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**THE EFFECTS OF A SCHOOL CURRICULUM  
WORKSHOP ADDRESSING SAME SEX ATTRACTION:  
IMPACT AND PREDICTORS OF RESPONSE**

**Renée Samantha Berry**

**2000**

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**Renée Samantha Berry**

**Department of Psychology**

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## **Abstract**

This study evaluated the impact of a school teaching module aimed at reducing negative cognitive attitudes towards homosexuals. The study examined levels of homophobia, gender and religiosity differences in homophobic attitudes, and potential longevity of change. Fifty-one fifth form students (29 females and 22 males) from three different classes participated in the study. The students completed a cognitive measure of homophobia, an affective measure of homophobia, indicators of social desirability response, and recorded their level of religiosity prior to the intervention being delivered. The intervention workshop was delivered in the students' usual 'life skills' classes by facilitators who identify as experiencing same sex attraction. The workshop involved a variety of exercises requiring student participation and covered a variety of areas thought to influence homophobic level. The cognitive questionnaire was administered on two occasions after the intervention was delivered. Consistent with research exploring homophobic attitude, males and those identifying higher levels of religiosity recorded higher levels of homophobia at some measured points. Additionally, the study was consistent with past research identifying that education programmes were effective in reducing levels of homophobia.

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## **Introduction**

Homophobia in its literal sense can be described as a fear of homosexual people and can manifest itself through anti-homosexual prejudice (Van de Ven, 1995a). Over recent years more modern terms have been used to describe anti-homosexual prejudice and related behaviour. For example, the term 'homonegativism' refers to "prejudicial attitudes and affective responses of heterosexuals towards homosexuals" (Cerny & Polyson 1984, p. 366). The generic term 'heterosexism' encompasses hostile heterosexual verbal or physical behaviour towards lesbian or gay people (Bullock et al. 1990). These newer terms evolved out of recognition that discrimination towards homosexuals is not always driven by 'fear' and may be a combination of situational factors like ignorance and perpetuated societal /familial/peer/cultural/religious messages – these may or may not result in fear. However, for the purpose of this study, discriminating and marginalising attitudes toward people who experience same sex attraction will be referred to as homophobia. Exploration of the negative effects of homophobia, highlight and justify the need for programmes aimed at reducing negative attitudes towards people who experience same sex attraction.

### The Effects of Homophobia

Whilst it is impossible to know the extent to which homophobia affects adolescents who are same sex attracted (SSA), research discussed below has highlighted several significant areas affected. These include social and familial isolation, sense of difference, increased anxiety and major depression, increased suicidal attempts and ideation, family and peer rejection, homelessness, increased victim of homophobic hate crimes, increased discrimination and failure at school, and increased incidence of

alcohol and drug use. In order to highlight the substantial affect that homophobia has on a proportion of our population, closer inspection of each of these is warranted.

### *Difference and Isolation*

Many same sex attracted (SSA) young people recognise that they are negatively different from their peers regarding attraction (Martin & Hetrick, 1988). The peer importance placed on emerging heterosexuality coupled with the importance of 'fitting in' with current social norms means that SSA adolescents can experience an increase sense of isolation (Dempsey, 1994). They cannot discuss their sexual crushes with best friends and receive feedback considered important in the development of relationships. Much information they can find about themselves reflects negativity or a medical approach. Role models are relatively non-existent with most representations conforming to negative stereotypes (Quinliven, 1995). SSA adolescents are aware that they will never fulfil their parents' concept of a dream wedding. They are often unable to discuss their relationships with family members thus minimising the opportunity of developing familial bonding and relationship advice (Borhek, 1988; Savin-Williams, 1989), and may have to 'tolerate' and pretend to enjoy advances from the opposite sex. Almost every television programme they watch portrays relationships as heterosexual. The list of examples of isolation is never ending and frequently impacts on day to day activities.

To understand the sense of difference and isolation, it is useful to address how it is inevitably magnified. Having limited support and acknowledgement for same sex attraction is one aspect; cutting off from peers and family is another. Often in order to safely disguise sexual orientation, a SSA adolescent will play/act a role, sometimes 'badly', sometimes 'well'. In this respect very few significant bonds are maintained and



created – increasing the sense of isolation and loneliness (Dempsey, 1994; Savin-Williams, 1989; Troiden, 1988).

### *Suicide Attempts and Ideation*

Suicidal behaviour in young people appears to be a combination of mental ill-health, psychosocial and individual variables (Nicholas & Howard, 1998). Additionally, there is empirical evidence to support the concept that there is a link between sexual identity and suicide attempts or ideation with much of the research has focusing on gay and bisexual male suicide attempts. Table 1 has been adapted from Nicholas & Howard (1998), and appears to highlight the link between sexuality and suicidal ideation/attempts. Adaptations include additional research findings and the inclusion of information relevant to suicide and suicidal ideation only.

The information presented in Table 1 is an alarming reality of the effects of existing in a homophobic society. However, some of the studies appear problematic in terms of the experimental design, specifically, how the participants were recruited. For example, many of the community based samples were drawn from local youth groups (D'Augelli & Hershberger, 1993; Herdt & Boxer, 1993; Magnuson, 1992; Proctor & Groze, 1994; Schneider et al., 1989). People attending these youth groups may be at greater risk of suicide attempts and ideation (Nicholas & Howard, 1998; Savin-Williams, 1994). Some studies combined the results of lesbian, gay and bisexual populations (D'Augelli & Hershberger, 1993; DuRant et al., 1998; Faulkner & Cranston, 1998; Garofalo et al., 1998; Hammelman, 1993; Herdt & Boxer, 1993; Kryzan & Walsh, 1998; Magnuson, 1992; Martin & Hetrick, 1988; Proctor & Groze, 1994; Remafedi et al., 1997; Seattle

Department of School Education, 1995). These populations groups all have non-heterosexuality as the common link but can potentially yield differing results.

Table 1. Summary of research findings on sexuality and suicide attempts/ideation.

<b>Authors</b>	<b>Sample</b>	<b>Findings Related to Suicide</b>
Bagley & Tremblay (1997)	<ul style="list-style-type: none"> <li>750 gay and straight identified males aged 18-27.</li> <li>Random sample –community based.</li> </ul>	<ul style="list-style-type: none"> <li>6.1% of gay males had previously made a suicide attempt.</li> <li>0.44% of heterosexual males had previously made a suicide attempt.</li> </ul>
D'Augelli & Hershberger (1993)	<ul style="list-style-type: none"> <li>194 gay, lesbian and bisexual youth 15-21 years of age.</li> <li>Sample from community gay youth groups.</li> </ul>	<ul style="list-style-type: none"> <li>42% had previously attempted suicide.</li> <li>8% frequently thought about suicide.</li> <li>Mean number of attempts = 3.1.</li> </ul>
DuRant, Krowchuck & Sinal (1998)	<ul style="list-style-type: none"> <li>3886 students from grades 8-12 at a Vermont High School.</li> <li>Questionnaires administered as part of a general health survey.</li> </ul>	<ul style="list-style-type: none"> <li>59.2% of self-identified gay, lesbian and bisexual students had considered suicide in the last year.</li> <li>40.7% of self identified gay lesbian or bisexual students had attempted suicide at least once.</li> <li>15.2% of self-identified heterosexual students had attempted suicide at least once.</li> </ul>
Faulkner & Cranston, (1998)	<ul style="list-style-type: none"> <li>3054 students from grades 9-12 at a Massachusetts school.</li> <li>Questionnaires administered as part of a general health survey.</li> </ul>	<ul style="list-style-type: none"> <li>27.5% of students participating in homosexual activity had attempted suicide.</li> <li>13.4% of students participating in heterosexual activity had attempted suicide.</li> </ul>
Garofalo, Wolf, Kessel, Palfrey & DuRant (1998)	<ul style="list-style-type: none"> <li>4159 students from grades 9-12 at a Massachusetts High School.</li> <li>Questionnaires administered as part of a general health questionnaire.</li> </ul>	<ul style="list-style-type: none"> <li>35.5% of gay self identified lesbian or bisexual self identified students (2.9%) had attempted suicide in the past 12 months.</li> <li>9.9% of self identified heterosexual students had attempted suicide in the last 12 months.</li> <li>.</li> </ul>
Hammelman, (1993)	<ul style="list-style-type: none"> <li>48 lesbian bisexual and gay, 15-32 years of age.</li> <li>58.3% male.</li> <li>Sample recruited from university gay groups.</li> </ul>	<ul style="list-style-type: none"> <li>29% attempted suicide.</li> <li>48% had considered suicide.</li> <li>71% attempted before the age of 18.</li> <li>Mean age of first attempt = 16.93.</li> </ul>
Herd & Boxer, (1993)	<ul style="list-style-type: none"> <li>202 lesbian, gay and bisexual youth under 20 years old.</li> <li>69.8% male.</li> <li>Sample recruited from gay community youth group.</li> </ul>	<ul style="list-style-type: none"> <li>20% of population sample had attempted suicide.</li> </ul>
Kryzan & Walsh (1998)	<ul style="list-style-type: none"> <li>1960 young people aged 10-25.</li> <li>Methodology involved internet research.</li> <li>64% of males self identified as gay, 23% bisexual, 11% unsure &amp; 1% heterosexual.</li> </ul>	<ul style="list-style-type: none"> <li>22% had attempted suicide at least once.</li> <li>37% had seriously thought about suicide.</li> </ul>

Table 1. Summary of research findings on sexuality and suicide attempts/ideation

(cont'd).

<b>Author(s)</b>	<b>Sample</b>	<b>Findings related to suicide</b>
Magnuson (1992)	<ul style="list-style-type: none"> <li>• 129 lesbian, gay and bisexual youth 14-25 years of age.</li> <li>• 59.7% male.</li> <li>• Recruited from gay community support groups.</li> </ul>	<ul style="list-style-type: none"> <li>• 26% of males and 44% of females had previously attempted suicide.</li> <li>• 61% of males and 76% of females had experienced suicidal ideation.</li> </ul>
Martin & Hetrick, (1988)	<ul style="list-style-type: none"> <li>• 700 clients who contacted the New York Martin and Hetrick Institute.</li> <li>• Median age 17 years.</li> <li>• 60% male.</li> </ul>	<ul style="list-style-type: none"> <li>• 21% had previously attempted suicide.</li> </ul>
Proctor & Groze (1994)	<ul style="list-style-type: none"> <li>• 221 gay, lesbian and bisexual participants.</li> <li>• Under 22 years of age.</li> <li>• Recruited from 24 gay lesbian and bisexual youth groups throughout the U.S. and Canada.</li> </ul>	<ul style="list-style-type: none"> <li>• 40.3% had previously attempted suicide.</li> <li>• 25.8% had experienced suicidal ideation.</li> </ul>
Remafedi (1987)	<ul style="list-style-type: none"> <li>• 29 gay and bisexual youth 15-19 years of age.</li> <li>• Recruited through advertisement only.</li> </ul>	<ul style="list-style-type: none"> <li>• 34% had previously attempted suicide.</li> <li>• 20% made multiple attempts.</li> <li>• 96.5% had contemplated suicide.</li> </ul>
Remafedi, Farrow & Deisher (1991)	<ul style="list-style-type: none"> <li>• 137 gay and bisexual males 14-21 years of age.</li> <li>• Recruited through advertisement in gay youth groups, universities, social welfare agencies and peer referral.</li> </ul>	<ul style="list-style-type: none"> <li>• 40% had previously attempted suicide.</li> <li>• Almost half attempted suicide more than once.</li> <li>• An additional 25.8% had thought about it at least once.</li> </ul>
Remafedi, French, Story, Resnick & Blum (1997)	<ul style="list-style-type: none"> <li>• 36254 students from grades 7-12 from a Minnesota public schools.</li> <li>• Questionnaires administered as part of a general health survey.</li> </ul>	<ul style="list-style-type: none"> <li>• 28% of self identified gay, lesbian and bisexual students attempted suicide.</li> </ul>
Rotheram-Borus, Hunter & Rosario, (1994)	<ul style="list-style-type: none"> <li>• 138 gay and bisexual males 16-22 years of age.</li> <li>• All recruited from the New York Hetrick and Martin institute.</li> </ul>	<ul style="list-style-type: none"> <li>• 39% had previously attempted suicide.</li> <li>• 52% of these people had made more than one attempt.</li> </ul>
Seattle Department of School Education (1995)	<ul style="list-style-type: none"> <li>• 8406 students from grades 9-12 from Seattle public schools.</li> <li>• Questionnaires administered as part of a general health survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Self identified gay, lesbian and bisexual students were twice as likely as self identified heterosexual youth, to have seriously considered suicide in the last 12 months.</li> <li>• 20.6% of self identified gay, lesbian and bisexual students had attempted suicide in the past 12 months in comparison to 6.7% of self identified heterosexual students.</li> </ul>
Schneider, Farberow & Kruks, (1989)	<ul style="list-style-type: none"> <li>• 108 gay males 16-24 years of age.</li> <li>• Recruited through gay social and support groups.</li> </ul>	<ul style="list-style-type: none"> <li>• 22% had previously attempted suicide.</li> <li>• 45% of these had made more than one attempt.</li> <li>• Mean age of first attempt = 16.3 years of age.</li> </ul>

Adapted from Nicholas and Howard (1998), pp. 20-21.

For example, some studies have indicated that females report a higher level of suicidal feelings and attempts (Magnuson, 1992; Hammelman, 1993), and have higher levels of anxiety and hostility (D'Augelli & Hershberger, 1993). Also, researchers' definitions of non-heterosexuality were different. Some studies considered homosexual behaviour to be the identifiable criterion, while others required the participants to identify themselves as gay or lesbian.

Furthermore, adolescents experiencing same sex attraction are a somewhat hidden population – this invites the question whether the samples used were truly representative.

A perceived limitation of these studies is their relevance to New Zealand (NZ) populations, as all studies were undertaken overseas. Perhaps one of the most applicable studies conducted thus far comes from recent research in Sydney. Nicholas and Howard (1998) recruited 57 gay identified and 54 heterosexual identified participants from the wider Sydney area. Major demographic details like age, employment, education and residential patterns were controlled for in the study. Results indicated that gay populations experienced significantly higher levels of suicidal ideation and attempts when compared with the heterosexual sample (28.1% v 7.4%). This is consistent with international findings and may be utilised in determining the relevance to NZ populations.

Rich et al. (1986) analysed information on 133 completed suicides under the age of 30 and 150 cases over 30 years of age. Only 13 of the victims were identified as gay. Shaffer et al. (1995), reported a similarly low completed gay male suicide at 3.2%.

However, the reported figures for gay males may have been underestimated. The researchers had to rely on reports from friends and family to identify those who experienced sexuality issues. The interviewees may not have known if their loved ones were gay, or may have denied the victims orientation. In either case, there may have been a larger proportion of gay people in the sample than was reported.

### *Increased Incidences of Depression and Anxiety*

Regularly experiencing messages of sexual and general inferiority, it may follow that SSA adolescents would be disproportionately represented in depression statistics in comparison with the heterosexual population. Given that suicide attempts and ideation are significantly greater in SSA adolescents, a larger depression statistics would be expected.

Fergusson et al. (1999) in a recent New Zealand study reported that the SSA sample in the longitudinal birth cohort study were 5.9 times more likely to be classified as experiencing two or more psychiatric disorders. Also, 4 times more likely than heterosexual participants to suffer from major clinical depression. Motto et al. (1985) in their two-year follow-up study of 2753 people hospitalised due to depression or suicidality, found that celibate homosexuals and sexually active bisexuals had higher incidence of depression than those with a heterosexual or practising homosexual orientation. Bagley and Tremblay (1997) indicate a similar result in their all male study with elevated mental health problems for celibate homosexuals and sexually active bisexuals. Bell and Weinberg (1978) found that celibate homosexuals were at the greatest risk of depression within the gay population. Remafedi (1987) did not look

specifically at depression in his research but found that 72% of his gay male sample experienced mental health problems that required consultation.

Anxiety experienced by SSA adolescents can be created by a fear of being exposed by friends and family, being ridiculed, beaten up, rejected by peers, kicked out of home, being hassled at school or on the streets – or maybe just the fear of these things happening. Disclosure or exposure to parents appears to be the most significant relation to anxiety (Borhek, 1988). The following quote from one young man who came out to his parents, is an example of why depression and anxiety are a reality for many SSA adolescents:

I also told my father. The one phrase that I'll remember is, :  
 "Your mother and I have no further reason to live. I don't know  
 what the hell we have done to deserve the treatment we are  
 getting. Terry, you were our only hope" (Savin-Williams, 1989,  
 p. 3).

D'Augelli and Hershberger (1993) state that the feeling of being utterly overwhelmed is often correlated with anxiety and depression. The above mentioned authors found that 21% of their gay, lesbian and bisexual sample "sometimes" or "often" reported feeling overwhelmed. The study by Fergusson et al. (1999) on the topic of depression mentioned that SSA people under the age of 21 were 2.8 times more likely to have a generalised anxiety disorder.

### *Family Rejection and Homelessness*

Family shame and disgust at having a child experiencing same sex attraction can result in family conflict and parents wanting their child to leave the family home (Nicholas & Howard, 1998). Alternatively, a SSA child may experience a large degree of unbearable anxiety around their parents' possible reactions if they were discovered to have same sex attraction. This may result in the child leaving or running away from the family home environment (Dempsey, 1994).

The research in this area is relatively extensive and suitably illustrates the familial effects of homophobia (Uribe & Harbeck, 1992; Remafedi, 1987; Remafedi et al., 1991; Hammelman, 1993; Magnuson, 1992; Nicholas & Howard, 1998). In the study by Uribe and Harbeck (1992) it was reported that out of all gay males in their sample only 2.7% had a positive relationship with their family over the issue of being gay, and 54% were unable to live at home due to their homosexuality. Remafedi (1987) reported that 48% of their male homosexual sample had run away from home at some point. This figure was closely reflected in Remafedi et al. (1991) who found that 40% of the sample had been runaways. Hammelman (1993) from his sample, reported that 36% of gay and lesbian youth attempting suicide were rejected by their family when they came out. An additional reflection of the reaction of parental response is highlighted in Magnuson (1992) where 45.7% of those who attempted suicide experienced a negative reaction to their sexuality from their parents.

It must be acknowledged that none of these studies were executed in New Zealand. However, the Sydney study by Nicholas and Howard (1998) found that those in their sample who experienced negative reactions from their father, were at greater risk of

experiencing suicidal ideation. Currently, the Sydney sample is the closest geographical group to a New Zealand sample.

### *Violence and Harassment*

Prejudicial attitudes have the potential to be reflected in behaviour. Violence and harassment towards same sex attracted people is a behavioural example of homophobia regularly experienced by SSA adolescents (Garofalo et al., 1998; Savin-Williams, 1994). Garofalo et al. (1998) in his study of 4159 Massachusetts students grades 9 to 12, found that self identified gay, lesbian, and bisexual students were 2.6 times more likely than heterosexual students to have been in a fight at school in the last 12 months. These students were 3.4 times more likely than heterosexual students to have required medical attention for the fighting injury, indicating that the fight was more violent.

A total of 28% of heterosexual, gay, lesbian and bisexual suicide attempts in the Youth Risk Behaviour Survey in Garofalo et al. (1998) reported being targeted for anti-homosexual harassment or violence. Savin-Williams (1994) reported that 57% of his sample who attempted suicide were ridiculed for their sexual identity.

### *Substance Abuse*

The research investigating levels of alcohol and drug use in the gay, lesbian and bisexual communities is relatively extensive (Faulkner & Cranston, 1998; Fergusson et al., 1999; Garofalo et al., 1998; Remafedi, 1987). Most evidence supports the concept that there is a disproportionately high level of drug use. The reason for this may be two-fold. First, using a mind-altering substance is a convenient way to escape reality.



Through drugs, SSA adolescents can forget that they don't fit in for a while and numb a little bit of the emotional pain associated with discovering and living same sex attraction. Second, those exposed to gay culture will quickly learn that drugs and alcohol is a 'normal' part of socialising and having fun. Most gay socialising is conducted in bars and is it not unusual for drugs like amyl nitrate to be inhaled openly on the dance floor.

Within the New Zealand context there is relatively little research identifying drug use in the SSA population. However, the Fergusson et al. (1999) Christchurch based longitudinal birth cohort study found that SSA participants were 5 times more likely to have nicotine dependence and 1.9 times more likely to experience substance dependence/abuse. Overseas research yields more striking results. For example, Remafedi (1987) describe 17% of their gay population as receiving treatment for chemical dependency. Faulkner and Cranston (1998) in their 3054 sample of 9-12 grade students found that SSA students were:

- 4.0 times more likely to be involved in heavy binge drinking.
- 8.7 times more likely to be drinking alcohol on a daily basis.
- 6.0 times more likely to have used cocaine on one occasion.
- 19.0 times more likely to have used cocaine 10 times or more.
- 5.1 times more likely to have used other illegal drugs (not including alcohol, marijuana or cocaine)
- 6.7 times more likely to have used drugs intravenously.

A similar study using 4159 grade 9 – 12 students from Massachusetts (Garofalo et al., 1998) found that SSA students were:

- 4.8 times more likely to have tried cocaine.

- 14.4 times more likely to have used cocaine before 13 years of age.
- 6.4 times more likely to have used anabolic steroids.
- 9.6 times more likely to have used drugs intravenously.

These results give a good indication of drug use extent in some SSA populations.

Within a New Zealand context it may be advantageous to ask questions around the use of cannabis, amphetamines and ecstasy – three drugs more freely available in the New Zealand market (Regional Alcohol and Drug Services (RADS), 2000).

### Adolescent Development

One of the developmental tasks in the adolescent phase is to begin developing a sense of personal identity (Dempsey, 1994). This frequently manifests itself in the adolescent preoccupation with peer acceptance and age appropriate social norms. An individual's self identity can be shaped by many influences including peers, parents, perceived media representations of role models, teachers and other important people in an individual's life. Throughout adolescent development of personal identity, an individual learns, among many things, how to relate to others, what is acceptable and not acceptable in different social situations and what values are encouraged in a particular social group (Quinliven, 1995).

In contrast to heterosexual adolescents, SSA adolescents learn that their identity is unacceptable and unsupported within all the institutions they become involved with (Quinliven, 1995). This may include their peer group, family, culture, church, or sports club. How SSA adolescents learn this is wide and varied. However, it is most likely a combination of messages delivered through the different senses as they actively and passively make their way through the world listening, watching, sensing the norms and

the 'abnorms' and being all too aware of the social responses to them both (Dempsey, 1994). The covert messages emitted to every member of society regarding same sex attraction is aptly described by the father of a gay son:

On reflecting about homosexuality, I've learned that: my religious tradition taught me to believe that my son was a sinner; my medical support system taught me to believe that my son was sick; my educational system taught me that my son was abnormal; my legal system views my son and his partner as an unsanctioned relationship without legal rights and protection that are afforded my married daughter; my family, immediate and extended, provided no acknowledgement or support for having a gay relative in its midst; my major communications sources treated homosexuality as deviant (The Gay, Lesbian and Straight Education Network, 1998, p. 2).

For the average adolescent, developing a positive sense of identity can be difficult with some adolescents experiencing this period as adversely affecting their mental health (Dempsey, 1994). Adolescent difficulties may be more significant when the process is inclusive of same sex attraction. These adolescents perceive themselves as being quite different from their peers (Nicholas & Howard, 1998; Rainbow Youth, 1999). They lack a range of positive role models and are denied accurate information. In order to fit in with their peer group, the SSA adolescent may learn to overtly or covertly lie and hide behind a façade (Dempsey, 1994; Rainbow Youth, 1999; Troiden, 1988).

Developmentally, this can have a variety of consequences lasting many years into adulthood and sometimes a lifetime. Essentially, young people are denied of what it

means to be positively queer. On one hand, homosexual identity is ridiculed and spoken of with disgust, and on the other hand it is not spoken of at all. Both have a similar effect in that homosexual identity is discredited, viewed as an inferior identity and not a legitimate way of being in our society (Dempsey, 1994; Quinliven, 1995; Remafedi, 1987). Needless to say this has a considerable impact on self-esteem and increases the perceived level of isolation for those young people experiencing same sex attraction. If a young person is intentionally or unintentionally attempting to pass as heterosexual, avoiding or breaking significant social bonds, building protective walls between themselves and their parents, constantly monitoring self actions/glances/utterances and separating emotional identity from sexual identity - how can this not become socially and emotionally crippling (Dempsey, 1994)? Because so many aspects of a SSA young person are built on lies, deception and not acknowledging feelings, it becomes all too easy to believe that all aspects of their life is based on a lie. This can have the affect of further cutting themselves off from peers and family, and adding to an increased sense of isolation. In order to internally manage the emotional incongruence, young SSA adolescents may completely cut themselves off from their emotional life (Dempsey, 1994; Rainbow Youth, 1999; Troiden, 1988).

How a SSA young person internally and externally responds to the overt and covert messages received about same sex attraction, is largely dependent on the personal process of the individual. There are thought to be a series of stages that reflect the development of adolescent alternative sexual identity (Troiden, 1988). These stages were initially termed 'coming out stages', which may not echo the complex grey diversity now thought to exist around sexuality. However, the prescribed concept of stages is still relevant, and can be broadened to encompass the process by which an

individual may move through when experiencing same sex attraction. Though researchers' have identified and termed stages differently, Troiden (1988) identified similar themes and categorised the following four stages.

### *Stage One*

Often before puberty SSA children have a sense that they are different from their peers. This stage is the most difficult to qualify because of its subjective emotional nature. Some individuals infer their difference from gender inappropriate interests while others can't be so specific and describe this stage as an ever-present feeling of 'not being the same'. Often, the feeling associated with same sex attraction means nothing at this stage - difference is all that is recognised (Herdt & Boxer, 1993).

### *Stage Two*

This stage is characterised by internal confusion related to sexual identity. The individual learns that feelings of difference are related to *whom* they are attracted to. This stage can evoke a high level of risk taking behaviour in an effort to deny same sex attraction and/or fit in with the heterosexual attraction norm. Participating in heterosexual activity, drug and alcohol abuse, and para-suicidal behaviour may eventuate at this stage. Or alternatively, a SSA adolescent may become buried in school work, denying extra curricular activities as a way of coping with emotional confusion. Some adolescents may rationalise this stage as more of a 'phase' to grow out of.

### *Stage Three*

At some point an unconventional sexual identity is assumed. When this occurs the third stage has been entered into. Here, same sex attraction may be tolerated by the individual

and shared with a select group of people. Exploration of the gay/lesbian/bisexual cultures, making significant contact with others like themselves, and sexual exploration commonly occurs within this stage. Also, a sense of belonging has the opportunity to develop coupled with the farcical possibility of leading a double life.

#### *Stage Four*

At this point same sex attraction is seen as an important and essential part of the person's identity. There is a decision to *live* an alternative sexuality as opposed to desiring it, and there is no perceived necessity to change sexual orientation. Adolescents may adopt an overt political stance to their orientation and challenge societal norms at this stage.

#### *Stage Five*

By stage five sexuality is usually integrated holistically and becomes just one part of an individual's identity, and does not explain the person as a whole. Stage five usually occurs once adolescence has passed and the individual is considered an adult.

There may be some movement back and forth through some stages especially two and three. Just as there are specific developmental tasks that adolescents must complete in order to become well-adjusted psychologically balanced adults, SSA adolescents have additional tasks to ensure equilibrium in adulthood. However, it must be recognised that the development of humans cannot be categorised so simplistically into stages. Like criticisms of other psychosocial stage models, this type of idealised model can ignore personality differences. Similar criticisms can be seen in Erikson's stages of psychosocial development (Weiten, 1995). Though not directly related to same sex

attraction, it is an example of how stage theories and models are in some cases too simplistic to take into account the complexities of human psychosocial development.

### How Same Sex Attracted Students Experience High School

...we were doing this really yukky getting to know you thing in class...I turned around to this guy and he said 'So, have you had any boyfriends?' and I just remember hearing this silence in the class and all these giggles and (the teacher) turning around from the blackboard and looking straight at me and giving me this really kind of sly grin of complicity, but with them not me. Like this sort of 'Ha, they've got you now'. I remember it really hurting and I was devastated (Quinliven, 1995, p. 8).

Many students who come to identify as experiencing same sex attraction report negative experiences at high school; often from students and teachers alike (Dempsey, 1994; Quinliven, 1995; Rainbow Youth, 1999). Some respond by dropping out of school, truancy, staying silent about their attraction, or putting up with harassment and homophobic statements. All New Zealand schools operate a school charter and are assessed by The Ministry of Education against it. The Mission Statement within the policy usually contains a section stating that all students should be provided with the opportunity to reach their academic potential without discrimination (Liggins et al., 1994). SSA students experience of high school is one indication of how some schools comply with national educational charter expectations.

Remafedi (1987) reports that 24% of his SSA male sample regularly practised truancy and 28% dropped out of school. Garofalo et al. (1998) found that SSA participants were

2.6 times more likely to have been in a fight at school in the last 12 months, 4.9 times more likely to have missed school in the last 30 days due to fear, and 4.6 times more likely to have been threatened with a weapon at school in the last 30 days. In the Uribe and Harbeck (1992) study, the 50 SSA participants identified that coming out at school was the most painful time for them due to harassment and lack of social and psychological support. Similarly, Ginsberg (1996) found that homosexual adolescents reported a significant part of their high school lives were spent feeling isolated, in fear and confused. Additionally, they were forced to deal with an emerging sexuality in an environment that was at best ignorant, and at worst openly hostile. Hostility and lack of support is aptly captured in the following quote:

We were picked on. We were called 'queer' and 'faggot' and a host of other homophobic slurs. We were also used as punching bags by our classmates, just for being different (The Gay, Lesbian and Straight Education Network, 1998, p. 1).

Within the New Zealand context, Quinliven (1995) reports that same sex attraction is identified within schools as a personal issue as opposed to an institutional issue. This legitimises heterosexuality as the only form of sexuality thus reinforcing difference and isolation. Positive representations of SSA people are either absent or marginalised within the schooling system and curriculum. This implies that same sex attraction is 'abnormal' and unacceptable. Half of the participants in the Quinliven (1995) study could not remember any mention of lesbianism in school, and even after searching, could not find any information about same sex attraction within the school. All of the participants felt unsafe at school with teachers sometimes colluding with students' harassment. Quinliven (1995) states the importance of openly SSA teachers as role



models within the schooling system. However, many schools are designed to prevent such role models through lack of support for these teachers and acceptability of harassment by students and teachers alike.

More recently it is being recognised that there are several steps schools can take to reduce homophobia. Some schools have adopted strategies (Rainbow Youth, 1999) which include:

- Make no assumptions about sexuality.
- Have something gay related and visible in the classrooms.
- Support, validate and normalise all students feelings about their sexuality
- Refrain from giving 'coming out' advice – students will do this if and when they are ready.
- Guarantee confidentiality around their sexuality.
- Challenge homophobia when it is heard or seen.
- Include SSA characters in curriculum topics.
- Know what community organisations support SSA students so you can pass on information and refer.
- Adopt *and* enforce anti-discrimination policies.
- Provide role models by supporting SSA teachers and inviting guest speakers to open positive discussion on same sex attraction *or* introduce programmes addressing homophobia.

### Prejudice and Homophobia

It has long been thought that attitudes and beliefs serve a purpose or function. Earlier research focused on the link between personality type and attitudes or beliefs (Herek,

1987a). For example, it was thought that a defensive attitude served to maintain, and was a response to, an already existing defensive personality (Herek, 1987a). However, more recent literature and research from the 1980s to the present, acknowledge that attitudes or beliefs may serve entirely different functions in different domains (Vaughan, 1992). Additionally, attitudes and beliefs are not intrinsically linked to personality characteristics but satisfy individual personal and situational needs (Vaughan, 1992). This has considerable implications for research, as it follows that in order to modify attitudes or beliefs, an individual's personality characteristics do not require modification. Given this, studies investigating the purpose of beliefs or attitudes in different spheres need to assess 'functions' rather than global personality characteristics (Herek, 1994; Vaughan, 1992).

Herek's (1987a) research had the intention of identifying themes and a series of discrete functions that could explain the main purposes of homophobia. His sample consisted of 110 California undergraduates who wrote short essays on their feelings towards lesbians and gay men. They were then instructed to describe the reasons for their feelings and hypothesise the possible sources of their feelings or beliefs. Recurring themes were documented and used to code subsequent studies. From 28 themes, five functional patterns were identified:

- 1) *Experiential schematic positive function* can be described as pleasant past experiences creating favourable attitudes.
- 2) *Experiential schematic negative function* is the inverse of the first function in that negative past experiences create unfavourable attitudes.
- 3) *Defensive function can be described as external projection*. That is, there is a projection of unacceptable motives onto gay men and lesbians, resulting in an

expression of hostility. Needless to say, this is considered to be a negative function only.

- 4) *Self expressive positive function* is described as a set of personal values about self concept, and relationships that promote positive attitudes and beliefs about homosexuals. Examples of a positive value or life motto that may promote positive attitudes towards same sex attracted people includes 'Live and let live' or 'Different strokes for different folk'.
- 5) *Self expressive negative function* is described as a set of personal values about self concept and relationships that promote negative attitudes towards same sex attracted people. For example, it may be believed that heterosexual relationships are the only healthy and natural types of relationships (Herek, 1987a, p. 162).

When Herek (1987a) explored these functions in research, it was found that the self expressive functions were the most common. This however may be expected when we consider the relatively young adult age of the sample; that is, adolescents still within the forming identity phase when personal values are inspected and developed to a large degree. In line with this concept, the researcher found that most negative attitudes were a response to value conflicts and social affiliation needs rather than a defensive response. Also, it was found that most positive attitudes stemmed from high gay and lesbian visibility on the campus primarily through political rallies and support groups. It was considered that this encouraged liberal values within the sample group. This gives some credence to the contact theory within experiential schematic functions (Herek & Glunt, 1993). The contact theory asserts that so long as certain conditions are met when a heterosexual person has contact with a homosexual person, increased respect and liking will occur. The conditions include equal status, egalitarian norms, pursuit of

common goals and opportunities to dispel stereotypes (Cook, 1978). The five functional categories have been supported by other researchers in the same sex attraction field and has become an accepted theory within the study of homophobic attitudes (Van de Ven, 1995a; 1995b).

It is important to acknowledge that prejudicial attitudes and beliefs do not always manifest themselves in behaviour. It must also be recognised that attitude functions (or purpose) are created in many different ways, for example, by culture, media, religion, immediate and extended family and institutional messages. People do not exist in isolation, and the functions that attitudes serve are influenced by the social milieu (Vaughan, 1992). In this respect, individuals may shift between functions at different points in time.

### Reducing Homophobia

Many historical studies focused on the damaging effects of homophobia highlighting the need for programmes effective in the reduction of negative attitudes towards those who experience same sex attraction (Dempsey, 1994; Garofalo et al., 1998; Martin & Hetrick, 1988; Quinliven, 1995; Remafedi, 1987; Shaffer et al., 1995). However, empirical research indicating the most successful ways of changing homophobic attitude still appears to be in its infancy.

In reference to Herek's (1987a) function theory for beliefs and attitudes, that is, experiential schematic functions, defensive function, and self expressive function, it would appear that to change attitudes these areas must be addressed. How to best to do this is still under exploration, and thus far, it appears that there is no one intervention or strategy yielding superior results.

Historical research in the area of homophobic attitude and change has largely focused on four main areas.

- The exploration and modification of stereotypical beliefs (Christensen & Sorensen, 1994); this includes challenging stereotypical beliefs with non-stereotypical SSA characters.
- The exploration of homophobia and its associated effects (Hudson & Rickets, 1980).
- Demographic and personality characteristics found to be predictors of homophobia; for example gender, education level, age, religiosity, conservative beliefs and expectations of gender roles (Haddock et al, 1993; Hansen, 1982; Herek, 1987b; Kerns & Fine 1994; Van de Ven, 1995a; 1995b; VanderStoep & Green, 1988).
- Heterosexism as a societal construct (Herek, 1986; Neisen, 1990).

Research indicates that stereotypical beliefs, conservative values and attitudes, insufficient information about and experience with SSA people, and fearful or uncomfortable feelings are primary features associated with negative attitudes towards people who experience same sex attraction (Christensen & Sorensen, 1994). However, attempts at manipulating these factors yield somewhat inconsistent results. Additionally, gender and religiosity have historically been found to be the main predictive variables for levels of homophobic attitude and modification. Females' attitudes tend to be modified to a greater degree than males (Herek, 1994; Kite, 1984; McDevitt et al., 1990; Price, 1982; Young & Whertvine, 1982), and those who describe a higher level of religiosity appear more resistant to change (Alport, 1967; Fisher et al., 1994; Fulton, 1997; Henley, 1978; Herek, 1984a; 1984b; 1987b; Johnson et al., 1997; Larsen et al.,

1980). The following discussion highlights the most relevant homophobia modification studies identified thus far.

*Historical Research Evaluating the Impact of Homophobia Reduction Programmes*

Van de Ven (1995a) completed research investigating the effects of a teaching module for reducing homophobia on high school students, and endurance of modified attitudes. He explored several different facets of homophobia were explored including cognition, homophobic guilt, homophobic anger, delight and behavioural intentions. The sample consisted of 130 high school participants from two Sydney coeducational, two all boys and two all girls schools. Students completed a series of identical pre-test, post-test and follow up questionnaires. Questionnaires measured cognitive attitudes toward homosexuals (Modified Attitudes Toward Homosexuality Scale), affective responses to homosexuals (Reactions Toward Homosexuality Scale), and behavioural intentions towards homosexuals (Homophobic Behaviour of Students Scale). To complete the questionnaire students were required to write a short story outlining a conversation about homosexuality. Participating teachers of the education programme were trained in its delivery which consisted of six 51 minute sessions. The content of the six sessions was briefly as follows:

1. Identify and discuss myths and stereotypes surrounding homosexuality.
2. Inform students about homosexuality, including the link between prejudice and violence.
3. Contact with lesbian and gay people who do not fit particular stereotypes through a gay and lesbian speaker panel.

4. Discuss issues of homophobia and violence reflected in a number of written scenarios, and consider the homosexual perspective and acceptable ways of relating to gay and lesbian people.
5. Learn that harassment and violence against homosexuals are criminal offenses and that discrimination against gay and lesbian individuals is also illegal (including newspaper reports of antihomosexual violence).
6. Reflect on what had been learned and plan actions to be taken to minimise discrimination against lesbian and gay individuals.

Van de Ven (1995a), p. 160.

Data analysis revealed several findings. There were some significant differential effects for males and females in facets of homophobia measured – these differences did not differ between school type (coeducational and single sex). The programme significantly modified all participants' levels of homophobic anger and behavioural intentions with the reduction remaining constant after a three-month period. This significant level of reduction was mirrored in the cognition variable for all female participants and in homophobic delight for girls who attended a single sex school. Homophobic delight can be described as positive affect or feelings associated with homophobic attitude. Boys initially reduced their level of cognitive homophobia but reverted back to their original level by the three month post-test. This also occurred in the delight variable for boys who attended single sex schools. No significant homophobic modification occurred in the guilt category or the coeducational delight variable. Additionally, no significant difference was detected across all sample groups in short stories written, that is, there were no more positive statements reflected in the stories in reference to homosexuals.

It would appear that Van de Ven's (1995a) teaching module reduced homophobia. However, the modification was maintained only in the female sample. Unfortunately Van de Ven (1995a) was unable to have a control group due to ethical considerations. A control group would have served to validate the research to a greater degree.

Cerny and Polyson (1984) conducted a controlled study with 862 unmarried students attending Indiana State University. The control group consisted of 662 students in an Introductory Psychology course and the experimental group consisted of 200 students enrolled in the Human Sexuality and Sexual Responsibility Course. The control group completed their usual curriculum topics which did not include an inspection of same sex attraction. The experimental group completed a unit on homosexuality consisting of four separate sessions. The first two sessions were 75 minute lectures looking at same sex attraction as an alternative lifestyle. Within the third session two films depicting an explicit sexual gay relationship and an explicit sexual lesbian relationship were observed. The fourth session involved a 45 minute small group discussion where students were encouraged to share their feelings about prior sessions and discuss openly their attitudes and feelings in reference to hypothetical situations, for example, a relative discloses that they are gay. Half of the sample from each university course completed the Heterosexual Attitudes Toward Homosexuality Scale pre-test using a 5 point Likert-type scale. Only half were tested from each sample to assess for the possible effects of re-testing. All participants completed the post-test 10 weeks after the pre-test.

Results from pre-tests found that the control group were significantly more homophobic than the experimental group to begin with, and that females held relatively more liberal views than males in the sample groups. Post-test statistical analysis after the



intervention found that those in the experimental group appeared to have significantly reduced their level of homophobia, while those in the control group showed no significant change. Initial course difference in homophobic level was controlled for and changes appear to be directly linked with the intervention. Again, women showed lower levels of homophobia post-test. However, because of the multi-session approach to the intervention, specific topics within the units most influential in modifying levels of homophobia are not able to be identified. Additionally, those attending the human sexuality course may be more amenable to attitude modification around sexuality. Given this, the samples cannot be seen to be randomly chosen and may be a skewed representation of the wider population.

Christensen and Sorensen (1994) measured the effects of a multi-factor education programme. The population sample consisted of 35 adults enrolled in a Child and Youth Worker programme in Canada. Approximately half were in the control condition and looked at general youth suicide. Same sex attraction information was not included in the sessions consisting of 2 three-hour periods. Within this time they observed films related to youth suicide, read articles pertinent to detecting early suicidal signs, and role-played responses to a scenario involving a threat of suicide. The experimental condition receiving the intervention met for 2-three hour sessions. During this time they observed films that challenged stereotypes, read selected gay pride and history articles, and role played social situations where SSA people could be present. This allowed the development of social skills to be utilised in the company of SSA people. Finally, the experimental group participated in small group discussions about professional development and conflict. The control group did not participate in these. All participants completed three different measurement tools at two discrete times. The

affective component to homophobia was measured using the Index of Attitudes Toward Homosexuals (IAH) while the cognitive aspect with the Beliefs About Gays and Lesbians Scale (BAGL). The behavioural component was measured by requesting that students have involvement in hosting gay and lesbian speakers from out of town - involvement options lay along a continuum. The questionnaires and hosting information were administered in the last half hour of the second session, and a follow up testing occurred four weeks after the education sessions were completed. Because of the random nature of the sample groups it was assumed that levels of homophobia were not different at the onset. Also, this avoids a pre-test effect.

The results from this research indicate that the programme had a significant effect on reducing levels of homophobia in the experimental group. Areas of homophobic reduction included affective, cognitive and behavioural spheres. Homophobia levels increased slightly over time for both the affective and cognitive measures but remained constant in the behavioural measure. Women were found to have significantly more homophobic attitudes toward lesbian women, while men had significantly more homophobic attitudes towards gay men. Furthermore women were less homophobic irrespective of intervention. One of the main limitations in the study involves the phenomenon of cognitive dissonance. Students who scored a low level of homophobia on the cognitive and affective scale faced the possibility of experiencing cognitive dissonance should they not volunteer to assist gay and lesbian speakers. As a consequence subjects volunteered their services. It may be challenged that behavioural reductions of homophobia were not due to the intervention but rather the psychological phenomenon of cognitive dissonance. Practically, reduced rates of homophobia may have remained more constant if SSA topics were included in other course topics, for

example, family functioning, alcohol and drug use, qualitative assessments and counselling skills.

Van de Ven (1995b) compared two teaching modules for reducing homophobia using a population sample of 37 young offenders in a Sydney residential juvenile justice centre. The first sample groups received an intervention which included curriculum topics on myths and stereotypes, information about homosexuality, contact with non-stereotypical people, discussion about homophobia and violence, information about the criminal aspect of discrimination and harassment and reflection/action. The alternative education programme was designed from teacher and student feedback from the previous programme. Programme changes focused on the more damaging myths or stereotypes, for example, being gay or lesbian is unnatural vs. homosexuals prefer to have sex with children. Part of this exercise included discussion around socially acceptable ways of responding to homosexuals and counteracting stereotypes. Additionally, exercises promoted perspective taking, consequential thinking regarding violence, reflection and action to reduce discrimination. To avoid the possibility of confounding results, all interventions were conducted by the same person. Van de Ven (1995b) used measures to assess cognition (Modified Attitudes Towards Homosexuality Scale); homophobic guilt, anger and delight (Affective Reactions to Homosexuality Scale) and behaviour (Homophobic Behaviour of Students Scale). All pre-tests were administered at the beginning of the first workshop. The post-tests were completed immediately after the last workshop.

The two conditions occurred at different spaces in time and each occurred over a two day period. Results indicated that the modified education programme was significantly

more successful in reducing homophobia. The sample was considerably less homophobic in the measure of behavioural intentions and showed a non-significant decrease in homophobia on the delight variable. The two education programmes showed no difference in levels of change of the cognitive and affective measure. It appears unusual that the modified programme would be significantly more effective on the behavioural aspect. One possible explanation is that participants in the modified programme may have particularly related to discussion around the penalties for discrimination, harassment and violence – a concept explored in depth within the modified programme. This is noteworthy given that the sample consisted of juvenile offenders. The quasi-experimental nature of this research design must be recognized as a limitation – the samples were not random, being hand picked. Additionally the first and second group had the opportunity to discuss interventions between themselves. It must be acknowledged that the researcher held a position of authority within the school creating the possibility of experimenter demand. Nevertheless, both education interventions were effective in reducing homophobia.

Piskur and Degelman (1992) distributed a package to all volunteers within a university student sample. Volunteers received one of three packages. Each package contained a cover letter, a measure of attitudes toward homosexuals and a sheet requesting demographic information such as age and gender. Two out of three packages included one of two articles with a request that the subject read the article and consider the implications. One article focused on the biological basis to homosexuality including hypothalamic structure, twin and family studies, while the other discussed how no differences were found in the circulation of hormone levels between heterosexual and lesbian women and heterosexual and gay men. The second article was included to rule

out any effect created by merely reading an article on homosexuality. Subject who did not receive an article were requested to complete the scale. Results indicated that exposure to articles discussing biological bases to homosexuality reduced levels of measured homophobia. Yet again, initial and modified levels of homophobia were less for women than men.

### *Gender*

As mentioned in the research discussed thus far, gender is a relatively accurate prediction of homophobic level. Research continually demonstrates that females homophobia levels are significantly less than men. Additionally, male homophobia levels after participating in an intervention aimed at reducing homophobia, are consistently lower than females( Herek, 1994; Kite, 1984; McDevitt et al., 1990; Price, 1982; Young & Whertvine, 1982).

It has been hypothesised that women's attitudes toward lesbians are more negative than male attitudes, and paralleling this, male attitudes towards gay men are more negative than females attitudes towards gay men (Whitley, 1987; 1988). However, this concept is not always supported and indeed is often refuted (Kerns & Fine, 1994).

### *Religiosity*

Another empirically renowned predictor of homophobic level appears to be that of religiosity (Allport, 1967; Fisher et al. 1994; Fulton, 1997; Henley, 1978; Herek, 1984a; 1984b; 1987; Johnson et al., 1997; Larsen et al, 1980). Those who identify themselves as religious are more likely to experience higher levels of homophobia.

Fisher et al. (1994) examined the relationship between religiousness, different religious doctrines and homophobia towards gays and lesbians. Results support the concept that those upholding Christian beliefs harboured greater negative attitudes toward homosexuals. Additionally, those who identified as active fundamentalists, Baptists and 'Christians' were significantly more homophobic than those who identified as Catholics, Jews and other Protestant denominations. Frequency of worship was positively correlated with homophobic level in that those who attended church held more homophobic beliefs.

In a similar study, Johnson et al. (1997) investigated several variables including the relationship between religiosity, empathy and levels of homophobia. Results indicated that religiosity was significantly correlated with more biased beliefs about the origins of homosexuality, greater affective discomfort when in the presence of gay people, lower levels of support of human rights for same sex attracted people, and greater levels of homophobia.

To summarise, all types of homophobia modification interventions appear to be successful at different levels with no one strategy vastly superior. Currently, no published New Zealand research in this area is known to the author. Overseas research indicates that gender and religiosity can be predictors of homophobic level.

## **The Present Study**

The present study investigated the effects of a school based curriculum workshop addressing same sex attraction. Additionally, it explored the affect of gender and religiosity on homophobic attitudes. Based on the literature and conclusions presented above, the following hypotheses were made:

Hypothesis 1: Participation in the school curriculum workshop addressing same sex attraction will modify homophobic attitudes and beliefs. Specifically, those who attended the workshop will have reduced levels of homophobia.

Hypothesis 2: Modified attitudes will stay constant for at least 13 days after the intervention is delivered.

Hypothesis 3: Gender will be a salient predictive feature for attitudes and beliefs toward same sex attracted people. Specifically, female students will have less homophobic attitudes and beliefs prior to the intervention, and in comparison to male students, will become even less homophobic once the intervention is delivered.

Hypothesis 4: Students with higher levels of self-identified religiosity demonstrate higher levels of homophobia prior to the intervention being delivered.

## **Method**

### Participants

Fifty-one students completed all aspects of the questionnaires and participated in the study, of which 29 were female and 22 were male. All subjects were recruited from the fifth form of Otahuhu College and ranged in age from 15-17. Otahuhu College is situated in the geographical area of South Auckland and all pupils resided within the schooling zone. The ethnic makeup of the school pupils was ascertained through role analysis and is explained in the following percentages:

- Pacific Island 58.3%
- Maori 17.3%
- Asian 16.8%
- New Zealand European 7.6%

All subjects participated in the study as part of their life skill class which included students with a wide range of academic abilities. It was not possible for students to be randomly assigned to different classes. However, life skills class students are randomly assigned and are not sorted according to academic ability, culture, gender, socio-economic status or any other demographic feature. Additionally, it was intended that the study reflect 'normal' curriculum or workshops. It was important that the students remain in their regular life skills classes as group norms, functioning and relationships would be established assisting in openness within the workshop. To maintain anonymity and confidentiality, demographic data regarding exact age and socio-economic status were not collected. Because the participants were all in the fifth form and in a similar age range, questions about educational level and age were not included on the questionnaire.



## Measures

Questionnaires are presented in full in the Appendices.

### *Attitudes Toward Homosexuals*

Attitudes towards homosexuals were initially assessed using two measures. The first was the Attitudes Towards Lesbians and Gay Men (ATLG) developed by Herek (1987b) and modified for the purpose of this study. Ten items assess the participant's attitudes toward lesbians (ATL), and 10 toward gay men (ATG). The questionnaire is a slight modification of Herek's (1987b) original questionnaire (Appendix D) to fit the New Zealand context and also from recommendations made by the pilot study group; this will be discussed in the procedures section. The ATLG is a self-administered paper and pencil questionnaire. Participants score each item using a 5 point Likert scale ranging from strongly agree (1) to strongly disagree (5). It is anticipated that each item would take an average of 45 seconds to complete (Herek, 1999). Scoring the questionnaire is achieved by summing numerical values for the ALT and ATG. Reversed scoring is necessary for items 2, 5, 9, 14, 18, 20 and 24. A high score indicates a lower level of homophobia. Previous research using the ATLG reported a high level of reliability with correlation coefficients ranging from .80 to .95 (Herek, 1999; Estrada & Weiss, 1999 ).

It was considered that some participants may display a type of social desirability response "which is a tendency to give socially approved answers to questions about oneself" (Weiten, 1995; p. 60). To assess the possibility of this effect four questions were added to the ATLG asking students to disclose their level of attraction to members of the same sex. Examples of this include 'I have never had any sexual feelings about

someone the same sex as myself' and 'I have had thoughts about being intimate with someone of my own sex'. It is considered that a great many individuals feel some level of attraction to members of the same sex at some point which adheres to the concept of fluidity in sexuality (Liggins et al. 1994). If respondents disagreed that this has occurred, it was assumed that their responses to the questionnaire may have been socially desirable. Questions 3, 7, 11 and 21 in the ATLG questionnaire (Appendix A) were aimed at detecting social desirability. Two of the four items were reversed scored; specifically questions 7 and 11.

The second measure used to assess homophobic level was Index of Attitudes Toward Homosexuals (IAH) (Appendix B) developed by Hudson and Ricketts (1980). Like the ATLG it was a self-administered paper and pencil questionnaire consisting of 25 items. The same Likert scale was used for the IAH. Each participant's score was ascertained by summing the items. Items 1, 2, 5, 7, 8, 11, 16, 18, 20, 22, 23, and 25 were reverse-scored. Previous research reported high levels of reliability with correlation coefficients ranging from .90 to .95 (Guth et al., 1999; Hogan & Rentz, 1996; Pain & Disney, 1996; Patel et al., 1999). The second measure of homophobia was included to ensure concurrent validity of the ATLG after modified changes. The ATLG is a cognitive measure of homophobia while the IAH is an affective measure of homophobia. Previous research has indicated that these two areas of homophobic attitude are somewhat linked (Christensen & Sorensen, 1994); because of this it was expected that participants who scored highly on the ATLG would also have high scores on the IAH. Conversely, those who scored low on the ATLG would also score low on the IAH. For the present sample, the coefficient of internal consistency (Cronbach's  $\alpha$ ) for the IAH scale was .82 indicating a high level of internal consistency.

### *Gender*

Gender was assessed by requesting that the participants circle either male or female on the ATLG questionnaire.

### *Religiosity*

Religiosity level was assessed with a self-administered pencil and paper scale where participants were asked to rate how religious they thought they were (Appendix C). The scale was a 10 point scale ranging from not religious at all (1) to extremely religious (10). Examples of explanations for ratings were given.

### Intervention Workshop

The intervention was delivered by the same two employees of Rainbow Youth who identified themselves to the participants as experiencing same sex attraction. Rainbow Youth is a community organisation that aims to assist gay, lesbian, bisexual and SSA youth develop a positive identity. The author did not conduct or participate in the workshops. There were a total of three workshops, each lasting for approximately 45-50 minutes and consisting of six exercises. The content of the workshops was adopted to address some of the topics and areas that research has identified as having educational benefit within heterosexual communities. This is summarised aptly in a study by McCord and Herzog (1991) where 280 Carolina University students listed all questions that they would ask a homosexual person if they had the opportunity. Questions were anonymously posted in a box prior to a homosexual panel presenting at a lecture. These questions were then broken down into 13 main areas: family relationships and reactions, developmental gay realisations, prejudice and discrimination, experiences since being

'out', reasons for homosexuality, sexual relationships and techniques, heterosexual experiences and feelings, religious experiences, homosexual parenting, AIDS, past influences of homosexuality, homosexual commitment ceremonies or marriage, and satisfaction with current life.

The workshops were interactive and encouraged full participant interaction at all times. A brief outline of the workshop follows with full explanations of exercises in Appendix E (Rainbow Youth, 1999).

1. The facilitators who identify as experiencing same sex attraction introduced themselves. Also, Rainbow Youth as an organisation was outlined as were the different services provided by Rainbow Youth (Exercise One).
2. The facilitators shared their 'coming out stories' (Exercise Two).
3. The class was divided in two and half the class was labelled 'straight', while the other half was labelled 'homosexual' – they lined up side by side. A list of questions was read out and those who could answer yes take a step forward. Questions included, 'I can take my partner home to meet my parents'. Generally, those who were labelled 'straight' answer yes much more frequently, and can take a step forward more frequently. This visually highlights restrictions for SSA young people (Exercise 3)

4. The class was led through a guided journey where they imagined themselves 'straight' in a world where everyone else is gay or lesbian – several common teenage situations were journeyed through (Exercise Four).
5. Students had the opportunity to ask questions of the facilitators regarding SSA lifestyles. Question time was important as it gave students the opportunity to ask questions that were not answered in the previous exercises. General areas that the workshop aimed focused on were recommended by McCord and Herzog (1991). Their study categorised questions asked by undergraduates about homosexuality.

### **Procedure**

#### Pilot Study

A pilot study assessing readability of the questionnaires was conducted. It is not known if the applied questionnaires have been used on fifth form New Zealand students in the past. To ensure that the potential participants understood the meaning of each question, a group of eight fifth formers read, filled out the questionnaires and discussed with the researcher any difficulties experienced. Additionally, the pilot group was involved in re-wording difficult items. Refer to Appendix D for Herek's (1987b) original questionnaire and Appendix A for the modified questionnaire used in this study. Specific recommendations were:

- Herek's (1987b) original ATLG questionnaire contained the word 'detrimental' in question three, it was recommended that this be replaced with the word 'harmful'.
- It was recommended that question four in Herek's (1987b) ATLG questionnaire be simplified to read 'There should not be laws controlling lesbian behaviour'.

- The word 'American' in Herek's (1987b) ATLG questionnaire was replaced with 'New Zealand'.
- It was suggested that all negative statements should have the word 'not' underlined to increase the impact.

All recommendations were followed.

For the present sample, the coefficient for internal consistency (Cronbach's  $\alpha$ ) for the revised ATLG scale was .92 indicating a high level of internal consistency (Nunnally, 1978).

### Research Design

The study was conducted using three separate classes. The pre-test, intervention, post-test, and follow up test were all conducted at different points in time with each subject group. Ethical implications prevented the use of a control group; it was deemed unethical to administer an attitudes and belief questionnaire without following up with the intervention relatively quickly. All statistical analyses were completed with SSPS10, including repeated measures analysis of covariance in the general linear model.

The researcher spoke to each sample group prior to any measure being introduced.

This was for the purpose of:

- Giving a written student information sheet (Appendix F).
- Verbally explaining the information sheet.
- Giving written parental information sheet (Appendix G).
- Giving and collecting completed student consent forms (Appendix I).

- Giving parental consent forms to be taken home and signed by parents or guardians then given to the researcher at the pre-test (Appendix H).
- This was also an opportunity to clarify any misunderstandings and highlight personal safety contacts.

Difficulties obtaining parental consent emerged with several participants in the groups informing the researcher that they would like to participate in the study, but would not discuss anything to do with sexuality with their parents. This was explored with the sample groups – 58.3% were of Pacific Island descent – who explained that it was culturally inappropriate to discuss sexuality with parents/guardians. Similarly, it was inappropriate to give the parents/guardians the information sheet. Contact was made with the Massey University Ethics Committee that conceded that it was permissible not to get parental consent in this instance, and that the school would function in *loco parentis*.

The pre-test questionnaires were completed 5-6 days after the initial introductory/information session and consisted of the modified ATLG, the IAH and the religiosity measure (Appendix A, B and C respectively). All questionnaires were stapled together.

Those participants with parental consent handed the researcher signed consent forms. Those who were unable to get parental consent were permitted to complete the pre-test through their own consent. Some students stated that they had lost their information sheets. For ethical and safety reasons, additional information sheets were given to the

teachers and the students. As the pre-test measures were handed out it was reiterated that:

- It is important that they are open and honest.
- There are no right or wrong answers.
- It is important to answer each question carefully.

These points were reinforced when the sample groups were completing all questionnaires, i.e. pre-, post- and follow-up questionnaires.

To ensure that the pre-test, post-test and follow up questionnaires by the same individuals could be matched, participants were asked to put the name of their favourite pet on each questionnaire. Those who did not have pets were asked to write down the name of their favourite cartoon animal. Participants were advised to remember the name they had written down as they would be asked to record this on future questionnaires.

At the beginning of the post-test and follow up post-test, students were asked to remember the name of their favourite pet or cartoon animal character they wrote on the first questionnaire, and write the same name on this questionnaire.

The first pre-test group verbalised difficulty understanding the word 'perversion' from question 17 in the modified ATLG. It was suggested by the author that this word could mean 'weird in an unnatural or sick kind of way'. This explanation of the word 'perversion' was then given to all sample groups at each measure.

The intervention was delivered in the participants' usual life skills class 2-3 days after the pre-test (Time 1), and participants completed the first post test 5-6 days after the



intervention (Time 2). The second follow up post-test was administered 8-9 days after the first post-test and 13-14 days after the beginning of the intervention. The whole intervention for the three groups was completed over a period of nine weeks

The table below indicates the times that each group completed the questionnaires and received the intervention.

Table 2. Schedule of the introduction and intervention (Interv.), pre-, post-, and follow up testing.

	Week One	Week Two	Week Three	Week Four	Week Five	Week Six	Week Seven	Week Eight	Week Nine
Group 1	Intro.	Pre-test & Interv.	Post-test		Follow-up				
Group 2		Intro.	Pre-test & Interv.	Post-test		Follow-up			
Group 3					Intro.	Pre-test & Interv.	Post-test		Follow-up

Note: (i) Pre-testing measures were the IAH, , religiosity, modified ATLG. The modified ATLG included the social desirability measure.  
(ii) For post-test and follow-up the modified ATLG only was administered.

Results

Means and standard deviations for males, females and totals for each measure at all points in time are presented in Table 3.

Table 3. Means and standard deviations for males and females on homophobia, religiosity, social desirability, and attitudes across time.

	Total (N=51)		Males (n=22)		Females (n=29)			
	M	SD	M	SD	M	SD	t	df
<b>Time 1</b>								
IAH	62.88	16.11	58.32	15.21	66.34	16.16	1.80	49.00
Religiosity	5.96	3.00	5.36	2.92	6.41	2.97	1.26	49.00
Social Des	6.76	3.19	6.45	2.81	7.00	3.48	0.6	49.00
ATL one	29.69	8.00	29.91	8.57	29.52	7.70	-0.17	49.00
ATG one	27.78	9.93	25.91	9.74	29.21	10.01	1.18	49.00
ATLG one	57.45	16.68	55.82	16.57	58.69	16.95	0.61	49.00
<b>Time 2</b>								
ATL two	34.43	9.26	32.95	7.61	35.55	10.33	0.99	49.00
ATG two	33.29	9.66	30.27	7.52	35.59	10.56	2.10*	48.84
ATLG two	67.53	17.91	63.23	13.44	70.79	20.30	1.60*	48.24
<b>Time 3</b>								
ATL three	34.86	8.33	34.09	7.51	35.45	8.98	0.57	49.00
ATG three	32.14	10.49	29.32	8.27	34.58	11.59	1.78*	48.85
ATLG three	66.80	18.13	62.95	14.47	69.72	20.23	1.39*	48.87

\* p < .05

Note: (i)Levene’s test for homogeneity of variances was used to ascertain the *df* for the more conservative *t*-test where variances were significantly different. (ii) IAH = Index of Attitudes Toward Homosexuals, ATL = Attitudes Toward Lesbians, ATG = Attitudes Toward Gay Men, ATLGL = Attitudes Toward Lesbians and Gay Men, one = pre-test, two = post-test, three = follow-up.

The cognitive scales measured attitude toward lesbians (ATL), attitudes toward gay men (ATG), and overall attitudes toward lesbians and gay men (ATLG). Females obtained significantly higher mean scores (*M*=35.59, *SD*=16.56) on the post-measure

ATG than males ( $M=30.27$ ,  $SD=7.52$ ),  $t(48.84)=2.10$ ,  $p<.05$ . Similarly, at the follow up, female mean ATG scores ( $M=34.58$ ,  $SD=11.59$ ) were significantly higher than the male mean scores ( $M=29.32$ ,  $SD=8.27$ ),  $t(48.85)=1.78$ ,  $p<.05$ . Both differences indicate that after the Rainbow Youth intervention and at the follow up, female attitudes towards gay men were less homophobic than male attitudes.

Additional gender differences exist in the total measure of homophobic attitude, (ATLG) where female scores were significantly higher at the post test measure ( $M=70.79$ ,  $SD=20.30$ ) than the male ATLG scores ( $M=63.23$ ,  $SD=13.44$ ),  $t(48.24)=1.60$ ,  $p<.05$ . Likewise, female mean ATLG scores at follow-up were significantly higher ( $M=69.72$ ,  $SD=20.23$ ) than the male mean scores ( $M=62.95$ ,  $SD=14.47$ ),  $t(48.87)=1.39$ ,  $p<.05$  in the ATLG.

Pearson product-moment correlations were computed and coefficients between all variables are presented in Table 4. All correlations reported below were significant at or beyond the .05 level.

Index of Attitudes Toward Homosexuals (IAH) scores were positively correlated (.76) with total attitudes toward lesbians and gay men (ATLG) scores. Also, the IAH scores were positively correlated with the sub-scales' scores for attitudes toward lesbians (ATL) and attitudes towards gay men (ATG), at all stages of testing (Table 4, column 2), thus showing some concurrent validity for the revised and modified ATLG scale.

Religiosity scores were negatively correlated with ATL scores at time two and time three, indicating that higher religiosity was associated with greater homophobia towards lesbians.

Table 4. Correlation matrix of variables ( $N=51$ )

	1	2	3	4	5	6	7	8	9	10	11	12
1. Gender												
2. IAH	.25											
3. Religiosity	.18	-.19										
4. Social Des	.09	.39	-.20									
5. ATL one	-.02	.61	-.16	.19								
6. ATL two	.14	.28	-.28	-.02	.34							
7. ATL three	.08	.30	-.31	.04	.41	.92						
8. ATG one	.17	.79	-.23	.30	.73	.34	.36					
9. ATG two	.28	.36	-.26	.06	.19	.75	.73	.41				
10. ATG three	.24	.28	-.29	.01	.22	.81	.85	.33	.84			
11. ATLG one	.09	.76	-.22	.26	.91	.36	.42	.95	.33	.30		
12. ATLG two	.21	.32	-.28	.02	.26	.94	.88	.38	.92	.89	.35	
13. ATLG three	.19	.30	-.33	.03	.34	.89	.95	.37	.83	.96	.38	.92

Note: For absolute values of  $r > .27$ ,  $p < .05$ ;  $r > .35$ ,  $p < .01$ ;  $r > .43$ ,  $p < .001$

Social desirability scores were positively correlated with the scores of only two other variables; IAH (.39) and ATG at time one (.30). In reference to the IAH correlation, it would appear that the participants whose scores reflected higher levels of experiencing same sex attraction were less homophobic on the Index of Attitudes Toward Homosexuals scale; that is, those displaying less socially desirable responses recorded lower levels of homophobia on the IAH scale .

For the remaining significant correlations generally the ATL and ATG scores were correlated with each other within and across the three administration periods; indicating that homophobia towards lesbians is associated with homophobia towards gay men.

Table 5. Results of repeated measures analysis of covariance on attitudes toward lesbians and gay men (ATLG).

Source of variation	Sum of Squares	df	Mean square	F Ratio	Eta squared
Between Subjects					
Intercept	8590.79	1	8590.79	19.28***	.305
Group	886.84	2	443.42	1.00	.043
Sex	400.45	1	400.45	0.90	.020
IAH	4532.54	1	4532.54	10.17**	.188
Religiosity	2654.95	1	2654.95	5.96*	.119
Social Des	87.60	1	87.60	0.20	.004
Error	19603.39	44	445.53		
Within Subjects					
Time	2892.85	1.45	1999.59	12.59***	.223
Time x Group	513.56	2.89	177.49	1.12	.048
Time x Sex	593.74	1.45	410.41	2.59	.055
Time x IAH	1399.04	1.45	967.04	6.09**	.122
Time x Religiosity	675.35	1.45	466.81	2.94	.063
Time x Social Des	59.42	1.45	41.07	0.26	.006
Error	10107.76	63.66	158.79		

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Note: Because Mauchly's test of sphericity resulted in not rejecting the null hypothesis regarding error covariance, the Huynh-Feldt adjustment with small samples for time was used in calculating the degrees of freedom for within subjects effects.

Table 5 presents the results of repeated measures analysis of covariance of scores on the ATLG overall attitude towards homosexuals scale. The index of homophobia and religiosity scores explained significant and moderate ( $\eta^2 = .188, .199$ ) proportions of variance between the students' attitude scores,  $F(1, 44) = 10.17, p < .01$  and  $F(1, 44) = 5.96, p < .05$ , respectively. There were significant changes in overall attitude scores over time,  $F(1.45, 63.66) = 12.59, p < .001$ , and a significant, moderate ( $\eta^2 = .122$ ) interaction effect between time and index of homophobia,  $F(1.45, 63.66) = 6.09, p < .01$ .

For the ATL lesbian and ATG gay sub-scales of the overall ATLG attitude scale (Tables 6 and 7 respectively), time also had significant, moderate effects,  $F(1.44, 63.28) = 9.31$ ,  $p < .01$ , and  $F(1.72, 75.56) = 11.27$ ,  $p < .001$ , respectively.

Table 6. Results of repeated measures analysis of covariance on attitudes toward lesbians (ATL).

Source of variation	Sum of Squares	df	Mean square	F Ratio	Eta squared
Between Subjects					
Intercept	1988.25	1	1988.25	16.51***	.273
Group	303.79	2	151.9	1.26	.054
Sex	0.02	1	0.02	0.00	.000
IAH	921.12	1	921.12	7.65**	.148
Religiosity	481.52	1	481.52	4.00	.083
Social Des	18.63	1	18.63	0.16	.004
Error	5299.19	44	120.44		
Within Subjects					
Time	533.3	1.44	370.84	9.31**	.175
Time x Group	140.39	2.49	48.81	1.23	.053
Time x Sex	131.29	1.44	91.3	2.29	.050
Time x IAH	208.2	1.44	144.77	3.63*	.076
Time x Religiosity	191.62	1.44	133.25	3.35	.071
Time x Social Des	16.37	1.44	11.38	0.29	.006
Error	2520.95	63.28	39.84		

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

**Note:** Because Mauchly’s test of sphericity resulted in not rejecting the null hypothesis regarding error covariance, the Huynh-Feldt adjustment with small samples for Time was used in calculating the degrees of freedom for within subjects effect.

A plot of the mean scores over time for the overall scale and the two sub-scales appears in Figure 1. Post hoc analysis of the changes in means showed that there were

significant increases in mean scores from Time 1 to Time 2 (Table 8) but not from Time 2 to Time 3 on each of the scales.

As with overall attitude, the index of homophobia (IAH) explained significant proportions of variance in scores on the ATL and ATG sub-scales measuring attitudes towards lesbians and gays (.148 and .204 respectively). Although religiosity accounted for a significant, moderate amount of variance (.122) in scores for attitudes towards gays (Table 7), it did not explain a significant amount of variance in scores measuring attitudes toward lesbians (Table 6). The interaction effect of time and index of homophobia (IAH) on scores for the attitudes towards lesbians (Table 6) was significant, but weak ( $\eta^2 = .076$ ), as compared to the same interaction effect for gays ( $\eta^2 = .123$ ), Table 7.

When changes in attitude scores from Time 1 to Time 2, and from Time 2 to Time 3 were computed and correlated with index scores, overall attitude change from Time 1 to Time 2 correlated significantly with IAH scores ( $r = -.35, p < .05$ ), but not from Time 2 to Time 3 ( $r = -.04, p > .05$ ). The correlations indicate that the lower the IAH score, the greater the overall attitude toward homosexuals changed from before the intervention to after, with no significant loss in the relationship up until the completion of the follow-up test.

Similarly, change scores measuring attitudes towards gays correlated significantly with index scores from Time 1 to Time 2 ( $r = .41, p < .01$ ), but not from Time 2 to Time 3 ( $r = -.10, p > .05$ ). For attitudes toward lesbians, there were no significant ( $p > .05$ )

relationships between changed scores and the index from Time 1 to Time 2 ( $r = -.22$ ), or from Time 2 to Time 3 ( $r = -.04$ ).

In summary, the higher the degree of affective homophobia, the greater the impact of the intervention on reducing the participants' affective homophobia.

Table 7. Results of repeated measures analysis of covariance on attitudes toward gay men (ATG).

Source of variation	Sum of Squares	df	Mean square	F Ratio	Eta squared
Between Subjects					
Intercept	2164.90	1	2164.90	16.44***	.272
Group	199.59	2	99.79	0.76	.033
Sex	363.65	1	363.65	2.76	.059
IAH	1487.20	1	1487.20	11.29**	.204
Religiosity	806.14	1	806.14	6.12*	.122
Social Des	27.94	1	27.94	0.21	.005
Error	5795.79	44	131.72		
Within Subjects					
Time	900.01	1.72	524.08	11.27***	.204
Time x Group	206.72	3.44	60.19	1.29	.056
Time x Sex	159.18	1.72	92.69	1.99	.043
Time x IAH	491.73	1.72	286.34	6.16**	.123
Time x Religiosity	136.74	1.72	79.62	1.71	.037
Time x Social Des	54.52	1.72	31.75	0.68	.015
Error	3513.75	75.56	46.50		

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Note: Because Mauchly's test of sphericity resulted in not rejecting the null hypothesis regarding error covariance, the Huynh-Feldt adjustment with small samples for Time was used in calculating the degrees of freedom for within subjects.



Figure 1. Plot of means over time on attitudes towards lesbians (ATL), gay men (ATG), and overall attitudes to lesbians and gay men (ATLG).

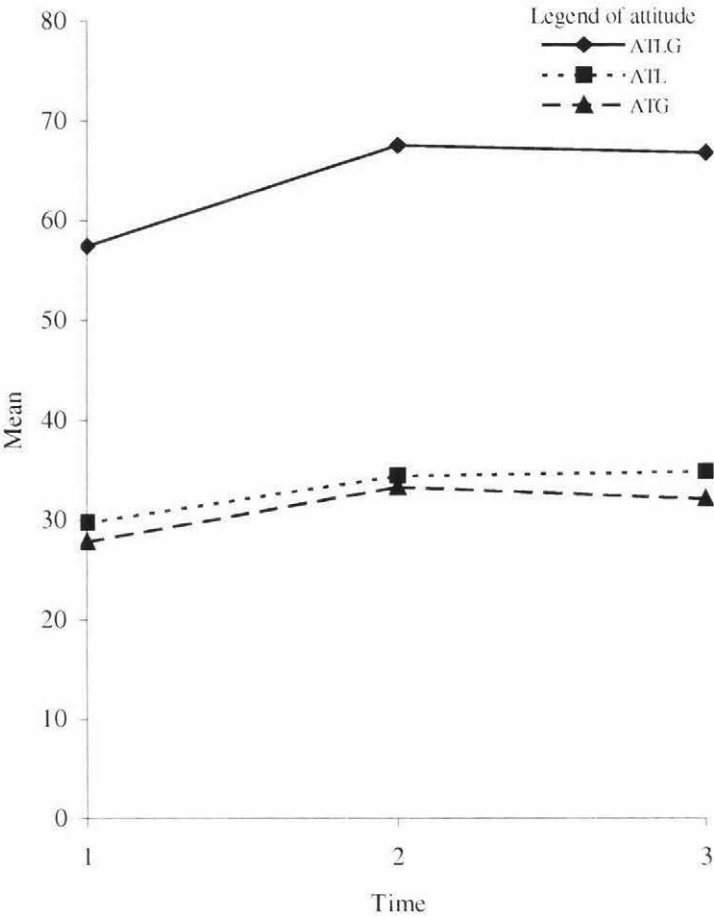


Table 8. Comparisons of mean scores on ATLG, ATL and ATG, over time (N=51).

Attitude Scale	(1) Time 1		(2) Time 2		(3) Time 3		F	df	LSD
	M	SD	M	SD	M	SD			
ATLG	57.45	16.68	67.53	17.91	66.80	18.13	6.52**	2.49	(1)>(2) =(3)
ATL	29.69	8.00	34.43	9.26	34.86	8.33	9.81**	2.49	(1)>(2) =(3)
ATG	27.78	9.93	33.29	9.66	32.14	10.49	7.42**	2.49	(1)>(2) =(3)

\*\*p<.01, \*\*\*p<.001

## Discussion

The aim of this study was to evaluate the impact of a school based curriculum workshop aimed at reducing homophobia. Specifically, it aimed to measure if participants recorded reduced levels of homophobia in response to attending the workshop. Additionally, it explored the potential role of gender and religiosity predicting homophobic level. This study incorporated a quasi-experimental approach using a cognitive measure of attitudes towards homosexuals at three different points in time, two of which were after the intervention was delivered. The findings of the present study, its theoretical and practical implications, its limitations and suggestions for future research are discussed below.

### Reduction of Homophobic Levels

The first hypothesis predicted that that levels of homophobia would reduce after the workshop intervention. This hypothesis was supported. Levels of homophobia in all groups of participants decreased significantly post intervention using the modified ATLG. The change was associated with the initial affective component of homophobia, such that the higher the initial homophobia, the greater the reduction in the cognitive component of homophobia. This did not change significantly from post-test to follow-up. The IAH, a moral, value or affective based measure of homophobia was included in the pre-test phase. This was to ensure that changes made to the ATLG did not effect the concurrent validity. As previously mentioned, cognitive and affective based attitudes are closely linked (Christensen & Sorensen, 1994). Theoretically, overall higher scores on the modified ATLG should be reflected in higher scores in the IAH. This concept was supported with a significant positive correlation between the IAH and the ATLG and

associated sub scales. It can be inferred from this that the modifications made to the ATLG through recommendations from the Pilot study, did not affect the overall concurrent validity of the questionnaire.

A measure was included at the pre-test phase to control for the possibility of socially desirable responses. This indicates that we may assume that recorded changes in homophobic level reflect actual changes rather than reactivity to the intervention, that is, students giving answers that were expected of them.

An important factor suggested by the results and study design is that irrespective of when the questionnaires were administered and when the intervention was delivered, reduced levels of homophobia emerged. From this it could be speculated that the change in homophobic level was indeed due to the intervention and not some other extraneous variable.

#### Duration of Reduced Homophobic Level

The results provide support for hypothesis two; reduced levels of homophobia were still maintained by the follow up measure approximately two weeks after the intervention. Past research has indicated that attitudes start to reverse often to the original level at some point within a three-month period after the intervention (Van de Ven, 1995a; Christensen & Sorensen, 1994). The post-test follow up questionnaire yielded results revealing that two weeks after the intervention, reduced levels of homophobic attitude were sustained. This could indicate one of two things; first, New Zealand adolescent populations may not revert back to original levels of homophobia in the same way as the populations or degeneration of modified attitudes begins *after* the two-week period.

### Gender differences in Levels of Homophobia

Hypothesis 3 speculated that gender is a salient feature in predicting levels of homophobia. Specifically, female participants would score lower levels of homophobia prior to the intervention, and in comparison to male participants, would demonstrate a greater reduction in homophobia after the intervention was delivered. This hypothesis was, in part, supported with females recording higher scores, (higher scores indicates lower levels of homophobia) than males on the Attitudes Towards Gay Men sub-scale at post-test and follow-up. Further, female homophobic level was significantly lower on the over all measure of homophobia (ATLG) at the post-test and follow-up measure.

However, the first part of the hypothesis was not supported in that females did not demonstrate lowerer levels of homophobia prior to the intervention being delivered.

### Homophobia and Religiosity

The fourth and final hypothesis which predicted that religiosity level would be a salient feature in predicting homophobic levels was partially supported: the higher the level of self-identified religiosity, the higher the homophobia toward gay men prior to the intervention being delivered. Level of religiosity explained some variance (12.2%) between students' attitude scores toward gay men even when all other variables were taken into account. Because there was no interaction effect of time and religiosity on any of the homophobic attitudes, the intervention did not affect religiosity differentially. In other words, the Rainbow Youth programme lowered homophobia for all students, including those with high religiosity. However, high levels of religiosity were associated with homophobia towards lesbians and gay men at post-test ( $r = -.28, p < .05$ )

and follow-up ( $r = -.33, p < .05$ ) indicating that religiosity still had an effect on homophobic attitudes.

### Theoretical Implications

The findings of the present study offer support for several aspects of previous research. Reduced levels of homophobia were produced by exposing the sample to the facilitated workshop involving exercises that were aimed at reducing homophobia. This was a common feature found in past research (Cerny & Polyson, 1984; Christensen & Sorensen, 1994; Van de Ven, 1995a; 1995b). Additional support comes from the quasi-experimental design. The three participating classes were exposed to the intervention at three different points in time, yet all showed significant reductions in negative attitudes toward people who experience same sex attraction. This is an indication that change in homophobic level was directly related to the intervention.

Christensen and Sorensen (1994), and Van de Ven (1995a), are among researchers who assert that reduced homophobia levels associated with education programmes revert back somewhat, or completely, over time. The present study showed no significant decline in attitudes from the post-test to the follow-up occurring 13-14 days after the intervention was delivered.

The present study shows support for the theoretical concept that gender differences exist in reference to levels of homophobia (Herek, 1994; Kite, 1984; McDevitt et al., 1990; Price, 1982; Young & Whertvine, 1982). However, sub-scale results provide only partial support for this theory in that female levels of homophobia were significantly lower towards gay men when compared with male scores. This was mirrored in overall

cognitive attitudes but not in attitudes toward lesbians. This is not entirely inconsistent with other research in that some studies have found that males' attitudes towards lesbians are more positive than their attitude towards gay men (Kite, 1984; 1994; Herek, 1994).

Religiosity and homophobia scores provided some support for past research which asserts that those who identify as having higher levels of religiosity will also have higher levels of homophobia (Allport, 1967; Fisher et al., 1994; Fulton, 1997; Henley, 1978; Herek, 1984a; 1984b; Herek, 1987b; Johnson et al., 1997; Larsen et al., 1980). Support for religiosity as being a predictor of homophobic attitude occurred with attitudes towards lesbians and accounted for a significant proportion of variance in overall scores.

### Practical Implications

This study offers support for using school based facilitated workshops as a means for reducing cognitive homophobia. The intervention consisted of only one session, which can conceivably be introduced into most school curriculums. Previous successful research has generally consisted of multiple sessions (Cerny & Polyson, 1984; Christensen & Sorensen, 1994; Van de Ven, 1995a; 1995b). One-off workshop sessions creating significant modifications in homophobic attitude would be considerably more useful and applicable in secondary school settings. The present study offers a starting point for those schools who have a limited time or financial resource.

The present study focused on a group of participants that are generally ignored in research, that is, secondary school students. Much research exploring the reduction of

negative attitudes towards same sex attracted people has focused on university students (Van de Ven, 1995a). However, it is frequently documented that those who are perpetrators of homophobic violence are heterosexual young people not necessarily involved in a tertiary institution (Van de Ven, 1995a; 1995b). Additionally, perpetrators are usually men (Kerns & Fine, 1994; Van de Ven 1995b). The present study was focused on a group of people who may be more likely to express homophobic attitudes through violence. Practically, successful research with young non-university students may provide beneficial information for reducing homophobic attitudes which have the potential to manifest through anti-gay violence.

#### Limitations and Suggestions for Future Research

Like most other studies, this too has a number of limitations.

Research results showed evidence that the intervention workshop reduced levels of cognitive homophobia. However, the diverse nature of the numerous exercises in the workshop do not indicate which exercises were more or less effective in reducing homophobia. Additionally, the final exercise of each workshop consisted of students asking the facilitators questions. Anecdotally it appeared that the questions were relatively similar. However, there was not uniformity and classes may have been given different information depending on what questions were asked.

Due to ethical considerations and school restrictions, the study did not use a control group. The use of a control group in future studies would significantly increase the validity of the experimental outcome. The study attempted to overcome this limitation by identifying other known non-personality associated salient features that were thought

to impact on level of homophobia. These include gender, educational level and age (Van de Ven, 1995a; Pratte, 1993). Gender became one of the main focuses for the study while education level and age were somewhat the same in all participants, that is, all participants were 15-17 years of age and in the fifth form.

The present study looked at the association between homophobia and religiosity with some significant outcomes. However, it has been identified that those who adhere to some particular religious denominations are more homophobic than others – in particular, fundamentalists, ‘Christians’ and Baptists (Fisher et al., 1994). The present study did not explore religious orientation, nor was it prescriptive in definitions of religiosity at every point in the ‘religiosity scale’.

Within the intervention workshops, there were no *fa'afafine* (Pacific Island male who generally lives as a female) facilitators, nor any in-depth discussion about the *fa'afafine* culture. This raises the question of facilitator appropriateness when the intervention was delivered to a population consisting of a large number of Pacific peoples. Similarly, the findings may not be generalised to all NZ youth due to cultural differences among various Pacific and other ethnic groups. The present study, however, was unique in that it examined the intervention in a school with large numbers of Polynesian and Maori adolescents. Future research could focus on schools in different socio-economic and cultural areas, and ask more specific demographic questions about ethnicity, in order to ensure results that may be generalised to other New Zealand adolescent populations.

Finally, the present research explored the concept that modified homophobic attitudes begin to reverse after a period of time and found no support for this theory 13-14 days



after the intervention. It must be acknowledged that the period of time between the post-test and follow-up was relatively short, and future research may need to allow a longer follow-up period.

## **Conclusion**

The present study examined the impact of a facilitated school workshop aimed at reducing levels of cognitive homophobia. It found that negative cognitive attitudes towards people who experience same sex attraction were significantly reduced after the intervention, and were maintained for a period of at least 13-14 days. A strong degree of validity for the workshop's effectiveness was indicated. The present study found that there were some gender differences in homophobic level in that female participants were lower in overall cognitive homophobia and homophobia towards gay men. The study indicated that religiosity can be a predictor of homophobic response towards lesbians and can explain some overall variance in general homophobic level. In conclusion, the hypotheses posed by the present study were in full, or in part, supported. Additionally, exploration of limitations has provided possible direction for future research.

## References

- Allport, G., & Ross, J., (1967). Personal religious orientation and prejudice. Journal of Personality and Social Psychology, 5, 432-443.
- Bagley, C., & Tremblay, P. (1997). Suicidal behaviour in homosexual and bisexual males. Crisis, 18 (1), 24-34.
- Bell, A. & Weinberg, M. (1978). Homosexualities: A study of diversity among men and women, NY: Simon and Schuster.
- Borhek, M. (1988). Helping lesbian and gay adolescents and their families. Journal of Adolescent Healthcare, 9, 123-138.
- Bullock, A., Stallybrass, O., & Trombley, S. (1988). The Fontana dictionary of modern thought, London: Fontana Press.
- Cerny, A. & Polyson, J. (1984). Brief report: Changing homonegative attitudes. Journal of Social and Clinical Psychology, 2 (4), 366-371.
- Christensen, S. & Sorensen, L.(1994). Effects of a multi-factor education programme on the attitude of child and youth worker students towards gays and lesbians. Child and Youth Care Forum, 23 (2), 119-133.
- Cook, S. (1978). Interpersonal and attitudinal outcomes in cooperating interracial groups. Journal of Research and Development in Education, 12, 97-113.
- D'Augelli, A., & Hershberger, S. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems. American Journal of Community Psychology, 2 (4), 421-448.
- Dempsey, C. (1994). Health and social issues of gay, lesbian and bisexual adolescents. Families in Society: The Journal of Contemporary Social Services, 75 (1), 160-167.
- Durant, R., Krowchuck, D., & Sinal, S. (1998). Victimization, use of violence and drug use among male adolescents who engage in same-sex behaviour. Journal of Pediatrics, 133 (1), 113-118.
- Estrada, A., & Weiss, D. (1999). Attitudes of military personnel toward homosexuals. <http://curriculum.calstatela.edu/faculty/dweiss/Psy524/Attitudes.htm>, 1-13.

Faulkner, A., & Cranston, K. (1998). Correlates of same sex sexual behaviour in a random sample of Massachusetts high school students. American Journal of Public Health, 88 (2), 262-266.

Fergusson, D., Horwood, L., & Beautrais, A. (1999). Is sexual orientation related to sexual health problems and suicidality in young people? Archives of General Psychiatry, 56 (10), 876-880.

Fisher, R., Derison, D., Polley, C., & Cadman, J. (1994). Religiousness, religious orientation, and attitudes towards gays and lesbians. Journal of Applied Psychology, 24 (7), 614-630.

Fulton, A. (1997). Identity status, religious orientation, and prejudice. Journal of Youth and Adolescence, 26 (1), 1-11.

Garofalo, R., Wolf, R., Kessel, S., Palfrey, J., & DuRant, R. (1998). The association between health risk behaviours and sexual orientation among a school-based sample of adolescents. Pediatrics, 101 (5), 895-902.

Ginsberg, R. (1996). In the triangle/out of the circle: gay/lesbian students' school experience. Unpublished master's thesis, Boston University, Boston, USA.

Guth, L., Lopez, D., & Fisher, M. (1999). In-person versus internet training: A comparison of student attitudes toward homosexuality.  
[http:// www.naspa.org/Ford%20Foundation/University\\_of\\_Penn.htm](http://www.naspa.org/Ford%20Foundation/University_of_Penn.htm), 1-12.

Haddock, G., Zanna, M., & Esses, V. (1993). Assessing the structure of prejudicial attitudes: The case of attitudes towards homosexuals. Journal of Personality and Social Psychology, 65 (6), 1105-1118.

Hansen, G. (1982). Measuring prejudice against homosexuality (homosexism) among college students: A new scale. Journal of Social Psychology, 117 (2), 233-236.

Hammelmann, T. (1993). Gay and lesbian youth: Contributing factors to serious attempts or considerations of suicide. Journal of Gay & Lesbian Psychotherapy, 2 (1), 77-89.

Henley, N. (1978). Interrelationships of sexist, racist, and antihomosexual attitudes. Psychological Reports, 42, 83-90.

Herd, D., & Boxer, A. (1993). Children on the horizon: How gay and lesbian teens are leading a new way out of the closet. Boston: Beacon Press.

Herek, G. (1984a). Beyond "homophobia": A social psychological perspective on attitudes toward lesbians and gay men. Journal of Homosexuality, 10 (1), 2-17.

Herek, G. (1984b). Attitudes toward lesbians and gay men: A factor analytic study. Journal of Homosexuality 10 (1), 39-51.

Herek, G. (1986). The social psychology of homophobia: Toward a practical theory. Review of Law and Social Change, 14, 923-934.

Herek, G. (1987a). Can functions be measured? A new perspective on the functional approach to attitudes. Social Psychology Quarterly, 50 (4), 285-303.

Herek, G. (1987b). Religious orientation and prejudice: A comparison of racial and sexual attitudes. Personality and Social Psychology Bulletin, 13 (1), 34-44.

Herek, G. (1994). Assessing heterosexuals attitudes toward lesbians and gay men. In Greene, B. & Herek, G. (Eds.). Lesbian and Gay Psychology: Theory, Research and Clinical Applications (pp. 206-228). Thousand Oaks, CA: Sage.

Herek, G. (1999). The attitudes toward lesbians and gay men (ATLG) scale. <http://psychology.ucdavis.edu/rainbow/html/atlg.html>, 1-4.

Herek, G., & Glunt, E. (1993). Interpersonal contact and heterosexuals' attitudes toward gay men: Results for a national survey. The Journal of Sex Research, 3 (30), 239-244.

Hogan, L. & Rentz, A. (1996). Homophobia in the Academy. Journal of College Student Development, 37 (3), 309-314.

Hudson, W., & Ricketts, W. (1980). A strategy for the measurement of homophobia. Journal of Homosexuality, 5, 357-372.

Johnson, M., Brems, C., & Alford-Keating, P. (1997). Personality correlates of homophobia. Journal of Homosexuality, 34 (1), 57-69.

Kerns, J., & Fine, M. (1994). The relation between gender and negative attitudes toward gay men and lesbians: Do gender role attitudes mediate this relation. Sex Roles, 31 (5-6), 297-307.

Kite, M. (1984). Sex differences in attitudes toward homosexuals: A meta-analytic review. Journal of Homosexuality, 10, 69-81.

Kite, M. (1994). When perceptions meet reality: Individual differences in reactions to lesbians and gay men. In B. Greene, & G. Herek, (Eds.). Lesbian and gay psychology: Theory, research and clinical applications. Thousand Oaks, CA: Sage.

Kryzan, C., & Walsh, J. (1998). The !OutProud!/Oasis internet survey of queer and questioning youth. <http://www.oasismag.com> 1-59.

Larsen, K., Reed, M., & Hoffman, S. (1980). Attitudes of heterosexuals toward homosexuality: A Likert-type scale and construct validity. Journal of Sex Research, 16 (3), 245-257.

Liggins, S., Wille, A., Hawthorne, S., & Rampton, L. (1994). Affirming diversity: An education resource on gay, lesbian and bisexual orientations. NZ: New Zealand Family Planning Association.

Magnuson, C. (1992). Lesbian and gay youth in Ottawa: The importance of community. <http://www.virtuacity.com/youthsuicide/gbsuicide.htm>, 19.

Martin, A., & Hetrick, E. (1988). The stigmatisation of the gay and lesbian adolescent. Journal of Homosexuality, 15, 163-184.

McCord, D., & Herzog, H. (1991). What undergraduates want to know about homosexuality. Teaching of Psychology, 18 (4), 243-244.

McDevitt, T., Sheehan, E., Lennon, R., & Ambrosio, A. (1990). Correlates of attitudes toward AIDS. Journal of Social Psychology, 130, 699-701.

Motto, J., Heilbron, D., & Juster, R. (1985). Development of a clinical instrument to estimate suicide risk. American Journal of Psychiatry, 142 (6), 680-686.

Neisen, J. (1990). Heterosexism: Redefining homophobia for the 1990's. Journal of Gay and Lesbian Psychotherapy, 1 (3), 21-35.

Nicholas, J., & Howard, J. (1998). Better to be dead than gay? Depression, suicidal ideation and attempts among a sample of gay and straight-identified males aged 18-24. Paper presented at Out of the Blues: Depression in young people, the agenda for the future, November 6-7, 1998.

Nunnally, J. (1978). Psychometric theory (2<sup>nd</sup> ed.) New York: McGraw-Hill.

Pain, M., & Disney, M. (1996). Testing the reliability and validity of the Index of Attitudes Toward Homosexuals (IAH) in Australia. Journal of Homosexuality, 30 (2), 99-110.

Patel, S., Long, T., McCammon, S., & Wuensch, K. (1999). Personality and emotional correlates of self-reported antigay behaviour. [http://www.taasa.org/library/hate/hate\\_personality.htm](http://www.taasa.org/library/hate/hate_personality.htm), 1-10.

Piskur, J., & Degelman, D. (1992). Effect of reading a summary of research about biological bases of homosexual orientation on attitudes towards homosexuals. Psychological Reports, 71, 1219-1225.

Pratte, T. (1993). A comparative study of attitudes toward homosexuality: 1986 and 1991. Journal of Homosexuality, 26(1), 77-83.

Price, J. (1982). High school students attitudes toward homosexuality. Journal of School Health, 52 (8), 469-474.

Proctor, C., & Groze, V. (1994). Risk factors for suicide among gay, lesbian, and bisexual youths. Social Work, 39 (5), 504-513.

Quinliven K. (1995). Claiming an identity they taught me to despise: Lesbian students respond to the regulation of same sex desire within New Zealand secondary schools. Paper presented at Gays and Lesbians in Education Everywhere (GLEE), August 17-19, 1995.

Rainbow Youth (1999). Education programme: Services for teachers and students [Information package]. Auckland: Author.

Regional Alcohol and Drug Services (RADS) (2000). Sorted: Party drugs guide [Booklet]. Auckland: Author.

Remafedi, G. (1987). Adolescent homosexuality: Psychosocial and medical implications. Pediatrics, 79 (3), 331-337.

Remafedi, G., Farrow, J., & Deisher, R. (1991). Risk factors for attempted suicide in gay and bisexual youth. Pediatrics, 87 (6), 869-875.

Remafedi, G., French, S., Story, M., Resnick, M., & Blum, R. (1997). The relationship between suicide risk and sexual orientation: Results of a population based study. American Journal of Public Health, 88 (1), 57-60.

Rich, C., Young, D., & Fowler, R. (1986). San Diego suicide study I: Young versus old subjects. Archives of General Psychiatry, 43, 557-582.

Rotherum-Borus, M., Hunter, J., & Rosario, M. (1994). Suicidal behaviour and gay related stress among gay and bisexual adolescents. Journal of Adolescent Research, 9, 498-508.

Savin-Williams, R. (1989). Coming out to parents and self-esteem among gay and lesbian youths. Journal of Homosexuality, 18 (1), 1-35.

Savin-Williams, R. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male and bisexual youths: Associations with school problems, running away, substance abuse, prostitution and suicide. Journal of Consulting and Clinical Psychology, 62 (2), 261-269.

Schneider, S., Farberow, N., & Kurks, G. (1989). Suicidal behaviour in adolescent and young adult gay men. Suicidal and Life Threatening Behaviour, 19, 381-394.

Seattle Department of School Education (1995). Youth risk behaviour survey, Seattle, WA data summary. [http:// www.virtual.com/youthsuicide/gbsuicide.htm](http://www.virtual.com/youthsuicide/gbsuicide.htm), 27.

Shaffer, D., Fisher, P., Hicks, R., Parides, M., & Gould, M. (1995). Sexual orientation in adolescents who commit suicide. Suicide and Life Threatening Behaviour, 25, 64-71.

The Gay, Lesbian and Straight Education Network (1998). Just the facts. <http://fly.hiway.net/~garson/>, 1-5.

Troiden, R. (1988). Homosexual identity development. Journal of Adolescent Health Care, 9, 105-113.

Uribe, V., & Harbeck, K. (1992). Addressing the needs of lesbian, gay, and bisexual youth: The origins of Project 10 and school based intervention. The Journal of Homosexuality, 22 (3-4), 9-28.

Van de Ven, P.(1995a). Effects on high school students of a teaching module for reducing homophobia. Basic and Applied Social Psychology, 17 (1 & 2), 153-172.

Van de Ven, P. (1995b). A comparison of two teaching modules for reducing homophobia in young offenders. Journal of Applied Social Psychology, 25 (7), 632-649.

Vanderstoep, S., & Green, C. (1988). Religiosity and homonegativism: A path-analytic study. Basic and Applied Social Psychology, 9, 135-147.

Vaughan, G (1992). Topics in social psychology. Auckland: University of Auckland.

Weiten, W. (1995). Psychology themes and variations (3<sup>rd</sup> Ed). CA: Brooks/Cole.

Whitley, B. (1987). The relationship of sex-role orientation to heterosexuals' attitudes toward homosexuals. Sex Roles, 17, 103-113.

Whitley, B. (1988). Sex differences in heterosexuals' attitudes toward homosexuals: It depends upon who you ask. Journal of Sex Research, 24, 287-291.

Young, M., & Whertvine, J. (1982). Attitudes of heterosexual students toward homosexual behaviour. Psychological Reports, 51 (2), 673-674.



Appendix A: Modified ATLG Questionnaire.

**VIEWS TOWARDS LESBIANS AND GAY MEN QUESTIONNAIRE**

**Name of your favourite pet:** \_\_\_\_\_

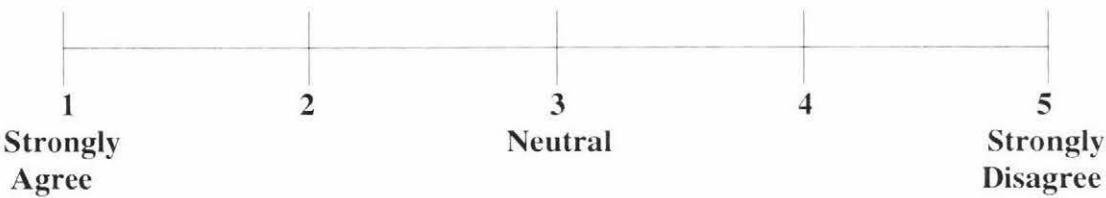
**Please circle your gender:**              **Female**              **Male**

Instructions

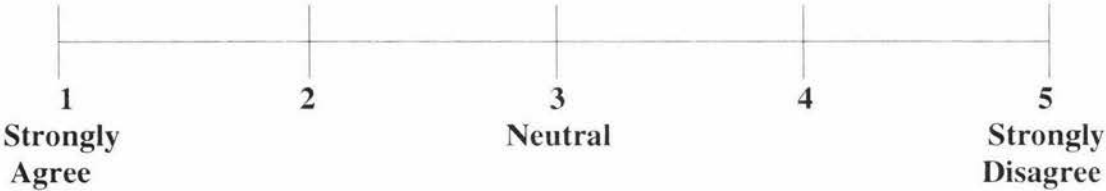
For each statement below, please choose one of the numbers from the following scale to indicate your level of agreement with that statement.

Write the number in the box beside that statement.

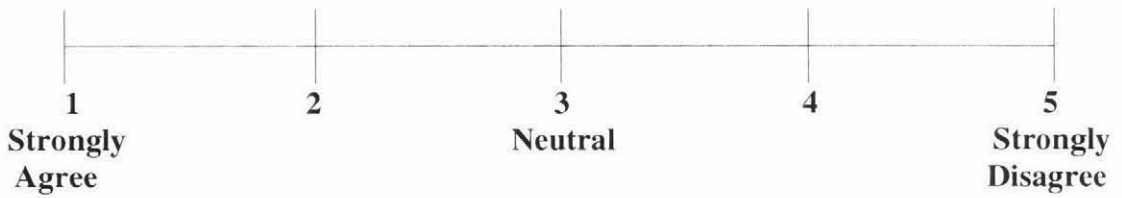
Please try and give a number for each statement, and answer as honestly as possible.



- |  |                      |
|--|----------------------|
| (1) Lesbians just can't fit into our society.  | <input type="text"/> |
| (2) A woman's homosexuality should <u>not</u> be cause for job discrimination.                                 | <input type="text"/> |
| (3) I have never had any sexual feelings about someone the same sex as myself.                                 | <input type="text"/> |
| (4) Female homosexuality is harmful to society because it breaks down the natural divisions between the sexes. | <input type="text"/> |



- (5) There should not be laws controlling lesbian behaviour. ☐
- (6) Female homosexuality is a sin. ☐
- (7) I have had thoughts about being intimate with someone of my own sex. ☐
- (8) The growing number of lesbians indicates a decline in New Zealand morals. ☐
- (9) Female homosexuality in itself is no problem, but what society makes of it can be a problem. ☐
- (10) Female homosexuality is a threat to many of our basic institutions (e.g. schools, universities, the military). ☐
- (11) I sometimes find people of my own sex attractive. ☐
- (12) Female homosexuality is an inferior form of sexuality. ☐
- (13) Lesbians are sick. ☐
- (14) Male homosexual couples should be allowed to adopt children the same as heterosexual couples. ☐
- (15) I think male homosexuals are disgusting. ☐
- (16) Male homosexuals should not be allowed to teach in schools. ☐
- (17) Male homosexuality is a perversion. ☐



- (18) Just as in other species, male homosexuality is a natural expression of sexuality in human men. ☐
- (19) If a man has homosexual feelings, he should do everything he can to overcome them. ☐
- (20) I would not be too upset if I learned that my best friend was homosexual. ☐
- (21) I have never been physically attracted to someone of my own sex. ☐
- (22) Homosexual behaviour between two men is just plain wrong. ☐
- (23) The idea of male homosexual marriage seems ridiculous to me. ☐
- (24) Male homosexuality is merely a different kind of lifestyle that should not be condemned. ☐

Appendix B: Index of Attitudes Towards Homosexuals (IAH) Questionnaire.

**INDEX OF ATTITUDES TOWARDSNHOMOSEXUALS (IAH)**

This questionnaire is designed to measure the way you feel about working or associating with homosexuals. It is not a test, so there are no right or wrong answers.

Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree

- 
- 1. I would feel comfortable working closely with a male homosexual. \_\_\_\_\_
  - 2. I would enjoy attending social functions at which homosexuals were present. \_\_\_\_\_
  - 3. I would feel uncomfortable if I learned that my neighbour was homosexual. \_\_\_\_\_
  - 4. If a member of my sex made an advance toward me I would feel angry. \_\_\_\_\_
  - 5. I would feel comfortable knowing that I was attractive to members of my sex. \_\_\_\_\_
  - 6. I would feel uncomfortable being seen in a gay bar. \_\_\_\_\_
  - 7. I would feel comfortable if a member of my sex made an advance towards me. \_\_\_\_\_
  - 8. I would feel comfortable if I found myself attracted to a member of my sex. \_\_\_\_\_
  - 9. I would feel disappointed if I learned that my child was homosexual. \_\_\_\_\_

10. I would feel nervous being in a group of homosexuals. \_\_\_\_\_
11. I would feel comfortable knowing that my clergyman was homosexual. \_\_\_\_\_
12. I would be upset if I learned that my brother or sister was homosexual. \_\_\_\_\_
13. I would feel that I had failed as a parent if I learned that my child was gay. \_\_\_\_\_
14. If I saw two men holding hands in public I would feel disgusted. \_\_\_\_\_
15. If a member of my sex made an advance toward me I would be offended. \_\_\_\_\_
16. I would feel comfortable if I learned that my daughter's teacher was a  
lesbian. \_\_\_\_\_
17. I would feel uncomfortable if I learned that my spouse or partner was  
attracted to members of his or her sex. \_\_\_\_\_
18. I would feel at ease talking to a homosexual person at a party. \_\_\_\_\_
19. I would feel uncomfortable if I learned that my boss was homosexual. \_\_\_\_\_
20. It would not bother me to walk through a predominantly gay section of  
town. \_\_\_\_\_
21. It would disturb me to find out that my doctor was homosexual. \_\_\_\_\_
22. I would feel comfortable if I learned that my best friend of my sex was  
homosexual. \_\_\_\_\_
23. If a member of my sex made an advance toward me I would feel flattered. \_\_\_\_\_
24. I would feel uncomfortable knowing that my son's male teacher was  
homosexual. \_\_\_\_\_
25. I would feel comfortable working closely with a female homosexual. \_\_\_\_\_

Appendix C: Religiosity Scale

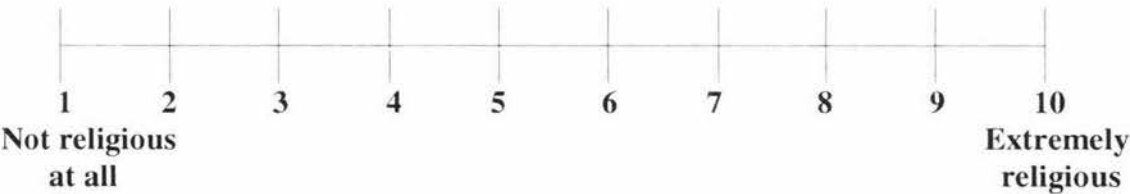
**YOUR LEVEL OF RELIGIOUSNESS**

Please indicate by circling the appropriate number below, how religious you would say you are – 1 being not religious at all, 10 being extremely religious.

If you rate yourself as 1, “not religious at all” you do not follow any traditional religion or practice religious rituals (e.g. attending church).

If you rate yourself as 10, “extremely religious” you are passionate about your religion and practice religious rituals daily or weekly (e.g. attending church, worshipping).

Numbers in between “Not religious at all” and “Extremely religious” correspond with different levels of religious belief.



## Appendix D: Original Attitudes Toward Lesbians and Gay Men Scale

### **Attitudes Toward Lesbians and Gay Men Scale Items**

The first 10 items constitute the Attitudes Toward Lesbians (ATL) subscale, the second 10 items the Attitudes Towards Gay Men (ATL) subscale. Scoring is reversed for items as indicated.

- (1) Lesbians just can't fit into our society.
- (2) A woman's homosexuality should *not* be cause for job discrimination. (reversed-scored)
- (3) Female homosexuality is detrimental to society because it breaks down the natural divisions between the sexes.
- (4) State laws regulating private, consenting lesbian behaviour should be loosened. (reversed-scored)
- (5) Female homosexuality is a sin.
- (6) The growing number of lesbians indicates a decline in American morals.
- (7) Female homosexuality in itself is no problem, but what society makes of it can be a problem. (reversed scored)
- (8) Female homosexuality is a threat to many of our basic institutions.
- (9) Female homosexuality is an inferior form of sexuality.
- (10) Lesbians are sick.
- (11) Male homosexual couples should be allowed to adopt children the same as heterosexual couples. (reverse-scored)
- (12) I think male homosexuals are disgusting.
- (13) Male homosexuals should *not* be allowed to teach in schools.
- (14) Male homosexuality is a perversion.

- (15) Just as in other species, male homosexuality is a natural expression of sexuality in human men. (reverse-scored)
- (16) If a man has homosexual feelings, he should do everything he can to overcome them.
- (17) I would not be too upset if I learned that my son were a homosexual.(reverse-scored)
- (18) Homosexual behaviour between two men is just plain wrong.
- (19) The idea of male homosexual marriage seems ridiculous to me.
- (20) Male homosexuality is merely a different kind of life-style that should *not* be condemned. (reverse-scored)



Appendix E: Rainbow Youth School Workshop Programme.

**Rainbow Youth School Workshop Exercises**

Exercise One: Introduction

*Objective:* To introduce Rainbow Youth the service and the facilitators and to the class.

*Materials:* Rainbow Youth pamphlets.

*Introduction:* The facilitators introduce themselves and jointly outline the services and philosophy of Rainbow Youth. Outline of services includes school workshops, a school age support group, a social group for young people, camps, projects, visibility at events, phone support, an information line, exploring funding and conducting training. Outline the workshop exercises.

*Process:* Explain the workshop outline and express that students will have the opportunity to ask questions later in the workshop. Mention that no exercise in the workshop will require them to discuss their own sexuality. Hand out Rainbow Youth pamphlets to every student.

*Time required:* Approximately 10 minutes.

Exercise Two: Coming Out Stories

*Objective:* To give the students an opportunity to meet an openly gay and lesbian person and hear about same sex attracted experiences in a personalised way.

*Materials:* None.

*Introduction:* Explain to the class that each facilitator is going to spend a short time sharing parts of their coming out story and they will have the opportunity to ask general questions at the end of the workshop.

*Process:* Some participants may be experiencing a level of discomfort about the topic of same sex attraction at this early point in the workshop. The use of humour can often diffuse feelings of tension so this technique is recommended. Alternatively, students may be feeling completely at ease and may want to ask many questions at this point; reiterate that there will be an opportunity to ask questions at a later stage. Mentioning a combination of positive and negative coming out experiences is suggested.

*Time required:* Approximately 15 minutes.

### Exercise Three: Stepping Forward

*Objective:* To raise an active awareness of support for heterosexual relationships and lack of support for same sex relationships. Additionally, give students an awareness of their own social/familial/educational or psychosocial environment.

*Materials:* A copy of the questionnaire for the facilitator to use.

*Introduction:* Begin by saying that the exercise will help students recognise some of the messages given by television, family, friends, movies and how these may or may not support relationships that different people have. Divide the class into two groups and ask group one to imagine for the exercise that they are in a same sex relationship, and

group two to imagine they are in a relationship with someone of the opposite sex. Ask all participants to stand in a line and all face the same direction. Additionally, ask the students to imagine that they are still living at home. Explain to the students that a series of questions are going to be read out. If they are able to answer yes to a question, take a step forward. If they cannot answer yes, request that they stay where they are. Proceed with the questions.

- 1) Could you talk to a parent or close relative about this relationship?
- 2) Could you invite your partner home?
- 3) Could your partner be included in any family gatherings like birthdays, weddings or new years eve parties?
- 4) Would your family feel okay if you started introducing your partner to their friends as your girlfriend/boyfriend?
- 5) Would people who knew about your relationship feel comfortable about having you as their babysitter?
- 6) Do you think your friends would accept your new relationship?
- 7) Would you take your partner to the school ball?
- 8) Could you tell your mates what you did in the weekend and with whom?
- 9) Would you chat about your love life on the bus?
- 10) When you go out in a crowd of friends do you feel you can give your partner a kiss and a hug?
- 11) Could you easily find other couples like you if you wanted to go out in a group?
- 12) Can you be fairly confident you won't get put-down or physically hurt by others because of the relationship you are in?
- 13) Could you talk to the leader of your church youth group if you were having problems in your relationship?
- 14) Do love scenes on television and the movies commonly show relationships like yours?
- 15) Do you have teachers, coaches or friends parents' that you know are the same sexual orientation as you?

- 16) Do you know four famous New Zealanders with the same sexual orientation as you – pop stars, sports people, politicians, television personalities?
- 17) Are you able to be open with your doctor when s/he talks to you about contraception?
- 18) Could you easily get safer sex information if you needed it?
- 19) Could you get married if you wanted to?

*Process:* If some participants appear resistant about imagining they are in a same sex relationship, reiterate that it is only for the purpose of the exercise. Advise all participants that their sexuality may have changed for the sake of the exercise but everything else in their life is the same. For example, if they don't go to church in reality, they are to answer the questions with the assumption that they do not go to church. When the final question is read out, ask the participants to notice the gap between those assigned a same sex relationship and those assigned an opposite sex relationship. Generally those assigned heterosexual relationship status have been able to answer 'yes' to many questions and take steps forward. Conversely, those assigned same sex relationship status have answered 'yes' to very few questions so have been unable to move forward. Invite students to comment briefly on their reactions to where they are standing and discuss what their position tells them about their family, culture and school. Complete the exercise with a comment asserting that they are once again what-ever sexuality they identify as, and are no longer assigned any relationship status.

*Time Required:* Approximately 10 minutes.

#### Exercise four: Guided Journey

*Objective:* To facilitate an awareness of how it might feel to grow up experiencing same sex attraction.

*Materials:* A copy of the guided journey.

*Introduction:* The facilitator begins by saying “I am going to take you on a guided journey and for the sake of the exercise a heterosexual identity is assumed – those who are not heterosexual may find that you have to adjust a little. Get comfortable, relax and close your eyes if you want to. If you don’t want to close your eyes it is important that you do not make eye contact with anybody else in the room”. Begin the guided journey.

**Imagine yourself heterosexual in an all gay world. Your school teacher is lesbian, your tennis coach is gay, the guidance counsellor at school is lesbian and all your sisters are lesbians and brothers are gay.**

**Who can you turn to? Who can you confide in to tell your secret?**

**Every time you turn on the T.V., or go to the movies, you see guys kissing guys and girls kissing girls, and every magazine you pick up tells you how to score with the same sex.**

**You’ve been to the school and public library to try and get information about straights. You find a few books and grab them as you walk quickly past the shelf so that no-one can see you stopping to look at “that” section. You hide in a corner looking up every few seconds, just in case someone you know walks past, and you never quite make it to the issues desk with these books.**

**In the lunch break at school you hear kids talking about straights and how disgusting they are. In the toilets someone has drawn a picture of a straight hanging from a noose and someone else has written “good job” under it.**

You know you've had these feelings for the opposite sex for as long as you can remember. You don't know anyone else who has these feelings. Sometimes when you have deep and meaningful conversations with your close friends, you are about to say it, but you just don't know how they'll react ... and they'll probably think you're in love with them.

When you're in fifth form you're invited to the ball by someone of the same sex. What do you do? You go because you don't want people to think that you're weird or different.

Girls are dancing with other girls and boys are dancing with other boys, holding each other close. Your date starts snuggling up to you, and tries to kiss you. You don't know what to do. What if everyone finds out about you. They might throw you out or even beat you up, just for a laugh.

Some people say it's a sin to be heterosexual. You hear people at church saying this all the time.

People start asking you why you aren't dating, and most of your friends are in relationships and some are having sex.

You're 17 now and you're walking downtown. In a bookstore you see a pile of newsletters with "Heterosexual news" on the cover. For the first time in your life you see something that might tell you about yourself.

You manage to get it home and read it. It talks about this club in town for young heterosexuals. One night you get up the guts to go. You're walking down the street and you're sure everyone can tell you're heterosexual. You stand across the road and watch people walk in, happy and laughing. They don't look weird, or dress strange...still, you're so nervous you feel sick.

You get inside and you see men and women talking together, dancing together, and people are really friendly to you, and you know that this place feels safe, feels like home, like you belong.

You start talking to someone and you really like them... and they really like you...and so you arrange to meet them the next week, and the week after that, and the week after that.

You start going out together but it's still hard. When you walk down the street together holding hands people stare, and sometimes, they say obscene things that really offend you. They don't even look at your face, all they see is your hands, and it's hard because you love your partner a lot and you don't feel like you're hurting anyone.

You start to feel like you're leading a double life. At home, or around some of your friends, you're one person that's doing things and living up to what they expect of you, and the rest of the time, you're free to be just you, and can feel love and pride for who you are and who your partner is.

After you've been going out together for a while, you decide to get a flat together, but you're really careful to pull your blinds at night, just in case your gay landlords over the back fence see you kissing and evict you. Or they could tell your employers who you suspect would fire you.

One day you're crossing the road, and your partner gets hit by a car. You go up to intensive care and look through the window at the bruised and broken body of the person you love, and you see the sign on the door saying "Next of kin only". You have to decide whether to tell these gay doctors and nurses that this person is your lover, knowing that this may affect their care. How do you feel?

*Process:* After the journey has been completed allow a few seconds of silence then gently bring the students back to their own reality. Ask for brief feedback of any thoughts or feelings experienced throughout the guided journey.

*Time:* 10 minutes.

Exercise six: Question and answer time

*Objective:* To give students the opportunity to ask the facilitators questions regarding same sex attraction and associated lifestyles in order to facilitate understanding and tolerance.

*Materials:* None

*Introduction:* Begin by saying that students are welcome to ask the facilitators questions about same sex attraction. State that the facilitators views do not represent all same sex attracted people and that it may not be appropriate to answer all questions.

*Process:* Should the class need prompts use broad outlines like family reactions to coming out, age of first realisation and friendships. If an individual asks a question that the facilitators are not comfortable answering, explain that there is a level of discomfort, and if possible, suggest where they might find an answer to their question.

Complete the exercise (and indeed the session) with some sort of positive affirmation about their participation.

*Time:* Approximately 10 minutes.



Appendix F: Student Information Sheet.

**Views and Opinions About Sexuality**

STUDENT INFORMATION SHEET

I am conducting research in your school to assess adolescents' views towards sexuality. As part of your curriculum, it is anticipated that you will participate in a workshop addressing views and opinions towards those who are not heterosexual. I am evaluating this workshop to find out how it affects those views. The results from your class and some other classes will be compared at different points in time. All fifth form classes will participate in the workshop at some point during the term.

My research is looking at ways of improving part of a life skills programme dealing with homosexuality. I am looking for your honest views about homosexuality and how they fit into the programme.

Renee Berry is conducting the research for a psychology Masters Thesis and is being supervised by Dr Dave Clarke from the School of Psychology, Massey University, Albany.

The research has approval from the Massey University, Albany, Human Ethics Committee.

By choosing to take part in the research you will be asked to complete questionnaires at three points in time throughout the term.

All questionnaires are anonymous; you will not be required to give your name when completing the questionnaires, and you will not be able to be identified by any information on the questionnaires.

While the research is being conducted, all data and completed questionnaires will be stored in a locked file at Massey University. Upon completion of the thesis, all questionnaires will be destroyed using a shredding machine.

Participation in the research is voluntary, and if you do choose to take part you may withdraw from the study at any time.

If at any time you would like to know more information about the research, or have any questions concerning the research, contact Dr Dave Clarke (Renee's Supervisor) on 443 9799, extension 9867. Dave may be able to answer some of your questions and can organise contact with Renee.

If the research brings up any issues that you would like to talk about, please discuss them with your guidance counsellor or contact:

a) Rainbow Youth – phone 376 4155

Rainbow Youth works to increase the self-esteem of young people who are not heterosexual. They talk with people over the phone or face to face. Rainbow Youth organises social events and facilitates groups with young people who want to discuss sexuality concerns. They provide a wide range of services and can refer people to other organisations if appropriate.

b) Youthline – phone 376 6633

Youthline runs a phone counselling service targeted at young people who need to talk about any concerns, or for people who just want someone to listen. If anyone rings Youthline who requires any specialised help or support, they refer on to other agencies.

If you agree to take part in the research and complete the questionnaires at three points throughout the term, please sign the attached consent form and hand it to me, Renee Berry, the researcher.

## Appendix G: Parent/Guardian Information Sheet

### **Views and Opinions About Sexuality**

#### PARENT/GUARDIAN INFORMATION SHEET

Research is being conducted in your child's school to assess adolescent views towards sexuality. As part of your child's curriculum, it is anticipated that he/she will participate in a workshop addressing views or opinions about those who are not heterosexual. This workshop will be evaluated to find out how it affects those views. Results from different classes will be compared at different points in time. However, all fifth form classes will participate in the workshop at some point during the term.

The research is looking at ways of improving part of a life skills programme dealing with homosexuality. The research asks for your child's honest views about homosexuality and how they fit into the programme.

Renee Berry is conducting the research for a psychology Masters Thesis and is being supervised by Dr Dave Clarke from the School of Psychology, Massey University, Albany.

The research has approval from the Massey University, Albany, Human Ethics Committee.

By your child choosing to take part in the research, she/he will be asked to complete questionnaires at three points throughout the term.

All questionnaires completed by your child are anonymous; she/he will not be required to give his/her name. No student will be identified from the questionnaires.

While the research is being conducted, all data and completed questionnaires will be stored in a locked file at Massey University. Upon completion of Renee Berry's thesis, all questionnaires will be destroyed using a shredding machine.

Participation in the research is voluntary and your child may withdraw from the study at any time.

If at any time you would like more information, Renee Berry can be contacted through her supervisor, Dave Clarke, at Massey University, Albany, on 443 9799, extension 9867.

If you consent to your child taking part in the research and completing questionnaires at three points throughout the term, please sign the consent form and give it to your child to take to school.

Appendix H: Parent/Guardian Consent Form

**Views and Opinions About Sexuality**  
**PARENT/GUARDIAN CONSENT FORM**

I have read the information sheet and understand what the research involves.

In consenting to my child’s participation I am aware that s/he can withdraw from the research at any time.

I understand that the completed questionnaires are confidential and that my child cannot be individually identified by the questionnaires.

I agree that my child can participate in this study under the conditions set out in the information sheet.

Signed: .....

Name: .....

Students name: .....

Date: .....

Appendix I: Student Consent Form

**Views and Opinions About Sexuality**

**STUDENT CONSENT FORM**

I have read the information sheet and have had the details of the study explained to me.

If I agree to participate, I have the right to withdraw from the study at any time.

I agree to complete the questionnaires with the knowledge that all information collected is confidential and that I will not be identified in any way.

I agree to participate in this study under the conditions set out in the information sheet.

Signed: .....

Name: .....

Date: .....

Appendix J: Pilot Evaluation Form.

**Questionnaire Evaluation**

1. Was the information sheet easy to understand?

Yes    No    (please circle)

If not, why not?

2. Was the language used in the questionnaire easy to understand?

Yes    No    (please circle)

If no, what did you find difficult to understand and why?

3. Did you have difficulty answering any questions for other reasons (unrelated to how questions were worded)?

Yes    No    (please circle)



If yes, what was the difficulty and why?

4. Approximately how long did it take you to complete the questionnaire?
5. Can you think of any other changes that would improve the questionnaire?