoral level participants) will report more positive attitudes than will those with less education (e.g., bachelor's and master's level professionals). This hypothesis

was tested using Pearson product moment correlation, by examining the significance of the change in the R^2 value associated with 'education level.'

ATLG scores acted as the dependent variable.

6. Scores on the homophobia measure will positively correlate with age of respondent. This hypothesis was tested, using Pearson product moment correlation, by examining the significance of the change in the R^2 value associated with 'age'. ATLG scores were the dependent variable.
7. Caucasian respondents will report lower levels of homophobia than non-Caucasian (i.e., African American, Hispanic, Asian) respondents. This hypothesis was tested, using Pearson product moment correlation, by examining the coefficient associated with 'race' and determining the significance of the change in the R^2 value. ATLG scores were the dependent variable.
8. Married participants will report higher levels of homophobia than will others (i.e., single participants, divorced participants, and those living with a domestic partner). This hypothesis was tested, using Pearson Product Moment Correlation and examining the significance of the change in the R^2 value associated with relationship status. ATLG scores were the dependent variable.
9. Homophobia scores will positively correlate with participants' number of years of professional experience (since older participants are hypothesized to be more homophobic than younger participants). This hypothesis was tested, using Pearson product moment correlation, by examining the change in R^2 values associated with 'number of years' professional experience.' Again, ATLG scores acted as the dependent variable.

10. Those respondents who had previous training in issues relative to sexual orientation diversity will report lower levels of homophobia than respondents who have not had such training. This hypothesis was tested, using Pearson Product Moment Correlation and examining the significance of the change in the R^2 value associated with 'previous training.' The respondents' ATLG scores were the dependent variable.
11. All groups will express more sexual prejudice toward gay men than toward lesbian women. This hypothesis was tested using a correlated (i.e., paired) t test to determine the significance of the difference in the mean gay prejudice score (ATG scale) versus the mean lesbian prejudice score (ATL Scale) for the entire sample. Interaction effects were also examined via a multiple regression analysis and by examining the significance of the change in the R^2 value associated with 'differential bias' (i.e., bias against gay males vs. bias against lesbians). The difference score between the ATL and the ATG was the dependent variable in this case.
12. Participants in the following demographic categories (which will act as independent variables) will report a lower likelihood of employing gay affirming behaviors in their professional practices concerning GLBTQ students: (a) older, (b) more politically conservative, (c) more sexually biased, (d) more religious, and, (e) work/reside in Florida. A multiple regression model was created using respondents' scores on the Gay Affirming Behaviors Questionnaire as the dependent variable and the afore-mentioned demographic categories as the independent variables. It was predicted that this combination of independent

variables would reliably predict respondents' GAB scores. This hypothesis was tested using Pearson product moment correlation and examining the change in R^2 values associated with each of the independent variables.

CHAPTER IV

Results

The purpose of this study was twofold. First, this study was intended to determine whether or not student services personnel (i.e., school social workers, guidance counselors, school nurses, and school psychologists as well as advanced graduate students in those pupil services disciplines) possess the attitudes and experiences conducive to addressing effectively the needs of sexual minority students. The second purpose of this study was to determine the effect of region (specifically, the existence of anti-discrimination LGBT legislation and gay-affirming official policy) and other factors on the likelihood that pupil services professionals will incorporate gay-affirming behaviors into their professional repertoire when working with sexual minority youths in the public school setting.

Hypothesis Testing

Five measures of GLBTQ bias were used as dependent variables for the following hypotheses. These five measures were lesbian bias, gay bias, combined bias, the biased behavior scale and an index of differential bias (gay bias minus lesbian bias).

Hypothesis One

Hypothesis One stated, “Women will report lower levels of homophobia than will men.” Inspection of Table 14 found that none of the five GLBTQ bias measures were significantly correlated with the respondent’s gender. Therefore, Hypothesis One was not supported.

Hypothesis Two

Hypothesis Two stated, “Those respondents who report previous (positive) social contact with gay men or lesbians will also report lower levels of homophobia.” Positive social contact was negatively correlated with lesbian bias ($r = -.11$) but none of the other four measures were significantly correlated with previous positive social contact. These data provided minimal support for Hypothesis Two.

Hypothesis Three

Hypothesis Three stated, “Those participants who identify as more “liberal” will report lower levels of homophobia than those who identify as more “conservative.” All five measures were significantly correlated with political leanings in the anticipated direction. Therefore, Hypothesis Three was supported.

Hypothesis Four

Hypothesis Four stated, “Those respondents who report more frequent attendance at religious/faith-based services will also report higher levels of homophobia.” All five measures were significantly correlated with attendance in the anticipated direction. This provided support for Hypothesis Four.

Hypothesis Five

Hypothesis Five stated, “Individuals who have attained a higher level of education (e.g., specialist and doctoral level participants) will report more positive attitudes than will those with less education (e.g., bachelor’s and master’s level professionals).” A higher level of education resulted in more favorable attitudes (less bias) for three of the five bias scales: lesbian ($r = -.16$), gay ($r = -.17$) and combined ($r = -.17$), but not Gay

Affirming Behavior ($r = .10$) or Sexually Biased Behavior ($r = -.16$). This provided partial support for Hypothesis Five.

Hypothesis Six

Hypothesis Six stated, “Levels of homophobia will correlate positively with age of respondent.” In Table 14, age was significantly related to biased behavior ($r = .23$) but not to attitudinal bias against lesbians ($r = .04$), attitudinal bias against gay men ($r = .10$), combined bias against gay men and lesbians ($r = .08$), or differential sexual bias ($r = .11$). This provided limited support for Hypothesis Six.

Hypothesis Seven

Hypothesis Seven stated, “Caucasian respondents will report lower levels of homophobia than non-Caucasian (i.e., African American, Hispanic, Asian) respondents.” For four of the five measures of bias, Caucasians had significantly lower levels of bias. This provided support for Hypothesis Seven.

Hypothesis Eight

Hypothesis Eight stated, “Married participants will report higher levels of homophobia than will single participants, divorced participants, or those living with a domestic partner.” None of the five measures of bias were significantly related to marital status. Thus, Hypothesis Eight was not supported.

Hypothesis Nine

Hypothesis Nine stated, “Homophobia levels will correlate positively with participants’ number of years of professional experience.” Professional experience was positively correlated with biased behavior ($r = .23$) but none of the other four measures of bias (Table 14). This provided limited support for Hypothesis Nine.

Hypothesis Ten

Hypothesis Ten stated, “All groups will express more sexual prejudice toward gay men than toward lesbians.” To test this, a paired *t* test was used to compare the respondent’s gay bias score with their lesbian bias score. Based on a five-point scale, gay bias score ($M = 2.06$) was higher than for the lesbian bias ($M = 1.80$) at the $p = .001$ level. In addition, after inspecting the Pearson product-moment correlations in Table 14, differential bias was found to be significantly higher for respondents with a more conservative political leaning ($r = -.14$), more frequent religious service attendance ($r = .13$) and for non-Caucasian respondents ($r_{pb} = -.14$) (Table 14). These findings provided support for Hypothesis Ten.

Hypothesis Eleven

Hypothesis Eleven stated, “Those participants working and living in New Jersey (a state with an exemplary record for enacting legislation protecting students and school staff from anti-homosexual discrimination, and for having local policies in place to ensure compliance with that legislation and those policies) will express lower levels of homophobia and a higher likelihood of engaging in gay-affirming behaviors in working with sexual minority students in the public school setting compared with participants living/working in Florida (a state with a poor record for officially recognizing and protecting sexual minority youths and educators in the public school setting).” Respondents in Florida had significantly higher levels of bias for three of five measures. Specifically, they were higher for attitudinal lesbian bias ($r_{pb} = -.13$), attitudinal gay bias ($r_{pb} = -.15$), and attitudinal combined bias ($r_{pb} = -.15$). No significant differences were

found for biased behavior ($r_{pb} = .01$) or differential bias ($r_{pb} = -.08$). This finding provided some support for Hypothesis Eleven.

Hypothesis Twelve

Hypothesis Twelve stated, “For the combined Florida and New Jersey samples, older participants, those who expressed higher levels of homophobia, those who are more politically conservative, or who are more highly religious will also report being less likely to engage in gay-affirming behaviors within the scope of their professional behavior when working with sexual minority youths.” To test this, a series of five backward elimination regression models were created using the eleven independent variables found in Table 14 as candidate variables. The dependent variables for these models were lesbian bias (Table 15), gay bias (Table 16), combined bias (Table 17), biased behavior (Table 18) and differential bias (Table 19).

Backward elimination has an advantage over other stepwise procedures for simplifying multiple regression equations, such as forward selection or stepwise regression, because it is possible for a set of variables to have considerable predictive capability even though any subset of them does not (Dallal, 2007). Forward selection will often fail to identify them. Because the variables do not predict well individually, they will never enter the model to have their joint behavior noticed. Backwards elimination, on the other hand, begins with all variables of interest in the regression model. Thus, their joint predictive capability will be observed.

Table 14

Correlations for Bias Scales with Selected Variables (N = 306)

	Lesbian Bias	Gay Bias	Combined Bias	Biased Behavior	Bias Differential ^a
Lesbian Bias (ATL)	1.00				
Gay Bias (ATG)	.82 ****	1.00			
Combined Bias	.95 ****	.96 ****	1.00		
Biased Behavior	.31 ****	.36 ****	.36 ****	1.00	
Bias Differential ^a	-.07	.52 ****	.26 ****	.16 ***	1.00
Gender ^b	-.09	-.10	-.10	-.04	-.05
Positive Social Contact	-.11 *	-.06	-.09	-.03	.06
Political Leanings ^c	-.45 ****	-.46 ****	-.48 ****	-.29 ****	-.14 *
Religious Service Attendance	.45 ****	.46 ****	.48 ****	.16 ***	.13 *

* $p = .05$. ** $p = .01$. *** $p = .005$. **** $p = .001$.^a Differential = Gay Bias - Lesbian Bias^b Gender: 1 = Male 2 = Female^c Leanings: 1 = Conservative to 5 = Liberal

Table 14 Continued

Table 14 *Continued*

	Lesbian Bias	Gay Bias	Combined Bias	Biased Behavior	Bias Differential ^a
Highest Degree	-.16 **	-.17 ***	-.17 ***	-.10	-.06
Age	.04	.10	.08	.23 ****	.11
Caucasian ^d	-.14 *	-.20 ****	-.18 ***	-.04	-.14 *
Married ^d	.02	.05	.04	.06	.07
Years of Experience	.06	.11	.09	.23 ****	.10
Region ^e	-.13 *	-.15 **	-.15 **	.01	-.08
Previous Training ^d	.07	.04	.06	-.28 ****	-.04

* $p = .05$. ** $p = .01$. *** $p = .005$. **** $p = .001$.

^a Differential = Gay Bias - Lesbian Bias

^d Code: 0 = *No* 1 = *Yes*

^e Region: 0 = *Florida* 1 = *New Jersey*

Table 15 displays the results of the backward elimination model predicting lesbian bias. The final model was significant ($p = .001$) and accounted for 32.9% of the variance in the independent variable. Inspection of the beta weights found bias to be higher for those with less positive social contact ($p = .04$), more conservative political leanings ($p = .001$), more frequent religious service attendance ($p = .001$), being non-Caucasian ($p = .01$) and living in Florida ($p = .02$) (Table 15).

Table 15

Prediction of Lesbian Bias Based on Selected Variables. Backward Elimination

Regression (N = 306)

Variable	B	SE	β	p	sr	sr ²
Intercept	3.77	0.46		.001		
Positive Social Contact	-0.30	0.14	-.10	.04	-.10	.01
Political Leanings ^a	-0.19	0.03	-.32	.001	-.30	.09
Religious Service Attendance	0.17	0.03	.32	.001	.30	.09
Caucasian ^b	-0.28	0.11	-.12	.01	-.12	.01
Region ^c	-0.17	0.07	-.11	.02	-.11	.01

Final Model: $F(5, 300) = 29.44, p = .001. R^2 = .329.$

^a Leanings: 1 = *Conservative* to 5 = *Liberal*

^b Code: 0 = *No* 1 = *Yes*

^c Region: 0 = *Florida* 1 = *New Jersey*

Table 16 displays the results of the backward elimination model predicting gay bias. The final model was significant ($p = .001$) and accounted for 37.2% of the variance in the independent variable. Inspection of the beta weights found bias to be higher for males ($p = .01$), those with more conservative political leanings ($p = .001$), those who attended religious services more frequently ($p = .001$), being non-Caucasian ($p = .001$) and living in Florida ($p = .003$) (Table 16).

Table 16

Prediction of Gay Bias Based on Selected Variables. Backward Elimination

Regression (N = 306)

Variable	<i>B</i>	<i>SE</i>	β	<i>p</i>	<i>sr</i>	<i>sr</i> ²
Intercept	4.06	0.28		.001		
Gender ^a	-0.26	0.10	-.12	.01	-.12	.01
Political Leanings ^b	-0.24	0.03	-.34	.001	-.32	.10
Religious Service Attendance	0.19	0.03	.32	.001	.29	.09
Caucasian ^c	-0.48	0.12	-.18	.001	-.18	.03
Region ^d	-0.24	0.08	-.14	.003	-.13	.02

Final Model: $F(5, 300) = 35.60, p = .001. R^2 = .372.$

^a Gender: 1 = Male 2 = Female

^b Leanings: 1 = Conservative to 5 = Liberal

^c Code: 0 = No 1 = Yes

^d Region: 0 = Florida 1 = New Jersey

Table 17 displays the results of the backward elimination model predicting combined bias. The final model was significant ($p = .001$) and accounted for 38.6% of the variance in the independent variable. Inspection of the beta weights found bias to be higher for males ($p = .01$), those with more conservative political leanings ($p = .001$), those who attended religious services more frequently ($p = .001$), being non-Caucasian ($p = .001$) and living in Florida ($p = .004$) (Table 17).

Table 17

Prediction of Combined Bias Based on Selected Variables. Backward Elimination Regression (N = 306)

Variable	B	SE	β	p	sr	sr ²
Intercept	3.65	0.24		.001		
Gender ^a	-0.22	0.09	-.11	.01	-.11	.01
Political Leanings ^b	-0.22	0.03	-.35	.001	-.33	.11
Religious Service Attendance	0.18	0.03	.33	.001	.31	.09
Caucasian ^c	-0.38	0.11	-.16	.001	-.16	.03
Region ^d	-0.20	0.07	-.13	.004	-.13	.02

Final Model: $F(5, 300) = 37.70, p = .001, R^2 = .386$.

^a Gender: 1 = Male 2 = Female

^b Leanings: 1 = Conservative to 5 = Liberal

^c Code: 0 = No 1 = Yes

^d Region: 0 = Florida 1 = New Jersey

Table 18 displays the results of the backward elimination model predicting biased behavior. The final model was significant ($p = .001$) and accounted for 18.4% of the

variance in the independent variable. Inspection of the beta weights found bias to be higher for those with more conservative political leanings ($p = .001$), those who were older ($p = .001$) and for those who had no relevant previous training ($p = .001$) (Table 18).

Table 18

Prediction of Biased Behavior Based on Selected Variables. Backward Elimination

Regression (N = 306)

Variable	B	SE	β	p	sr	sr ²
Political Leanings ^a	-0.22	0.04	-.26	.001	-.26	.07
Age	0.01	0.00	.17	.001	.17	.03
Previous Training ^b	-0.48	0.11	-.24	.001	-.23	.05

Final Model: $F(3, 302) = 22.71, p = .001, R^2 = .184$.

^a Leanings: 1 = *Conservative* to 5 = *Liberal*

^b Code: 0 = *No* 1 = *Yes*

Table 19 displays the results of the backward elimination model predicting differential bias. The final model was significant ($p = .001$) and accounted for 5.1% of the variance in the independent variable. Inspection of the beta weights found bias to be higher for those with more conservative political leanings ($p = .02$), older respondents ($p = .04$) and non-Caucasians ($p = .007$) (Table 19).

Table 19

Prediction of Bias Differential^a Based on Selected Variables. Backward Elimination

Regression (N = 306)

Variable	B	SE	β	p	sr	sr ²
Political Leanings ^b	-0.05	0.02	-.13	.02	-.13	.02
Age	0.00	0.00	.11	.04	.11	.01
Caucasian ^c	-0.23	0.09	-.15	.007	-.15	.02

Final Model: $F(3, 302) = 5.41, p = .001. R^2 = .051.$

^a Differential = Gay Bias - Lesbian Bias

^b Leanings: 1 = *Conservative* to 5 = *Liberal*

^c Code: 0 = *No* 1 = *Yes*

The reader will note that the researcher chose not to test the assumptions of the statistical applications selected. In general, the question of normality and related assumptions becomes less important when the sample is large due to the Central Limit Theorem. In larger samples, the F test (and therefore also the t test) has been demonstrated to be robust to violation of this assumption. Stevens (2002, p. 262) quoted Bock (1975, p.111) who stated “even for distributions which depart markedly from normality, sums of 50 or more observations approximate to normality. For moderately non-normal distributions the approximation is good with as few as 10 or 20 observations.” Given that the size of the sample in the current study (N = 306) was many times larger than 50 observations, a decision was made not to test those assumptions for the model.

CHAPTER V

Discussion

The purpose of this study was to determine whether or not student services personnel (i.e., school social workers, school psychologists, guidance counselors, and school nurses) possess the attitudes and experiences to address effectively the psychosocial needs of sexual minority students. This issue was addressed by examining the results from 306 pupil services professionals regarding (a) their feelings/attitudes about homosexuality and homosexual persons in general; (b) their training on the topic of sexual orientation diversity; (c) their willingness to employ gay affirming behaviors in their professional work with sexual minority youths; and (d) their previous favorable social or professional contacts with sexual minority individuals. Demographic variables, including participants' gender, race/ethnicity, political leanings, frequency of attendance at worship services (i.e., religiosity), age, marital/relationship status, and years of professional experience were also examined. The study was intended to answer the questions, "Which, if any, pupil services professionals possess the attitudes and experiences conducive to working effectively with sexual minority students?" and by extension, "To what extent do student services professionals possess homophobic attitudes?" and "What factors combine as the best predictors of both homophobic attitudes and likelihood of employing gay affirming professional behaviors among pupil services professional surveyed?"

Similar to the Smith (2006) study, key findings from this research suggest that, overall, the pupil services professionals surveyed did not endorse strong negativity

toward homosexuality or toward sexual minority individuals. The vast majority (92.8%) of the study participants reported having had at least one favorable relationship with a sexual minority individual. Also similar to the Smith (2006) study, a majority of respondents (71.2%) are aware of the presence of sexual minority youths in their schools. Furthermore, more approximately one-half (52.9%) of the respondents reported having provided counseling to at least one sexual minority youth regarding a related issue. However, less than half the sample have received training--either in their pre-service preparation (45.4%) or during ongoing professional development (42.2%)—in counseling issues relevant to sexual minority youths. Even more concerning is that only 32% of the respondents reported feeling adequately prepared to provide such counseling.

Although the pupil services professionals surveyed did not, as a group, report high levels of homophobic bias, the variability of responses within the group was noteworthy. Results indicated that correlates of homophobia found in other groups are also salient among these school-based mental health providers. Analysis of responses suggests that certain key factors are useful in predicting both anti-gay bias among pupil services professionals and their likelihood of employing gay-affirming professional behaviors in their work with sexual minority populations. Specifically, those participants who reported more homophobic bias (in general) had more conservative political leanings, were more likely to have reported at least one past negative relationship with a sexual minority person, were more highly religious, were more likely to live/work in Florida versus New Jersey, and were more likely to be from a racial/ethnic minority group. There was also support (although weak) that those who reported lower levels of education were also more likely to report higher levels of homophobic bias.

The finding that those pupil services professionals who reported more negative attitudes toward homosexuality and sexual minority individuals had a more conservative political ideology, less education, and attended worship services more frequently is consistent with Henley & Lincus' (1978); Herek's (1980; 1984; 1988), Marmor's (1980), Nyberg & Alston's (1977); Sears' (1992); and Reinhardt's (1997) findings that higher levels of homophobia were associated with high religiosity, political conservatism, and lower education levels. The finding that non-Caucasian individuals reported lower levels of homophobic bias is not consistent with those from the Smith (2006) study, which did not find significant differences based on race. It should be noted, however, that the Smith (2006) study utilized a smaller sample size than the present one (N = 182 vs. N = 306, respectively). Thus the sample used in the previous Smith study may have lacked a large enough minority representation to uncover this difference. The current finding, however, is consistent with other studies (e.g., Loiacana, 1989; Rhue & Rhue, 1997; and Sears, 1992) which did find that Caucasian individuals reported lower levels of homophobic bias than did non-Caucasian individuals.

The hypothesis that respondents would report more anti-gay bias against gay men than against lesbians was supported. Although inconsistent with the Smith (2006) study, which did not find significant differential bias, this finding was consistent with previous research (e.g., Agüero, Bloch, & Byrne, 1984; Clift, 1988; Herek, 1980; Millham, 1976; Schatman, 1989; Wells & Franklin, 1987) which suggests that individuals tend to express more hostile or negative attitudes toward gay men versus lesbians. Those previous researchers who did find significant differential bias have suggested that this may be related to a strong adherence to traditional sex role beliefs, and a perception that the

lifestyles of gay men are more incongruent with those beliefs than are the lifestyles of lesbian women. Others (Whitman & Mathy, 1986) have argued that this difference may be related to misogyny, which they see as inherent in the construction of homophobia as a phenomenon. Such individuals may find it less reprehensible that a woman might assume a “masculinized” (and, thus, more valued) role than they would a man assuming a “feminized” (and, thus, less valued) societal role.

There were a number of findings that appear to contradict those from previous research. For example, the finding that student services professionals surveyed did not (as a whole) report high levels of homophobia appears inconsistent with Sears’ (1992) finding of high levels of homophobia among educators. However, it is important to note that Sears’ study focused on school counselors and *classroom teachers’* attitudes. A previous study of university students’ homonegativity (Wells and Franken, 1987) found that those majoring in education exhibited very high levels of homophobia compared to those entering other fields, whereas those majoring in the social and behavioral sciences demonstrated significantly lower levels. With this in mind, it is possible that the exclusive focus on *mental health/student services* professionals in the present study might account for this apparent discrepancy with Sears’ finding. Additionally, there is evidence of a cultural shift towards greater acceptance of sexual orientation diversity (Hiller & Harrison, 2004). This may suggest that educators in general (including pupil services professionals) have developed more tolerant attitudes since the original Sears (1992) study. It is also possible that, even when responding to an anonymous self-report measure, that (due to their training and knowledge of the importance of objectivity and

nonjudgmental service delivery) these respondents sought to provide “socially desirable” responses which may not represent their actual personal beliefs.

The original hypothesis that married individuals would report higher levels of homophobic bias than would non-married individuals was not supported. Previous research (e.g., Agüero, Bloch, & Byrne, 1984; Braungart & Braungart, 1988; Clift, 1988; Herek, 1988; MacDonald, 1976; and Schatman, 1989) suggested that married individuals may be more likely to adhere to traditional gender/family role behaviors and to believe that the lifestyles of gay men are in conflict with those behaviors. One possible explanation for the lack of support for this hypothesis in the present study is that, unlike the previous studies, this research combined single individuals, widowed individuals, divorced individuals, separated individuals, and individuals in domestic partnerships into the “unmarried” group. It is unlikely that the status of widowhood, for example, would preclude adherence to traditional family ideology. Furthermore, with the increasing acceptance of divorce in contemporary culture (Apple, 2001), divorce or separation may have little to do with an individual’s attitudes about traditional marriage either. Also, since the previous studies referred to utilized general community samples rather than trained mental health professionals, it is possible that the education and training characteristic of the present sample may have mediated any relationship between their belief in traditional family roles and prejudice toward those in non-traditional relationships. A final consideration on this point is that previous studies investigating differences in homophobic bias did not exclude sexual minorities from their samples. Thus, it is likely that the ‘unmarried’ category included some sexual minority individuals. Since (logically) sexual minorities tend to be tolerant of sexual orientation diversity than

heterosexuals are as a group (Craig, et al., 2002), it stands to reason that previous studies would have found higher tolerance among unmarried versus married populations.

The finding that previous training was unrelated to levels of homophobic bias among participants in this study is consistent with the Smith (2006) study. However, this finding appears to contradict other previous research indicating that increased knowledge about the topic of homosexuality is related to lower levels of homophobic bias (e.g., Butler, 1994; Fontaine, 1998; Wells & Franken, 1997). It should be noted, though, that the Butler (1994) study involved pre-service teachers. Fontaine (1998) focused on guidance counselors (exclusively), and Wells & Franken (1987) relied on a sample drawn from a generic, undergraduate university population. Given that both the present study and the Smith (2006) study are more recent and focused on school-based counseling professionals *exclusively*, and included a significant proportion of individuals with education levels above a master's degree (33.7% in the present example), it is possible that this group relied less on stereotypes and misinformation in forming its opinions of sexual minorities than did samples studied previously. This factor might account for the lack of association between previous training in sexual orientation diversity and levels of homophobic bias among the present sample. Another concern is that both the present study and the Smith (2006) study merely assessed whether respondents had received training on the subject of sexual orientation diversity or had not received such training (i.e., this was a dichotomous variable). Although nearly half of the respondents reported having received some type of training in this area (at either the pre-service level or through their jobs), the design of the survey did not allow respondents to report how much training they had received or the quality (i.e., depth and breadth) of that training.

Given the proportion of respondents that had received training while in school (45.4%) or through their jobs (42.2%) compared with the proportion of respondents who reported feeling adequately prepared to provide counseling addressing GLBTQ issues (32%), one might safely assume that in many cases training provided had been insufficient or inadequate. Specific recommendations, adapted from Callahan (2001) for effective training elements for school-based counseling professionals dealing with students' sexual orientation issues appear in Appendix N of this document.

Relative to factors influencing predicted use of gay-affirming professional behaviors among respondents, results from the present study suggest that older individuals, those who are more politically conservative, and those who have not received training in GLBTQ diversity issues during their education may be less likely to employ gay-affirming behaviors in their professional work. Although use of gay-affirming professional behaviors appears to be influenced by those factors mentioned above, it did not appear to be influenced by religiosity or by region. This finding was surprising, considering previous research by Sears (1992) and others (e.g., Apple, 2001; Blumenfield, 1992; GLSEN, 2004; Herek, 1988; Malinski, 1996; Wells & Franken, 1997) that suggests that homophobic bias might be more prominent in the Southern United States compared with other regions of the country. Also, the influence of fundamentalist and evangelical Christian religious groups (who are traditionally vehemently opposed to homosexuality) on Southern politics, society and attitudes may be stronger compared with other regions of the U.S. (Apple, 2001). Sears (1992) points out that, in the South, religion has always influenced public policy decision-making and civic *behavior*. The present research did, in fact, confirm an association between higher levels

of homophobic *attitudes* and southern (i.e., Florida) residency. That this association did not appear to impact professional *behavior* may suggest that these respondents (perhaps as a result of their training in pupil services fields) have made some effort to avoid allowing their personal views to interfere with their professional responsibilities.

The finding that the use of gay-affirming behaviors may be influenced by age, political leanings, and lack of training is consistent with previous research which found similar associations (e.g., Clift, 1988; Henley & Lincus, 1978; Herek, 1980, 1984, 1988; Marmor, 1980; Reinhardt, 1997; Schatman, 1989). It appears that more conservative individuals, older individuals, and those who had not received training in sexual orientation diversity issues may be less likely to employ gay-affirming behaviors in their work with sexual minority youths.

The lack of association between the use of such behaviors and region appears to contradict previous research (e.g., Apple, 2001; Blumenfield, 1992; GLSEN, 2004; Herek, 1988; Malinski, 1996; Wells & Franken, 1997) which would imply that such an association would be likely. GLSEN (2004) suggests that educators working in states that have enacted specific legislation protecting GLBTQ students and ensuring their equal access to educational opportunities may be more willing to publicly support and advocate in behalf of sexual minority youths in their schools. This study, which included professionals from Florida--a state without such explicit protections written into law--and New Jersey--a state that has such legal protections-- did not provide evidence that New Jersey professionals are more likely to employ gay affirming professional behaviors than those working in Florida. This finding suggests that the factors influencing use of gay-

affirming behaviors among pupil services professionals are more complex than the attitude/legislation issue alone.

One possible factor contributing to the complexity of this issue may have to do with the degree to which school-based counseling providers' professional behaviors are influenced by the constraints and *perceived* support (or lack thereof) of supervisors, school boards, colleagues and other faculty members, parent/teacher associations and legislation. It is conceivable that although one's personal views may not be altered by such influences, one's public (professional) behavior is—perhaps out of concerns of being subject to the virulence of public censure. In many instances, for example, respondents endorsed gay-affirming behaviors that were of a more private nature. For example, 89.5% indicated that they have assessed their personal views about homosexuality; 65% indicated that they monitor their personal assumptions about a students' sexual orientation; and 77.8% indicated that they are careful to avoid heterosexual bias in their language. The reluctance on the part of many school counseling professionals to *publicly* support sexual minority students is problematic given that the ethical and professional standards of the student services professions (see Appendixes F through J) either explicitly or implicitly oblige such professionals to assume leadership roles in promoting societal attitudes that affirm the dignity and rights (within school settings) of lesbian, gay, bisexual, and transgender youths. This apparent reluctance may suggest that societal influences discouraging such advocacy may be robust enough to cause these professionals to ignore this aspect of the ethical standards of their professions. It may also be likely that professional training programs are not placing

sufficient emphasis on these standards or are not equipping their students with the skills necessary for resisting anti-gay societal pressures impacting schools.

Indeed, the results of this study indicate low percentages of respondents who indicated a willingness to take on more of a public advocacy stance in support of sexual minority youths. For example, only 29.1% had prepared or intend to prepare educational materials related to sexual orientation issues; 25.9% have assembled (or plan to assemble) a resource packet on the subject (for distribution); only 22.2% have discussed or plan to discuss sexual orientation issues at faculty/staff meetings; only 9.4% have advocated integrating or plan to advocate for the integration of gay-related themes into curricula; only 9.4% have started or plan to start a support group for GLBTQ students; and only 17% have displayed or plan to display materials supportive of sexual orientation diversity in their offices/work spaces. To their credit, most school-based counseling professionals surveyed appear to be more likely to publicly express support for sexual minority students in circumstances that present immediate dangers to sexual minority youths at their schools. For instance, 83.6% indicated that they either have or plan to confront homophobic remarks and 66.6% indicated that they have or would confront instances of heterosexual bias (which included harassment of sexual minority students by heterosexual peers). Notably, however, these professionals seem less willing, as illustrated by the above comparisons, to assume a publicly supportive role that might improve overall school climate for GLBTQ students and possibly make more immediately threatening events (such as harassment and overt discrimination) less likely in the first place.

Although it is important for pupil services professionals to assume a visible role in their support of sexual minority youths in their schools so that those youths know that they are safe and have access to adults who accept them for who they are (Baker, 2002), these results indicate that few school-based counseling professionals are willing to take on such a role. This may be because counselors, regardless of legal anti-discrimination legislation (if it exists) feel at-risk for discrimination (including involuntary termination) or censure from other faculty members, administrators, and the community. The finding that professionals who have had training at the pre-service level in sexual orientation diversity issues were more likely to employ gay-affirming behaviors in their professional work is encouraging, however. That finding lends some support to the idea that such training is important. Such training appears to be associated with more action (i.e., advocacy) related to assisting sexual minority youths in observable ways. It is likely that training in dealing effectively with public controversy surrounding issues such as sexual orientation (or sexuality in general), while serving the best interest of students, may be an important component in the pre-service education of school based counseling professionals. Personal discomfort in addressing such issues is certainly a possible explanation for the reluctance of many professionals (as illustrated in the present study) to engage in observable gay-affirming practices. Specific training recommendations for dealing with potentially controversial professional issues were developed by Warwick, Chase, & Aggleton (2004) and appear in Appendix N of this manuscript.

Limitations

A possible limitation of the present study has to do with the mode of administering the survey. In this instance, the questionnaires are self-administered.

According to Schuman (1992), disadvantages of mailed surveys include lack of control over exactly who answers the questions (i.e., it may or may not be the target respondent), in what order the questionnaire is filled out, and the unavailability of an interviewer for respondents who do not fully understand the questions. Also, there is a possibility that responders may differ significantly from non-responders. As previously noted, respondents, as a whole, did not report high levels of homophobic bias. It is possible that those with views on the very negative end of the tolerance spectrum may have been disinclined to respond to a survey dealing with subject matter they found offensive. Thus, they may have discarded the survey, so that their views were not represented as part of this research. Since this survey was anonymous, no tracking procedures were in place and follow-up with non-responders was not possible. Thus the researcher was unable to follow up with non-responders in order to assess their reasons for declining participation. Had such a procedure been in place, perhaps valuable qualitative information could have been gleaned that would have shed further light on the obtained results.

Despite these potential problems, Schuman (1992) concedes that the self-administered, mailed survey affords the respondent greater privacy. This factor may lead to more candor on the part of respondents and reduce the likelihood that they might “fake good” (i.e., provide what they perceive as socially desirable responses) in order to make a good impression on the researcher. Due to the sensitive nature of many of the questions involved in the present study, the use of the self-administered, mailed survey is justifiable (Krahwohl, 1998).

Another consideration has to do with the generalizability of results. Since samples were obtained from Florida and New Jersey, and the literature suggests that the populace

of these two states may represent opposite ends of the spectrum relative to sexual orientation diversity tolerance (GLSEN, 2004), this suggests results may be limited in terms of applicability to practitioners working in other states. In other words, practitioners in Florida and New Jersey may not be representative of those in states in the ‘center’ of the afore mentioned continuum. A larger sample size might also have improved generalizability of obtained results. The afore mentioned issue might be address in future research.

Recommendations

Directions for Future Research

Future research on this topic should include an opportunity for respondents to provide specific reasons for the responses they provided. Although it is possible that fear of discrimination and recriminations may prevent some pupil services professionals from publicly supporting sexual minority youths, there are other possible explanations. Other possible explanations include time limitations, perceived lack of need due to few instances of homophobic bias in their particular school(s), or the view that some of the gay-affirming behaviors may not be appropriate depending on the developmental level of the students with whom a particular counseling professional works. Another concern may be that some *school-based* counselors may legitimately believe that such intervention (in the form of advocacy) may not be appropriate in the school setting due to the compulsory nature of the American educational institution. In other words, because students from diverse backgrounds, belief systems, and perspectives on morality are required to attend school, some counselors may be reticent to expose students to any ‘controversial’ issues. Those holding this perspective might wish to limit their interventions with sexual

minority youths to those focused on ‘protection’ issues (i.e., dealing with physical and verbal harassment) and avoid interventions which might be perceived as advocacy. In this way, they may be more likely to feel ‘protected’ by their school board in their efforts and avoid possible criticism for ‘promoting’ homosexuality. It is possible that those same individuals might be much more willing to assume an advocacy role as a counselor in a different work setting (e.g., a mental health clinic or a private practice). Future research addressing these issues and comparing school-based counseling professionals to other types of mental health providers might shed further light on how intervention strategies for sexual minority youth are *moderated* by the institution of the public school.

Additionally, some school-based counseling professionals who would otherwise like to assume an advocacy role in behalf of sexual minority students may feel intimidated to do so if they are working within a school system with explicit policies prohibiting or forbidding such practices (e.g., school systems that forbid the formation of gay/straight student alliances or other activities supportive of sexual minority youths). Additional research in this area of study should address and seek to clarify the reasons why some pupil services personnel may be reluctant to advocate (publicly) in behalf of sexual minority youths, despite espousing gay-positive personal beliefs.

It is also important that future research examine the role of ethical and professional standards in the influence of behavior. Such an examination should seek to uncover whether such influences differ when professionals are dealing with sexual orientation issues versus other professional issues. Such an investigation would further elucidate the attitude versus behavior question and provide additional insight as to

whether or not the results of this study may be related to the presence of (or *knowledge of*) those standards.

Conclusions

Just as racial and ethnic minority clients can be harmed by the unexamined racism of therapists or racial bias inherent in a research design (Pendersen, 1988), sexual minority clients can be similarly harmed by unexamined heterosexist bias among counseling professionals (Baker, 2002). Although many student services-oriented professional organizations have advised practitioners to challenge heterosexist bias in training, research, school policy, and professional practice, there is little in the formal training of many school-based counseling providers to prepare them to make the necessary shifts in practice and attitudes, or to effectively challenge the constraints placed on them by school systems, local governments, or parent groups. It is imperative that current information and research findings relative to the counseling needs and general life experiences of sexual minority individuals and groups be discussed in depth in graduate training programs, continuing education, and inservice training as well as in undergraduate courses. It is also critical that graduate programs in pupil services disciplines arm their students with effective strategies for resisting outside pressures as they attempt to serve the needs of *all* students.

Results of this study suggest that, overall, school-based counseling professionals surveyed possess relatively positive attitudes regarding sexual minority students. However, their positive attitudes rarely translate into action (i.e., advocacy). Few gay affirming behaviors are performed by this group in their professional practice. The behaviors which place one in a public position as being supportive of sexual minority

youths occurred far less frequently than those behaviors which allow one to remain private about one's beliefs and values.

Beyond availing themselves of information on the clinical issues of sexual minority youths, school-based mental health workers or counseling professionals should examine their own personal biases (and fears) to enable them to assume a position of advocacy in order to improve the school climate for GLBTQ youths. Advocacy *must* be a part of ethical, responsible, proactive, and effective mental health services for sexual minority youths, as suggested by the ethical and professional standards for the pupil services professions (see Appendixes F through J). As educators, pupil services professionals must realize that the role of public education is teaching students what is *for our own good*, both the good of the individual learner and the collective good of society. This point was eloquently stated by Lightfoot (2003), who suggested that schools are “society’s theater, the large stage on which our major cultural sagas are enacted and the opportunities and casualties of social change are most visible and vivid...inside schools we see, in microcosm, the struggles over how we define and enact equality, justice, oppression, and democracy in our society” (p. 29). Lawrence (2003) emphasized that schools are not only a reflection of vividly visible social issues, but also shine a light on society’s less obvious ethical struggles and are central in the quest for our collective self-understanding. Thus, school-based counseling professionals, as well as other educators,—where the opportunity exists—must take an *active* role in social issues of justice and equality. Those barriers to assuming such a role should be addressed by student services professionals (and other educators) and graduate programs preparing

those professionals. Where misinformation, sectarian moral conceptions, or fear of negative public perceptions and reprisals are themselves the problem, they must be confronted as such and their influence put in a perspective that improves equity and increases the developmental prospects of a minority that has already given much evidence of resilience.

Summary of Dissertation

Research on the counseling needs of GLBTQ adolescents indicates that this group is particularly at-risk for psychological stress resulting from their stigmatized status, particularly at school (Savin-Williams, 1994). Further research suggests that non-judgmental, unbiased counseling (that includes an advocacy component) is effective with this group of students (Reynolds & Koski, 1994). However, this process is impeded if the clinician has not first come to terms with his or her own feelings and attitudes about homosexuality and homosexually oriented individuals (Pederson, 1988). Little is known, however, about the prevalence of homophobic attitudes among school-based counseling professionals and how those attitudes might potentially impact the students they serve.

Results from this study suggest there is both little preparation to effectively work with GLBTQ youths and considerable variability in levels of homophobic bias among pupil services professionals and graduate students surveyed. Participants in the present study appear to be similar to other populations, in that those who were more politically conservative, more involved in organized religion, and who live/work in Florida were also more likely to express higher levels of homophobic bias. These findings suggest that, even among these well-educated counseling professionals,

personal ideologies and dogmatic belief systems could potentially impede many of their ability or willingness to effectively advocate for GLBTQ students.

Relative to use of gay-affirming professional behaviors among pupil services professionals results indicate that, although most professionals surveyed are privately supportive of sexual minority youths, few are willing to assume a public role advocating for their equality and acceptance. The specific factors attributing to their reluctance to publicly support such students were not addressed by this study.

Future research should further investigate the possible link between attitudinal bias and predicted professional behaviors. Such research should include the mediating effects of explicit legislation designed to assure GLBTQ students equal access to educational resources, specific school/district policies encouraging or discouraging support for such students, administrator attitudes, and community climate on the choice of (otherwise supportive) pupil services professionals to publicly advocate in behalf of sexual minority students versus supporting them only in clandestine ways.

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Appendices

APPENDIX A

Lance S. Smith, Ed. S.
6706 Seaport Avenue
Tampa, FL 33637
(813) 899-0667
im4chopin@aol.com

Date

Dear Survey Participant,

Based on your professional title, you have been chosen to participate in a research project I am conducting for my Ph.D. in school psychology at the University of South Florida in Tampa. The purpose of the study is to explore the attitudes, opinions, behaviors, and plans that student services personnel have about providing counseling to sexual minority (i.e., gay, lesbian, bisexual, transgendered, and questioning) students. Your participation is critical to the success of the study. A high response rate is necessary to accurately identify the views of counseling professionals in the schools as they relate to this important issue.

Please be assured that your responses will remain completely anonymous. Since surveys are not coded, there is no way for anyone to identify which individual returned any given questionnaire. Also, there are no 'correct' or 'incorrect' responses in the survey. Please answer the items as honestly as you can. Your views are important, regardless of their nature.

Completing the survey should only take 5 to 10 minutes. Please take a few minutes to complete this questionnaire and return it to me in the enclosed, postage-paid envelope. Completing and returning the questionnaire constitutes your consent to participate. Should you decide not to participate, simply discard the packet. Your cooperation and assistance are greatly appreciated.

Thank you,

Lance S. Smith, Ed.S.
School Psychology Doctoral Student
University of South Florida

APPENDIX B

Demographics Questionnaire:

Survey Instructions: Please read each question and all instructions carefully, as all of the questions are equally important in this research project. Please make every attempt to provide a response to each item. All of your responses will be kept confidential and will be analyzed only through combining data from all respondents.

PART A:

1. **What is your primary professional position in your school(s)? (Check one response.)**
 - School Psychologist
 - Guidance Counselor
 - School Social Worker
2. **At which school level(s) do you provide services? (Check all that apply.)**
 - Elementary
 - Middle School or Junior High
 - Senior High School
3. **What is your gender? (Check one response.)**
 - Male
 - Female
4. **In what year were you born? (Provide the four-digit year of your birth; e.g., 1950, 1962).**
19__ __
5. **How would you describe yourself? (Check those categories that apply.)**
 - Asian or Pacific Islander
 - Black or African American
 - Hispanic/Latino
 - Caucasian/White
 - Other (please specify)_____
6. **What is the *highest* academic degree you have acquired? (Check only one response.)**
 - Bachelor's (e.g., BA, BS, BSW)
 - Master's (e.g., MA, MS, MSW)
 - Specialist (e.g., EdS)
 - Doctorate (e.g., EdD, PhD, DSW, PsyD)
7. **In what year did you receive your highest academic degree? (Write in the four-digit year; e.g., 1987.)**
____ _
8. **What is your current relationship status? (Check only one response.)**
 - Married
 - Single
 - Unmarried, living with domestic partner
 - Divorced/Separated
 - Widowed

9. Do you have at least one child?

Yes

No

(Please proceed to 'Part B' of the survey on the following page)

APPENDIX C

Correlates Questionnaire:

PART B:

1. **How would you describe your sexual orientation/affectional preference? (Check only one category.)**
 - Exclusively or Primarily Heterosexual (i.e., straight)
 - Bisexual
 - Exclusively or Primarily Homosexual (i.e., gay, lesbian)
 - Other (please describe)_____
2. **To your knowledge, have you had a close relationship (i.e., friend, coworker, family member) with any person who is gay, lesbian, or bisexual? (Check one response.)**
 - Yes
 - No (If No, skip the next question.)
3. **If Yes, how would you describe the quality of your past relationship(s) with that/those individual(s)? (Check one Response.)**
 - Mostly positive
 - Neutral
 - Mostly negative
4. **Do you believe there are any students in your school(s) that could be described in the following ways? (Check one response for each statement listed below.)**
 - a. Have **self-identified** as gay, lesbian, or bisexual or are questioning their sexual orientation?
 - Yes
 - No
 - Not Sure
 - b. May have **engaged** in same-sex sexual behavior, but **NOT** self-identified as gay, lesbian, or bisexual?
 - Yes
 - No
 - Not Sure
 - c. Appear to be **sexually attracted** to persons of their own sex, but have neither self-identified as gay nor engaged in same-sex sexual behavior?
 - Yes
 - No
 - Not Sure
5. **Have you ever provided counseling services to a student or students addressing issues surrounding sexual orientation (e.g., counseling to cope with anti-gay harassment from peers; counseling about sexual orientation confusion; counseling gay/lesbian/bisexual students about practicing safer sex; counseling parents who have concerns about their child's sexual orientation; consulting with staff about a students' non-gender conforming behavior). (Check only one response.)**
 - Yes

- No
6. Have you received education or training at the undergraduate or graduate college level on the counseling and mental health issues of students who are gay/lesbian/bisexual/questioning? (Check only one response.)
- Yes
 No
7. Have you received education or training through your work experience(s) (e.g., workshops, conference sessions) on the counseling and mental health needs of gay/lesbian/bisexual students? (Check one response.)
- Yes
 No
8. Do you believe that you are adequately prepared to provide counseling and mental health services related to sexual orientation issues to gay/lesbian/bisexual students? (Check one response.)
- Yes
 No
 Not Sure
9. Are you interested in receiving (additional) training on the counseling and mental health needs of gay/lesbian/bisexual/questioning students? (Check one response.)
- Yes
 No
 Not Sure
10. What is your religious denomination? (Write your response on the line below.)
- _____
11. Please indicate the frequency with which you typically attend religious services. (Check only one response.)
- More than once per week
 Once per week
 Once or twice per month
 Occasionally (i.e., a few times annually)
 Rarely (e.g., holidays, funerals, weddings, baptisms, Bar Mitzva)
 Not at all
12. How would you describe your political leanings? (Check one response.)
- Conservative
 Conservative-to-Moderate
 Moderate
 Moderate-to-Liberal
 Liberal
 Other (please describe): _____

(Please proceed to 'Part C' of the survey on the following page)

APPENDIX D

ATLG Scale

[Scale items for Attitudes Toward Lesbians and Gay Men (ATLG) scale items 1 through 10 comprise the ATL subscale; items 11 through 20 constitute the ATG. Short form items are 1, 4, 5, 7, 10 (ATL-S); 12, 14, 15, 18, 20 (ATG-S). Scoring is reversed for starred (*) items.]

PART C

Instructions: Please respond to each item by indicating the degree to which you agree with each statement from *strongly disagree* to *strongly agree*, according to the following scale:

- 1 = strongly disagree**
- 2 = disagree somewhat**
- 3 = neither agree nor disagree**
- 4 = agree somewhat**
- 5 = strongly agree.**

Please circle your response.

1. Lesbians just can't fit into our society. **1 2 3 4 5**
2. A woman's homosexuality should *not* be a cause for job discrimination in any situation.* **1 2 3 4 5**
3. Female homosexuality is detrimental to society because it breaks down the natural divisions between the sexes. **1 2 3 4 5**
4. State laws regulating private, consenting lesbian behavior should be loosened.*
1 2 3 4 5
5. Female homosexuality is a sin. **1 2 3 4 5**
6. The growing number of lesbians indicates a decline in American morals.
1 2 3 4 5
7. Female homosexuality in itself is no problem, but what society makes of it can be a problem.* **1 2 3 4 5**
8. Female homosexuality is a threat to many of our basic social institutions.
1 2 3 4 5
9. Female homosexuality is an inferior form of sexuality. **1 2 3 4 5**
10. Lesbians are sick. **1 2 3 4 5**
11. Male homosexual couples should be allowed to adopt children the same as heterosexual couples. **1 2 3 4 5**
12. I think male homosexuals are disgusting. **1 2 3 4 5**
13. Male homosexuals should *not* be allowed to teach school. **1 2 3 4 5**
14. Male homosexuality is a perversion. **1 2 3 4 5**
15. Just as in other species, male homosexuality is a natural expression of sexuality in human men.* **1 2 3 4 5**
16. If a man has homosexual feelings, he should do everything he can to overcome them.
1 2 3 4 5
17. I would *not* be too upset if I learned that my son were a homosexual.* **1 2 3 4 5**
18. Homosexual behavior between two men is just plain wrong. **1 2 3 4 5**
19. The idea of male homosexual marriages seems ridiculous to me. **1 2 3 4 5**

20. Male homosexuality is merely a different kind of lifestyle that should *not* be condemned.* 1 2 3 4 5

(Researcher Use Only) ATLG SCORE:_____ ATG SCORE:_____ ATL SCORE:_____

(Please proceed to 'Part D' of the survey below.)

APPENDIX E

PART D

Instructions: Please respond to each item to indicate your actions, plans, or point of view related to each of the 11 behaviors described.

Behavior

1. Assess your personal values related to homosexuality
 - Have done this
 - Plan to do this
 - Not allowed
 - Not effective
 - Do not know how
 - Do not plan to
2. Prepare educational materials related to homosexuality
 - Have done this
 - Plan to do this
 - Not allowed
 - Not effective
 - Do not know how
 - Do not plan to
3. Assemble resource packet related to homosexuality
 - Have done this
 - Plan to do this
 - Not allowed
 - Not effective
 - Do not know how
 - Do not plan to
4. Discuss concerns related to homosexuality at faculty meetings
 - Have done this
 - Plan to do this
 - Not allowed
 - Not effective
 - Do not know how
 - Do not plan to
5. Integrate gay-related themes into curriculum
 - Have done this
 - Plan to do this
 - Not allowed
 - Not effective
 - Do not know how
 - Do not plan to
6. Start a support group for gay/lesbian/bisexual/questioning students
 - Have done this
 - Plan to do this
 - Not allowed

- Not effective
 - Do not know how
 - Do not plan to
7. Display books, posters, or symbols supportive of gay/lesbian individuals
- Have done this
 - Plan to do this
 - Not allowed
 - Not effective
 - Do not know how
 - Do not plan to
8. Monitor your personal assumptions about students' sexual orientation under ambiguous conditions
- Have done this
 - Plan to do this
 - Not allowed
 - Not effective
 - Do not know how
 - Do not plan to
9. Use non-heterosexist language
- Have done this
 - Plan to do this
 - Not allowed
 - Not effective
 - Do not know how
 - Do not plan to
10. Confront heterosexism
- Have done this
 - Plan to do this
 - Not allowed
 - Not effective
 - Do not know how
 - Do not plan to
11. Confront homophobic remarks
- Have done this
 - Plan to do this
 - Not allowed
 - Not effective
 - Do not know how
 - Do not plan to

APPENDIX F

American Psychological Association (APA) Resolution on Lesbian, Gay and Bisexual Youths in Schools

WHEREAS society's attitudes, behaviors, and tendency to render lesbian, gay and bisexual persons invisible permeate all societal institutions including the family and school system; (Gonsiorek, 1988; Hetrick & Martin, 1988; Ponce, 1978; Uribe & Harbeck, 1992)

WHEREAS it is a presumption that all persons, including those who are lesbian, gay, or bisexual, have the right to equal opportunity within all public educational institutions;

WHEREAS current literature suggests that some youths are aware of their status as lesbian, gay, or bisexual persons by early adolescence; (Remafedi, 1987; Savin-Williams, 1990; Slater, 1988; Troiden, 1988)

WHEREAS many lesbian, gay, and bisexual youths are at risk for lowered self-esteem and for engaging in self-injurious behaviors, including suicide; (Hetrick & Martin, 1988; Gonsiorek, 1988; Savin-Williams, 1990; Harry, 1989; Gibson, 1989)

WHEREAS gay male and bisexual youths are at an increased risk of HIV infection; (Savin-Williams, 1992)

WHEREAS lesbian, gay, and bisexual youths of color have additional challenges to their self-esteem as a result of negative consequences of discrimination based on both sexual orientation and ethnic/racial minority status; (Garnets & Kimmel, 1991)

WHEREAS lesbian, gay, and bisexual youths with physical or mental disabilities are at increased risk due to the negative consequences of societal prejudice toward persons with mental or physical disabilities; (Pendler & Hingsburger, 1991; Hingsburger & Griffiths, 1986)

WHEREAS lesbian, gay, and bisexual youths who are poor or working class may face additional risks; (Gordon, Schroeder & Abromo, 1990)

WHEREAS psychologists affect policies and practices within educational environments;

WHEREAS psychology promotes the individual's development of personal identity including the sexual orientation of all individuals;

THEREFORE be it resolved that the American Psychological Association and the National Association of School Psychologists shall take a leadership role in promoting societal and familial attitudes and behaviors that affirm the dignity and rights, within the educational environments, of all lesbian, gay, and bisexual youths, including those with physical or mental disabilities, and from all ethnic/racial background and classes.

THEREFORE be it resolved that the American Psychological Association and the National Association of School Psychologists support providing a safe and secure educational atmosphere in which all youths, including lesbian, gay and bisexual youths, may obtain an education free from discrimination, harassment, violence, and abuse, and promotes an understanding and acceptance of self;

THEREFORE BE IT RESOLVED THAT THE American Psychological Association and the National Association of School Psychologists encourage(s) psychologists to develop and evaluate interventions that foster nondiscriminatory environments, lower risk for HIV infection, and decrease self-injurious behaviors in lesbian, gay and bisexual youths.

THEREFORE be it resolved that the American Psychological Association and the National Association of School Psychologists shall advocate efforts to ensure the funding of basic and applied research on and scientific evaluations of interventions and programs designed to address the issues of lesbian, gay, and bisexual youths in schools, and programs for HIV prevention targeted at gay and bisexual youths.

THEREFORE be it resolved that the American Psychological Association and the National Association of School Psychologists shall work with other organizations in efforts to accomplish these ends (February, 1993)

APPENDIX G

The School Social Work Association of America (SSWAA) 2001-2002 Resolutions:

Gay, Lesbian, Bisexual, and Questioning Youth

The School Social Work Association of America (SSWAA) believes that all students, regardless of sexual orientation, should be afforded equal educational opportunity. SSWAA also believes that each school district should provide, for students who are struggling with sexual or gender orientation, appropriate school social work services and programs, staffed by trained and qualified school social workers.

Gay, lesbian, bisexual, and questioning youth (GLBTQQ) are at greater risk for suicide; physical and verbal harassment; exposure to sexually transmitted diseases, including HIV/AIDS; and, substance abuse. GLBTQQ youth also often experience emotional and physical rejection by family and community, increasing their feelings of inadequacy and low self-esteem. GLBTQQ youth require strong and caring advocates within the school setting to cope with these situations and to assist them in developing strong personal identities.

SSWAA believes that a safe school environment should be provided to all students. Students should be able to attend school without fear of threat, harassment, or denial of rights. To achieve this positive school climate, SSWAA supports educating both students and staff regarding misconceptions about GLBTQQ youth, appropriate ways to address discrimination and harassment, and the importance of mutual respect.

SSWAA believes that the school social worker should serve as an advocate for GLBTQQ youth. GLBTQQ youth have the right to expect that school social workers will be knowledgeable about issues regarding sexual identification and will respect choices articulated by the student. SSWAA believes that the school social worker must play an integral part in ensuring that the school environment is a safe and respectful one for every student.

School Social Work Association of America

APPENDIX H

The Professional School Counselor and Sexual Minority Youth: Policy statement adopted by the American School Counselor Association (1995)

The members of the American School Counselor Association (ASCA) are committed to facilitating and promoting the fullest possible development of each individual by reducing the barriers of misinformation, myth, ignorance, hatred, and discrimination which prevent sexual orientation minorities from achieving individual potential, healthy esteem, and equal status. School counselors are in a field committed to human development and need to be sensitive to the use of inclusive language and positive modeling of sexual orientation minority equity. ASCA is committed to equal opportunity regardless of sexual orientation.

THE RATIONALE:

Identity is determined by a complex mix of nature and nurture. Developmentally, the literature clearly states that sexual orientation is firmly established by age five and much research indicates such establishment occurs even earlier.

Many internal and external, as well as interpersonal obstacles exist in school and society that inhibit students from accurately understanding and positively accepting their sexual orientation. Counselors need to become accurately informed and aware of the ways verbal/nonverbal and conscious/unconscious communication limit the opportunities and infringe upon the healthy development of sexual orientation minorities' self-acceptance and healthy esteem solely because of their identity. Harm is perpetuated against sexual minorities through language, stereotypes, myths, misinformation, threat of expulsion from social and institutional structures and other entities, and from beliefs contrary to the reality of their identity.

Sexual orientation minority youth begin to experience self-identification and the "coming out" process, both essentially cognitive activities, during adolescence. Such identification is not indicative of sexual activity.

THE PROFESSIONAL SCHOOL COUNSELOR'S ROLE:

The school counselor uses inclusive and non-presumptive language with equitable expectations toward sexual orientation minority individuals, being especially sensitive to those aspects of communication and social structures/institutions which provide accurate working models of acceptance of sexual orientation minority identities and equality. Counselors must become vigilant to the pervasive negative effects of stereotyping and rubricizing individuals into rigid expressions of gender roles and sexual identities.

The professional school counselor is sensitive to ways in which attitudes and behavior negatively affect the individual. School counselors are called to provide constructive feedback on the negative use of exclusive and presumptive language and inequitable expectations toward sexual orientation minorities. The school counselor places emphasis on a person's behavioral choices and not on their unalterable identity and uniqueness. Demonstrations of sexual orientation minority equity also includes fair and accurate representation of sexual identities in visible leadership positions as well as other role positions.

SUMMARY:

ASCA is committed to the inclusion and affirmation of sexual orientation minorities. ASCA supports conscious-raising among school counselors and increased modeling of inclusive language, advocacy and equal opportunity for participation among sexual orientation minorities' identities. This is done in order to break through individual, social and institutional behaviors and expectations which limit the development of human potential in all populations.

APPENDIX I

National Association of School Nurses (NASN) Position Statement on Sexual Orientation and Gender Identity/Expression

HISTORY:

Lesbian, gay, bisexual, and transgender adolescents, as well as youth who desire or engage in same-sex sexual behavior face the same growth and development issues as other adolescents. They have the same health education needs and safety and health concerns (Bakker & Cavender, 2003). Most develop into healthy, productive adults (Harrison, 2003). However, there are unique health risks for this population, both physically and emotionally. An awareness of these risks is beginning to develop among school health personnel, educators, and administrators (Bakker & Cavender, 2003).

Youth who are lesbian, gay, bisexual, transgender, or questioning (LGBTQ) are at significantly higher risk than their heterosexual peers for sexually transmitted infection (including HIV), unwanted pregnancy, substance abuse, harassment, ostracism, and violence. These youth report higher rates of suicidal ideation and suicide attempts than their heterosexual peers (Russell & Joyner, 2002). Sexually active males who have sex with males account for 34% of all new AIDS cases among 13-24 year olds in the United States (CDC, 2000). GLBTQ youth are reported to have double the rates of tobacco use, four times the rates of cocaine use, and significantly increased use of alcohol and marijuana (CDC & Massachusetts Department of Education, 1999). Young women who identify themselves as lesbian or bisexual are at twice the risk for unwanted pregnancy as their heterosexual peers (Saewyc, Bearinger, Blum, & Resnick, 1999).

LGBTQ adolescents are frequently targets of harassment and abuse at school as well as in the community. Lesbian, gay, and bisexual youth report significantly higher rates of victimization in school, and GLBTQ youth who have been victimized appear to be at greater risk than non-victimized youth for unsafe sex, alcohol and drug use, and skipping school due to feeling unsafe (Bontempo & D'Augelli, 2002). Up to 70% experience verbal and/or physical assault at school with 28% eventually becoming school drop-outs (Lindley & Reininger, 2001). One fifth of LGBTQ youth are injured in a fight significantly enough to need medical attention, compared with 4.2% of their peers (CDC & Massachusetts Department of Education, 1999).

DESCRIPTION OF ISSUE:

Development of sexual identity is a natural part of growth and development. This process is more stressful for students who are LGBTQ (Harrison, 2003). In both society and our school systems this group of students continues to be stigmatized (Bakker & Cavender, 2002; Harrison, 2003). All students are equally deserving of respect and fair treatment and have the right to a school environment that is safe and supportive.

RATIONALE:

School nurses are skillful in identifying at-risk populations of students and developing programs to promote health and safety (Bakker & Cavender, 2003). Students who are LGBTQ have been an invisible population in our schools and school nurses need to consider the unique needs of this group of students in school program development. Discrimination based on sexual orientation, gender expression and gender identity is difficult to eradicate, and all students are entitled to a safe and supportive environment. The stress brought about by discrimination and stigmatization of LGBTQ youth leads to increased health and safety risks.

CONCLUSION:

It is the position of the National Association of School Nurses that all students, regardless of sexual orientation, gender expression, and gender identity are entitled to equal opportunities in the education system. The school nurse needs to be aware of students who are lesbian, gay, bisexual, transgender and

questioning; sensitive to their needs; knowledgeable about the health needs of these students; and effective in interventions to reduce risk factors. The school nurse should be actively involved in fostering a safe environment, demonstrating an understanding of the issues and modeling respect for diversity.

APPENDIX J

National Association of School Psychologists (NASP) Position Statement on Gay, Lesbian, and Bisexual Youth

Youth who become aware of minority sexual orientation within themselves during childhood or adolescence are at greater risk for a number of dangerous or harmful situations or activities. The most prominent risks include suicide, physical and verbal harassment, exposure to the HIV virus, and substance abuse. In addition, these youth are often rejected, emotionally and physically, by their families and become homeless as a result of the disclosure of their sexual orientation. Society's attitudes and behaviors toward these youth render them invisible. As a result, this group suffers from a lack of resources to deal with the problems caused by the internalized sense of inadequacy and low self-esteem. Gay, lesbian, and bisexual youth who also have disabilities or are members of other minority groups have additional barriers to receiving appropriate education and mental health care within the school system and society as a whole.

The National Association of School Psychologists supports equal access to education and mental health services for sexual minority youth within public and private schools. This can be accomplished through: 1) education of students and staff, 2) direct counseling with students who are experiencing difficulties within themselves or with others due to actual or perceived minority sexual orientation, 3) advocacy for such youth within the school and the community settings, 4) support of research on evaluations of interventions and programs designed to address the needs of gay, lesbian, and bisexual youth in schools, and 5) support of programs for HIV prevention directed at gay, lesbian, and bisexual youth.

Violence and intimidation directed at sexual minority youth, whether aimed at an individual through direct harassment or at the entire group through antigay statements or biases, violate the right of these students to receive equal education opportunities. NASP believes that school psychologists are ethically obligated to ensure that these students have an equal opportunity for the development of their personal identity in an environment free from discrimination, harassment, violence, and abuse. To achieve this goal, efforts must be made through education and advocacy for these youth to reduce discrimination and harassment against sexual minority youth by both students and staff.

Creating Safe Schools for Sexual Minority Youth

Schools must maintain campuses that are safe and conducive to learning for all students. NASP believes that efforts to create safe schools for sexual minority youth should include but not be limited to education of all students and staff, direct intervention with victims and perpetrators of harassment and discrimination of those at risk, and promoting societal and familial attitudes and behaviors that affirm the dignity and rights of gay, lesbian, and bisexual youth.

Education of Students and Staff

Because many gay, lesbian, and bisexual students choose not to reveal their sexual orientation for fear of harassment, other students and staff are often not aware of their presence. Staff and students who are aware and supportive may fear openly speaking out for sexual minority youth because of the possibility of being discriminated against themselves. Even among those who are aware of the existence of sexual minority youth in their school, many maintain misconceptions regarding these youth and may be unsure how to address their needs. NASP supports educating students and staff regarding the existence and needs of sexual minority youth through inservice training on the risks experienced by these youth, research relevant to these youth, and appropriate ways of addressing harassment and discrimination directed toward any student. In addition, issues pertaining to sexual orientation can be infused in the curriculum, such as

presenting theories regarding the development of sexual orientation in a science class, reading works of famous gay, lesbian, or bisexual authors in a literature class, or discussing the gay rights movement in historical context with other civil rights movements in a social studies class. Sexual minority youth must also be educated to reduce unsafe behavior such as substance abuse and exposure to HIV. In addition, educating these youth can reduce the isolation they often feel as a result of perceiving themselves as invisible or as misunderstood.

Direct Intervention with Victims and Perpetrators of Harassment and

Discrimination

As with any instance of school violence, harassment and discrimination against sexual minority youth should be addressed through applying consequences and educating the perpetrator and by supporting and protecting the victim. Both goals can be achieved through nonjudgmental counseling for students who have been victims of such harassment or who are questioning their sexual orientation and may become targets of harassment in the future by disclosing their status as gay, lesbian, or bisexual. Counseling and education should also be provided to the perpetrator to help prevent future episodes of harassment. Because school staff may, knowingly or unknowingly, discriminate against sexual minority youth, NASP believes that education and support for sexual minority youth must occur at all levels of schooling. This education should include students, teachers, support staff, and administrators and should stress that discrimination and harassment must be addressed regardless of the status of the perpetrator.

Promoting Societal and Familial Attitudes that Affirm the Dignity and Rights within Educational Environments of Gay, Lesbian, and Bisexual Youth

By educating students and staff, school psychologists can help change negative or indifferent attitudes toward sexual minority youth. However, a much more powerful agent of change may be the example of the school psychologist who refuses to allow slurs or discrimination to occur and who is willing to provide services to all students regardless of sexual orientation or other minority status. Within their own schools and in society as a whole, school psychologists can promote attitudes that affirm the dignity and rights of sexual minority youth by removing biases from their own practice. They can also point out the actions and statements of other school staff who discriminate or neglect needs of sexual minority youth and attempt to address these issues in a fair way. In particular, school policies should mandate fair treatment of all students and equal access to educational and mental health services within the schools. School psychologists can provide expert opinions and research-based information to assure that such policies are in place and enforced. Finally, school psychologists can encourage local, state, and national organizations to disseminate information to parents and other groups that need to be aware of the issues related to gay, lesbian, and bisexual youth in the schools.

Role of the School Psychologist

Because they work directly with students as well as staff and administrators, school psychologists are uniquely positioned to affect policies and practices within the schools. They can also teach by example. School psychologists can explicitly inform students that they are available to all students regardless of sexual orientation. In counseling sessions, they can be mindful that not every student is heterosexual and that sexual minority status can affect self-esteem and peer relationships. School psychologists can address issues of sexual orientation in inservice sessions as well. In presenting material on sexual harassment and discrimination, for example, they can take care to include examples and information involving sexual minority youth. School psychologists are also in a position to educate students on a number of issues related to high risk behaviors that are especially frequent among gay, lesbian, and bisexual youth, targeting both the school population in general and sexual minority youth in particular.

Summary

NASP recognizes that students who are of a minority sexual orientation, or are perceived to be, are at risk of a number of dangerous and destructive behaviors as well as harassment, discrimination, and low self-esteem. A successful program to address these issues educates both those who discriminate and those who are discriminated against because of sexual orientation. This education can occur on a number of levels: intervention with individual students, schoolwide inservice training, and modeling attitudes and behaviors by school psychologists in daily interactions with all students and staff. Any program designed to address the needs of sexual minority youth should also include efforts to educate parents and the community through involvement with other organizations committed to equal opportunity for education and mental health services for all youth. Schools can only be truly safe when every student, regardless of sexual orientation, is assured of access to an education without fear of harassment and violence.

National Association of School Psychologists (6-04-04)

APPENDIX K

Recommendations for the U.S. Department of Education

General Recommendations Based on the Review of Literature Regarding Threats Faced by Sexual Minority Students in Public Schools

1. Direct school districts to Protecting Students from Harassment and Hate Crimes, the 1999 guide developed by the department's Office for Civil Rights and Bias Task Force of the National Association of Attorneys General. This guide provides step-by-step guidance, sample school policies and checklists, and reference materials that can assist school districts in protecting students from discrimination based on sexual orientation.
2. The Office for Civil Rights should increase its monitoring of school districts that fail to protect employees from discrimination on the basis of sexual orientation. When federal legislation is enacted to provide explicit protection from discrimination based on sexual orientation and gender identity, the Office of Civil Rights should monitor compliance and enforce this legislation.
3. Analyze all regulations and policies addressing nondiscrimination on the basis of sex or gender for effectiveness in recognizing lesbian, gay, bisexual, transgender, and questioning youth.
4. The department should monitor school districts for compliance with the principle of nondiscrimination, and intervene where existing policies are failing. Include

sexual orientation and gender identity in any data collection tools measuring discrimination in education.

5. Ensure that all existing and model complaint mechanisms include provisions for complaints by lesbian, gay, bisexual, transgender, and questioning youth.

APPENDIX L

Recommendations for State Government and Local School Boards

General Recommendations Based on the Review of Literature Regarding Threats Faced by Sexual Minority Students in Public Schools

1. Introduce students to the principles of respect and tolerance at an early age, starting with elementary school. In later grades, general programs on tolerance and respect should integrate the idea of tolerance and respect for lesbian, gay, bisexual, and transgender persons in an age-appropriate manner.
2. Provide lesbian, gay, bisexual, and transgender staff who wish to be open about their sexual orientation or gender identity with the institutional support to make them feel safe to do so.
3. Make information about gay, lesbian, bisexual, and transgender issues available in school libraries. This information should include age-appropriate videos, pamphlets, and books—including those written by youths, for use by students, teachers, and parents.
4. Repeal laws and regulations that prevent educators from including information relevant to lesbian, gay, bisexual, transgender, and questioning youth in health education on sexuality and sexually transmitted diseases.
5. Include lesbian, gay, bisexual, transgender, and questioning youth in all regulations and policies related to diversity issues.

6. Establish and implement policies providing confidentiality in discussions between counselors and students. School-based counseling professionals should advise students of the existence and limits, if any, on counselor-student confidentiality. Policies should include a prohibition on disclosing information concerning students' sexual orientation or gender identity to their classmates, parents or guardians, or local communities.
7. Enact legislation to protect school administrators, teachers, counselors, and other school staff, and all other employees from discrimination in employment on the basis of sexual orientation or gender identity.

Specific Recommendations Resulting from the Outcomes of the Present Study

1. State governments should ensure that all university programs for the education of state-certified student services personnel include mandatory training on working with diverse students, including those that are lesbian, gay, bisexual, or transgender and those who are questioning their sexual orientation or gender identity. Perhaps this are could be included under Cultural Competency requirements.
2. Provide introductory and ongoing training to all staff—teachers, administrators, support staff, cafeteria personnel, and maintenance workers—on addressing the needs of sexual minority youths. Provide specialized training for student services professionals on these issues.
3. Require that some of the continuing education credits required for state-certified student services professionals address issues related to working with diverse students, including gay, lesbian, transgender, and questioning students.

4. School counseling professionals should be guided by the ethical standards of the American Psychological Association, the School Social Work Association of America, the American School Counselors Association, the National Association of School Nurses, and the National Association of School Psychologists with regard to serving gay, lesbian, bisexual, transgender, and questioning youths.

APPENDIX M

Suggestions for School-Based Student Services Professionals

The most important factor for school-based counseling professionals when working with sexual minority youths is that the professional must be supportive of the youth, contribute to a school culture that is welcoming to such youths (regardless of personal ideologies), and must feel comfortable with the issues surrounding homosexuality and sexuality in general. Results from the current study suggest that many pupil services professionals are willing to engage sexual minority youths in a positive therapeutic relationship. However, due to inadequate training and variable levels of comfort with addressing sexual orientation issues within a school counseling context, many professionals may be struggling with this issue. Even among those professionals who possess supportive attitudes regarding sexual minorities refrain from making a public commitment to supporting sexual minority students. It may be assumed that a perceived lack of institutional support for such efforts may impede their willingness to advocate in behalf of those students. The following suggestions, adapted from Callahan (2001) might be helpful to professionals who are struggling with this issue.

1. Understand that, although sexual minority professionals will undoubtedly have special insights into the experience of the GLBTQ youth, being gay, lesbian, or bisexual is not necessarily a prerequisite for counseling this population. Both homosexual and heterosexual counseling professionals can be effective in

addressing the psychological needs of these youths. Having an accurate knowledge of the population, as well as being understanding, empathetic, and able to provide non-biased, non-judgmental advice are attributes which are essential when counseling sexual minority youths.

2. Let the LGBTQ youth know that it is alright to be gay, lesbian, bisexual, transgender, or heterosexual. Let him or her know that it is also alright to be confused or to change his or her mind about a suspected orientation.
3. Help the student to understand and clarify his or her own feelings about sexual orientation. Become knowledgeable about the impact of internalized homophobia on the developing self-concept.
4. Prepare to provide accurate and adequate information, which is readable and understandable, to the young person. Literature written by gay, lesbian, bisexual and transgender young people for GLBTQ youths is most helpful. This information helps the young person to abolish myths and stereotypes.
5. Be able to refer the young person to non-sexually charged, healthy peer support groups within his or her local community or school, where these are available. Social interaction among other sexual minority youths will help alleviate the social isolation and loneliness which many GLBTQ adolescents experience. Professionals should educate themselves about these resources and be willing to refer youths to them.
6. Help the young person to develop effective intrapersonal and interpersonal coping strategies to deal with the negative effects of societal stigmatization. Assist the

youth in exploring and developing mechanisms for dealing with conflict, relationships, depression, protected sex, and peer pressure.

7. Be prepared to help the student deal with a wide variety of family issues, and be prepared to educate families also. School-based counseling providers should be cautious in assisting GLBTQ young people who wish to disclose their orientation to their families. They should be able to have a thorough discussion of the risks involved, as well as the advantages, since no one can predict how a family will respond.
8. Train other professionals by providing them with accurate and adequate information about GLBTQ adolescent issues. Help other professionals to view homosexuality from a non-judgmental, non-pejorative perspective.
9. Be willing to be an advocate for the youngster who is having trouble at school, in a group or foster home, or in their family. The protection of the GLBTQ youths is an important task for the counseling professional.
10. Contextualize your professional interactions with GLBTQ youths from a framework of oppression.
11. Examine your own biases both in terms of overt homophobia and more subtle heterosexism.
12. Recognize the legitimate risks faced by GLBTQ youths, but avoid labeling and pathologizing. Be careful not to over-treat or under-treat.
13. Educate yourself about sexuality, adolescent development, and issues and risks facing GLBTQ youths. This education process should include becoming

comfortable with current language and terminology and awareness of same-sex practices.

14. Avoid using a heterosexual paradigm and assuming it applies to lesbian and gay people.
15. Become aware of diversity among sexual minority individuals. Don't assume they are all the same. At the same time, understand that these youths have a range of needs, so become knowledgeable about gay and lesbian culture, community, and resources.
16. Seek good supervision when working with GLBTQ youths, including getting input from lesbian and gay people.

APPENDIX N

Training suggestions for Dealing with Public Controversy

Working from a commitment to social justice and respect for diversity can enable educators (including pupil services professionals) to link together different forms of discrimination and help build alliances among pupils, administrators, and like-minded civic or parent groups to address a wide range of forms of intolerance and prejudice, including anti-gay bias. Highlight research and examples of how race, gender, and homophobia interact and overlap. Best practice in challenging homophobia requires partnership across a variety of agencies, including health and law enforcement (as a school/community safety issue) (Warwick, Chase, & Aggleton, 2004).

Pervasive homophobia may be the factor that hinders not only pupil services professionals' use of gay affirming behavior, but also learning and full inclusion of GLBTQ students in the educational setting. Such homophobia may also prepare the ground for vindictive and violent forms of harassment and discrimination. Within such settings, staff, pupils, and other members of school communities can, at best, fail to understand or appreciate the diversity of pupils' sexuality-related needs, or, at worst, collude in the abuse of children and young people. Given the broader contexts within which educators (including school-based counseling professionals) operate, those who challenge homophobic bias or advocate proactively against such bias may find their efforts challenged and undermined. Such educators should expect that some community members (especially those representing highly religious or politically conservative

interests) will resist attempts to counter homophobia, viewing expression and discussion of same-sex sexuality as wrong (Warwick, Chase, & Aggleton, 2004).

However, given that all school personnel have a duty to protect pupils from abuse and harassment, encourage pro-social behavior, and establish environments conducive to learning, school professionals should appropriately turn to more inclusive frameworks in order to counter resistance from outside forces opposed to addressing homophobia in schools. These inclusive frameworks (in the form of civic and research organizations committed to social justice) generally emphasize that *all* children and young people have a right to benefit to the full extent from education, and that homophobic bias (like other forms of discrimination) undermines the fulfillment of this right.

Five key steps in this process, adapted from Warwick, Chase, & Aggleton (2004) can be identified for this process:

1. Creating opportunities for further dialogue
 - a. To enable key agencies and organizations to pool knowledge and resources.
 - b. To raise awareness of innovative and good practice
 - c. To draw on the expertise of advocacy and lobbying groups and raise the status of this area of work.
 - d. To identify how homophobia-related actions and activities might best be included as part of other initiatives and programs in which organizations and agencies are involved.
2. Identifying common principles of effective practice when addressing homophobia in schools

- a. To encourage educators to develop, refine, and share activities that contribute to real change within schools and classrooms.
3. Promoting research
 - a. To generate new and reliable knowledge about the extent of homophobic incidents in (and around) schools
 - b. To identify the nature and extent of the impact of homophobic incidents in (and around) schools among GLBTQ youths, and pupils in general
 - c. To identify what approaches and activities to address homophobia work best in which educational settings
 - d. To identify the extent of bullying and harassment towards the school workforce and how this might best be addressed in and out of school
 4. Communicating findings
 - a. To support the development of a shared understanding that, regardless of type of school, homophobic incidents can not only be successfully addressed, but also there are concrete steps to take when doing so.
 - b. To raise awareness among staff and students (and parents/care-givers) that they have the right not to be discriminated against on the grounds of their sexual orientation and, if they are, to know where assistance and support can be obtained
 5. Reviewing and communicating progress about this dialogue
 - a. To identify areas of success—as well as those needing further work—when building partnerships, identifying common principles, encouraging research and communicating findings.

About the Author

Lance S. Smith received his Bachelor's Degree in Psychology from the University of Central Florida in 1990 and an Educational Specialist's Degree in School Psychology from the University of South Florida in 1995. He began his professional career as a behavior training specialist working with adult clients with autism and severe behavior disorders. He then worked briefly as a Children, Youth, and Families Counselor for the State of Florida while pursuing his Specialist's degree.

After practicing as a school psychologist for two years, Mr. Smith entered the University of South Florida to pursue his doctoral degree in 1997. He has been a practicing school psychologist for approximately ten years.